Partnership Profile

Partnering with PACE: AAAs Leverage Community-based Care Model to Serve Older Adults

In keeping with the fact that most older adults prefer to live in their homes and communities as they age, the Program of All-Inclusive Care for the Elderly (PACE) model of care is centered on the idea that the health and social needs of older adults are better served in a community-based setting.[1] PACE brings medical and social services under one roof, delivering the entire continuum of care to older adults while supporting their ability to live in the community for as long as possible.

The PACE model of care relies on an interdisciplinary team of physicians, nurse practitioners, nurses, social workers, therapists, drivers, aides and others who meet on a regular basis to discuss and address the needs of PACE participants[2] who receive services at the PACE adult day center and in their own homes. PACE is funded via a capitated payment model, aligning the financial goals of the program with the needs of the participant to provide person-centered services.

Area Agencies on Aging (AAA) serve as a critical point of care for older adults, providing many services that help them continue living in the community as they age. As a Centers for Medicare & Medicaid Services (CMS) health care model that allows community-based organizations (CBOs) to take a leading position in providing care, PACE can help AAAs provide even more opportunities for older adults to receive home and community-based services and avoid institutionalization. In addition to supporting the mission of AAAs, adding PACE to the list of an agency's services can help support its financial capacity by providing a stable revenue stream.

The PACE model of care includes the following services:

- Primary Care (including doctor and nursing services)
- Hospital Care
- Medical Specialty Services
- Prescription Drugs
- Nursing Home Care
- Emergency Services
- Home Care
- Physical therapy
- Occupational therapy
- Adult Day Care
- Recreational therapy
- Meals
- Dentistry
- Nutritional Counseling
- Social Services
- Laboratory / X-ray Services
- Social Work Counseling
- Transportation

AAA-PACE partnerships take many forms. Some AAAs serve PACE participants under contract while others seek partnerships to launch their own PACE programs. Partnership Profile presents three case studies that demonstrate how AAAs are leveraging opportunities to work with PACE to serve older adults in their communities.

1 National PACE Association, *Is PACE for you?* https://www.npaonline.org/pace-you#Philosphy

2 United States Centers for Medicare & Medicaid Services, *PACE*. https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/pace

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CareLink

When CareLink, a AAA serving central Arkansas, saw how its sister agency was working with PACE to provide more options to older adults in the community, it began to explore opportunities to start a PACE program in its area. During the 2016 National Association of Area Agencies on Aging (n4a) Annual Conference, CareLink was given the opportunity to tour a San Diego PACE site—an experience that solidified its decision to add PACE to its portfolio of programs and services.

CareLink approached all three of the largest health systems in central Arkansas, eventually gaining the interest of Baptist Health. Based in Little Rock, Baptist Health is the largest nonprofit health care organization in Arkansas.

In July 2016, Baptist Health and CareLink launched Complete Health with PACE, which serves older adults living in central Arkansas. Both partners provided a portion of the capital to get the program up and running and share the responsibility of providing services to PACE participants. Baptist Health manages the bulk of the administrative work for the PACE program and provides skilled home health care aides, an attending physician, physical and occupational therapists as well as lab work. CareLink leases space for the adult day program, provides non-skilled home health care, in-home services, non-emergency medical transportation, and congregate and home-delivered meals.

CareLink notes some early challenges getting the program off the ground such as navigating program compliance and Medicaid reform in Arkansas. Complete Health with PACE has seen steady enrollment growth but these early challenges prevented the influx of participation the two organizations had hoped for. CareLink persisted through the challenges it faced when getting Complete Health with PACE up and running and has benefited from it.

CareLink recognizes that providing older adults with more options to receive care and remain in the community is one of the program's biggest successes. In addition to the benefits this partnership has brought to older adults in the community, CareLink's work with its Complete Health with PACE program has helped it to stabilize revenue by providing a secure and growing funding stream at a time when Medicaid payments were being cut.

President and Chief Executive Officer of CareLink Luke Mattingly suggests that AAAs looking to launch PACE should be intentional about staffing. Mattingly identifies three positions agencies should pay close attention to when staffing a PACE site: the executive director, outreach staff and the medical director. All of these positions will play pivotal roles in determining the success of your PACE program.

Despite the COVID-19 pandemic, Complete Health with PACE enrollment growth has endured as more older adults seek alternatives to nursing homes, assisted living facilities and other institutional settings. Baptist Health has recently sponsored an independent review of Complete Health with PACE, hoping to identify future needs as the program continues to grow.

Cattaraugus County Department of the Aging

Cattaraugus County Department of the Aging, a AAA in rural western New York, watched with great interest as Total Senior Care—a PACE program—launched in its community. The agency's contracting relationship with Total Senior Care started out small, contracting only for meals, but it wasn't long until this partnership grew into something more.

Cattaraugus County Department of the Aging was eager to seize this new opportunity to serve older adults, especially one that provided an alternative to institutionalization. The agency also recognized PACE as an opportunity to shift away from some Medicaid managed long-term care providers that were struggling to meet the unique needs of older adults in its rural community. By partnering with PACE, the AAA was able to offer older adults another option to connect to services in their own community.

Cattaraugus County Department of the Aging's partnership with Total Senior Care quickly developed beyond its initial scope, leading to the launch of a social adult day program called Daybreak. Administered by Total Senior Care, Daybreak expanded the PACE model of care to allow the agency to serve non-Medicaid

populations and gave more options to older adults in their community. Daybreak also helped funnel participants into the PACE program once they became Medicaid-eligible, minimizing interruptions in care.

When two adult sons were struggling to find a solution to provide adequate care for their mother who had been diagnosed with dementia, the Cattaraugus County Department of the Aging stepped in. The AAA provided a temporary grant for the mother to attend Total Senior Care on a limited basis. As the mother's condition worsened, the family took full advantage of the program, which provided a safe and engaging space for the mother and a sense of security for the sons.

Cattaraugus County Department of the Aging Director Catherine Mackay said if she could give one piece of advice to AAAs seeking opportunities with PACE, it would be to get to know your PACE partner. Making an early connection with its PACE partner helped cultivate a mutual understanding of each partners' capabilities and goals. If possible, get involved in your PACE partner's governance and get PACE personnel involved in your long-term care advisory council.

Total Senior Care's recent addition of a new PACE location provides more opportunity for the program to grow. As a result, Cattaraugus County Department of the Aging expects a strong and lasting partnership.

Greater Lynn Senior Services

For more than 40 years Greater Lynn Senior Services (GLSS), a AAA serving the North Shore of Boston, has adapted to the changing needs of older adults, people with disabilities and caregivers. Recognizing PACE as an opportunity to serve older adults with complex health needs, GLSS teamed up with Lynn Community Health Center to launch Element Care, which has, since 1995, served as a PACE site and served the area's high-need older adults with home and community-based care.

GLSS currently provides transportation, home-delivered meals, money management and behavioral health services to Element Care's PACE program.

GLSS notes that this collaboration has brought tremendous value to the agency and to older adults in its community. Getting everyone in the agency to

understand the potential value of the partnership, however, was a challenge, as some staff viewed PACE as competition. AAAs and PACE often serve similar populations. The PACE model, however, provides elevated levels of care to high-need older adults and is paid for by Medicare and/or Medicaid. PACE can be a way to serve high need individuals in the community without straining agency resources. Now, GLSS, always eager to serve the next client, has experienced how working with PACE can help it serve older adults who have complex care needs in a community-based setting.

Through its experience partnering to launch and administer PACE in its community, GLSS has learned that cementing each partner's role in the collaboration is an important step. Setting expectations for each partner before launching the program helps reduce uncertainty and misunderstanding of what each partner can offer.

GLSS has seen the value of PACE as an option in the community many times over. When a woman with multiple sclerosis residing in a nursing home wanted to return to her own home, PACE looked like a promising way to help her with the transition. GLSS and the local Center for Independent Living teamed up to help the client transition to apartment living. Once accepted to PACE, she was able to live in her own home with dignity and independence while continuing to receive the appropriate care.

When asked what advice she would give to AAAs considering opportunities with PACE, GLSS Chief Executive Officer Kathryn Burns puts it simply, "do it." Burns notes that PACE is a great way to provide more options to older adults—especially those who have complex health needs. Transitioning high-need older adults to the PACE model helps them get the comprehensive care and case management they need.

GLSS expects to continue its work with PACE and is planning to add supportive housing to the list of services it offers to PACE participants in the near future.

Conclusion

These examples make evident the opportunities available to AAAs and other CBOs looking to incorporate PACE into their offerings. PACE can help AAAs expand the pool of services they provide to help older adults remain in their homes and avoid institutionalization while ensuring they receive the right care, particularly for older adults with complex health needs.

AAAs and other CBOs interested in PACE can draw advice from these successful partnerships to help your organization as it considers opportunities with PACE. Pay close attention to staffing key positions at your PACE site. The executive director, outreach staff and the medical director are all central to the success of a PACE program. Get involved with your PACE partner early and seek to engage in the PACE program's governance. Likewise, engage someone from PACE with your agency to ensure complete transparency. Finally, actively pursue these opportunities—PACE offers AAAs an opportunity to provide the highest need older adults with the right care and support in a community-based setting.

Your agency should consider how best to structure your relationship with PACE. If PACE isn't available in your community, can your agency start one? If PACE does serve your area, consider how your agency's services might fit into the PACE model. AAAs are well positioned to contract with PACE to provide high-quality services and supports to older adults in the community. But before launching a partnership or signing a contract, make sure your agency is prepared for the endeavor—use the Aging and Disability Business Institute's suite of assessment tools to evaluate your agency's level of readiness for health care partnerships and contracts.

PACE is growing and it will need experienced and trusted partners in the community to help develop capacity. AAAs are appropriately positioned to leverage opportunities with PACE to diversify funding and expand service options in their communities.

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The National PACE Association works to advance the efforts of PACE programs, which coordinate and provide preventive, primary, acute and long-term care services so older individuals can continue living in the community. The PACE model of care is centered on the belief that it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible. For more information, visit www.NPAonline.org and follow @TweetNPA.