

Organizational and Market Self-Assessment for PACE



PACE organizations thrive in markets with high demand for their services. This is largely a function of the total size population that the organization would serve, the availability of service alternatives and the desirability of those services. With sufficient demand, PACE programs that are well integrated into the community are in the best position to achieve high levels of enrollment. The program's ability to successfully serve the population it enrolls will depend on its organization, effective policies and procedures, and the team of key staff that will lead it.

These factors of success are presented in the attached self-assessment with specific questions a prospective PACE organization should address in assessing its ability to initiate a PACE program. Strengths in some areas may compensate for weaknesses in one or more other areas. Consequently, as you complete the assessment, you will need to apply your own knowledge of the importance of these factors based on your specific situation.

At the end of this self-assessment there is space to rate your organization in each key area on a scale of one to five, with five being the most favorable. You can use the scores in each area to identify your organization's relative strengths and weaknesses. You also may wish to use your total score to assess your organization's overall readiness to initiate a PACE program.

Demand for Services

KEY AREA: MARKET SIZE

1. What is the market/service area the new PACE program will serve (defined by zip code or census tract)?

2. For this area, what is the size of the population age 65+? _____

3. For this area, what is the size of the population age 75+? _____

4. For this area, what is the number of people with a disability who are age 65+? _____

5. For this area, what is the number of people with a disability who are age 75+? _____

6. What percent of people age 65+ have a disability (#4 / #2 from above): _____

7. What percent of people age 75+ have a disability (#5 / #3 from above): _____

8. In this area, what is the size of the population age 65+ that has an income below the Medicaid financial eligibility level? _____

10/03



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and their Families*

PACE Program Development Considerations:

Organizational and Market Self-Assessment for PACE



9. Combining these characteristics, what is the total number of people age 65+ with an income below the Medicaid financial eligibility level and with disability in this market/service area (#8 * #6 from above)?

10. To achieve an enrollment of 200, what percentage of the total estimated number of people age 65+ with an income below the Medicaid financial eligibility level and with disability would the PACE program need to serve? $(200 / \text{_____total potential population, \#9 from above}) = \text{_____}\%$
11. What is the program's planned/proposed capacity (i.e., how many participants does the program plan to serve)? _____
12. To achieve this capacity, what percentage of the total potential population would the program need to serve? $(\text{_____}\#11 \text{ above} / \text{_____}\#9 \text{ from above}) = \text{_____}\%$

KEY AREA: AVAILABILITY OF SERVICE ALTERNATIVES

1. **Related Publicly Funded Programs:** What related publicly funded programs (i.e., Medicaid or state-only funded) are available to serve your target population in your target area? Describe eligibility for these programs (clinical and financial) as well as any regulated limitations on the number of people they serve.
 - a. Medicaid funding for community-based care (e.g., adult day care, home care case management), including home and community-based waiver programs (e.g., home care, personal care, assisted living):

 - b. Financial eligibility for Medicaid-funded, community-based care:

 - c. Clinical eligibility for Medicaid-funded, community-based care:



Responding to the
Unique Needs of Seniors
and their Families

PACE Program Development Considerations:

Organizational and Market Self-Assessment for PACE



d. Regulatory limitations on the size/growth of Medicaid-funded, community-based care:

2. **Community-Based Providers:** Describe the community-based health providers that serve your market (day care, personal care, home care). What is their current capacity (both number of people they serve and range of services they provide), costs to the consumer, quality/reputation, demand/enrollment? How has their enrollment changed over time (e.g., rapid growth, slow decline, flat)?

PROVIDER TYPE	RANGE OF SERVICES PROVIDED	CAPACITY (# of people they can serve)	COSTS/ SERVICE UNIT	QUALITY/ REPUTATION	ENROLLMENT (current and trend)
Day Care					
1.					
2.					
3.					
Personal Care					
1.					
2.					
3.					
Home Care					
1.					
2.					
3.					
Assisted Living					
1.					
2.					
3.					



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PACE Program Development Considerations:

Organizational and Market Self-Assessment for PACE



3. **Nursing Facilities:** Describe the nursing facilities that serve your market. What is their current capacity (both number of people they serve and range of services they provide), costs to the consumer, quality/reputation, demand/enrollment? How has their enrollment changed over time (e.g., rapid growth, slow decline, flat)?

PROVIDER TYPE	CAPACITY (Services Provided)	CAPACITY (# of people they can serve)	COSTS	QUALITY/ REPUTATION	ENROLLMENT (current and trend)
Nursing Facilities					
1.					
2.					
3.					

4. **Plan-Based Options.** Increasingly, Medicaid eligible individuals are enrolling in Medicaid managed care plans. These plans may promote the ability to integrate care. As they mature in the marketplace more individuals that become eligible for PACE may already be enrolled in a managed care plan.

PROVIDER TYPE	CAPACITY (Services Provided)	CAPACITY (# of people they can serve)	COSTS	QUALITY/ REPUTATION	ENROLLMENT (current and trend)
Nursing Facilities					
1.					
2.					
3.					



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Organizational Structure and Capacity

KEY AREA: LEADERSHIP AND KEY STAFF

1. Who will sustain the overall development of the program?
2. Is there a clinical leader (i.e., either nurse or physician) who can provide support for the program?
3. If a PACE program is developed, who would serve on the leadership team and where will the team be within your organizational structure?

Note: In large organizations, PACE programs succeed when placed in strong relationships with key administrative staff within the organization. Having direct links to key decision makers within the organization strengthens the program's ability to respond quickly to issues that occur during start-up phases of program development.

KEY AREA: EXPERIENCE AND INFRASTRUCTURE

1. In which of the following does the organization have experience?
 - Direct provision of acute care
 - Direct provision of long term care
 - Transportation
 - Providing community-based care (specify: _____)
 - Senior housing
 - Serving dual-eligible, frail population
 - Use of interdisciplinary teams
 - Managing risk (specify: _____)
 - Developing servicenetworks
2. Does your organization have an accounting system that supports billing and service utilization reporting? yes (include description) no



Responding to the
Unique Needs of Seniors
and their Families

PACE Program Development Considerations:

Organizational and Market Self-Assessment for PACE



3. Does your organization have experience with having a formal quality assurance and improvement plan? yes (describe and include) no

Note: To administer a PACE program, certain key infrastructure components are necessary, including the ability to process bills, access to timely information on service utilization and clinical information, and a formal quality assurance and performance improvement program.

KeyArea: Relationship to the Community

4. Does the organization have a history of serving the target population (55+, frail, elderly, primarily dual-eligible) resulting in good will toward its services (describe)?
5. **Referral Sources:** Describe the relationship of the proposed internal and external federal sources (e.g., Area Agency on Aging, service providers, case management services) referral sources to the sponsoring organization for PACE, community-based providers and institutional providers. How will these relationships impact enrollment in PACE?

REFERRAL SOURCE	RELATIONSHIP TO PACE SPONSOR	RELATIONSHIP TO EXISTING COMMUNITY-BASED PROVIDERS	RELATIONSHIP TO EXISTING INSTITUTIONAL PROVIDERS	EXPECTED IMPACT ON PACE ENROLLMENT

7. Describe what relationships the PACE program will form with the health-related organizations in the community to be served (e.g., contracting for services, development of referral networks, partnerships, other affiliations).

Note: Linking subcontracted providers with the PACE service delivery system is a critical part of building a level of acceptance for the program. If existing community providers share in providing services, participate on advisory boards or committees and establish a financial relationship with the program, they create a groundswell of community acceptance for the program.



Responding to the Unique Needs of Seniors and their Families

PACE Program Development Considerations:

Organizational and Market Self-Assessment for PACE



KEY AREA: PARTNERSHIP WITH STATE

1. What is the history of your organization's relationship with your state's publicly financed health programs (describe)?
2. What is your organization's historical relationship with licensing and certification programs (describe)?
3. What is your state's commitment to home and community-based services generally and PACE specifically (include related legislation, policy statements, budgets)?
4. What is the potential for state funds to be allocated to PACE (consider state budgets, other related documents)?

Organizational Commitment

KEY AREA: STRATEGIC FIT

1. Has the organization defined how PACE fits into its strategic long range planning?
 yes (summarize strategic plan's relevance to PACE) no
2. Does PACE serve a target population (i.e., 55+, frail, primarily dual-eligible) that currently is being served or will it identify and create a new market segment for the organization?
 Current population New population
3. Is the organization committed to providing a full range of integrated services or is the organization's focus on specializing in a particular health service/setting?

KEY AREA: PRIORITIES AND MISSION

1. What are the organization's competing priorities, what plans are in place to integrate PACE within those priorities and what are the criteria for evaluating competing demands?
2. Can a level of autonomy in both developing services and subcontracting for services be defined for the PACE program (describe)?

Note: Programs must be given the authority to negotiate contracts and services at the best price and the best quality, even if it means going outside of the organizational sponsor's service delivery system to achieve this.

3. How can community representation in the governance of the program be established?

Note: It is essential that the program's operation be visible and accountable to members of the local community and subject to continuing public scrutiny.



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PACE Program Development Considerations:

Organizational and Market Self-Assessment for PACE



KEY AREA: RESOURCES AND TIMELINES

1. Has the organization devoted resources sufficient to effectively develop a plan for the implementation of a PACE program?
2. What sources of capital are available? How will these be accessed?
3. What timeframe is expected and/or possible (create a broad timeline)?

Self-Rating

Rate your organization's strength with regard to each of the key areas on a scale of one to five, with five being the most favorable.

Key Area: Market Size	1	2	3	4	5
Key Area: Availability of Service Alternatives	1	2	3	4	5
Key Area: Leadership and Key Staff	1	2	3	4	5
Key Area: Experience and Infrastructure	1	2	3	4	5
Key Area: Relationship to the Community	1	2	3	4	5
Key Area: Partnership with State	1	2	3	4	5
Key Area: Strategic Fit	1	2	3	4	5
Key Area: Priorities and Mission	1	2	3	4	5
Key Area: Resources and Timeline	1	2	3	4	5

Total Score (maximum of 45 possible): _____

Highest Scoring Key Area(s)

1. _____
2. _____
3. _____

Lowest Scoring Key Area(s)

1. _____
2. _____
3. _____



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PACE Program Development Considerations: Organizational and Market Self-Assessment for PACE



Next Steps

1. Discuss the results of the self-assessment with your PACE development team.
2. For more information about consulting organizations available to help you, please visit our web site at <http://www.npaonline.org/start-pace-program/pace-technical-assistance-centers-tacs>.



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