

PACE: WHAT IS IT, AND WHAT DOES IT MEAN FOR OUR CLIENTS?

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WHAT IS PACE?¹

- PACE is the Program of All-Inclusive Care for the Elderly. The philosophy of PACE is that senior citizens with chronic care needs, and their families, are better served by receiving community-based care as an alternative to institutional care. PACE is frequently termed an “adult day care” program, which allows participants to remain in their own homes overnight and in the evenings. During the day, they receive transportation to a local PACE center.
- To be eligible to enroll in a PACE program, an individual must be
 - Age 55 or older
 - Certified as needing nursing home care. This is determined by using the Virginia Uniform Assessment Instrument (UAI).
 - Able to live safely in the community at the time of enrollment, and
 - A resident in a PACE service area
- The frequency of attendance at PACE is based on individual needs and can range from once a week or every month to several days per week. Most participants attend PACE three days per week.
- Payment for PACE Program
 - If an individual is Medicaid-qualified, Medicaid pays for part of the monthly PACE premium, and Medicare pays for the rest.
 - Individuals who do not qualify for Medicaid must pay the part of the monthly premium that Medicaid would pay.
 - PACE also accepts private pay.

WHAT SERVICES DOES PACE PROVIDE?²

- PACE delivers services such as:
 - Nursing
 - Physical, occupational, and recreational therapies
 - Meals
 - Nutritional counseling
 - Social work
 - Personal care services

¹ Program of All-Inclusive Care for the Elderly (PACE), 12 Va. Admin. Code 30-50-320; Criteria for PACE Enrollment, 12 Va. Admin. Code 30-50-340. *See also* VA. CODE ANN. § 32.1-325 (1950); National PACE Association, Who, What and Where is PACE: Philosophy, *available at* www.npaonline.org/website/article.asp?id=12 (last visited June 14, 2011).

² National PACE Association, Who, What and Where is PACE: Services, *available at* www.npaonline.org/website/article.asp?id=12; (last visited June 14, 2011).

- Administering all prescription and non-prescription drugs deemed necessary for the patient by the PACE care team
- Medical specialists such as audiology, dentistry, optometry, podiatry, and speech therapy
- PACE provides transportation to the day health center, as well as to appointments with specialists and other activities.

HISTORICAL DEVELOPMENT AND GROWTH OF PACE³

- The PACE model of care is based on On Lok Senior Health Services in San Francisco, which was started in the early 1970s to address the long-term care needs of the area's large immigrant population.
- In the 1980s, additional organizations began to replicate On Lok's program in other areas of the country.
- In the early 1990s, the first PACE programs begin to receive Medicare and Medicaid waivers. By 1994, the National PACE Association is formed, and there are 11 PACE organizations in 9 states.
- By 1996, there are 21 PACE programs in 15 states.
- Continued growth of PACE:
 - 2007: 42 PACE programs in 22 states
 - 2008: 61 PACE programs in 29 states
 - 2009: 72 PACE programs in 30 states
 - 2010: 75 PACE programs in 29 states

FEDERAL LEGISLATIVE HISTORY

- 1986: The Omnibus Budget Reconciliation Act (OBRA) authorized ten demonstration sites to determine if On Lok's experience can be replicated in other locations.⁴
- 1990: OBRA expanded the number of demonstration sites from ten to fifteen.⁵
- 1997: The Balanced Budget Act (BBA) §§4801-4804 established the PACE model as a recognized permanent provider under Medicare and Medicaid.⁶ The previous maximum number of demonstration sites was fifteen, and the BBA increased the maximum to forty

³ National PACE Association, Who, What and Where is PACE: History, *available at* <http://www.npaonline.org/website/article.asp?id=12>(last visited June 14, 2011).

⁴ State Work Group on PACE, *Issue Brief #2: Where PACE Fits in States' Managed Care & Long Term Care Strategies* 16, *available at* <http://www.npaonline.org/website/download.asp?id=101> (Dec. 22, 1999).

⁵ State Work Group on PACE, *Issue Brief #2: Where PACE Fits in States' Managed Care & Long Term Care Strategies* 16, *available at* <http://www.npaonline.org/website/download.asp?id=101> (Dec. 22, 1999).

⁶ Balanced Budget Act of 1997, Pub. L. No. 105-33, 111 Stat. 528 et seq., §§4801-4804 (1997). *See also* State Work Group on PACE, *Issue Brief #2: Where PACE Fits in States' Managed Care & Long Term Care Strategies* 1, *available at* <http://www.npaonline.org/website/download.asp?id=101> (Dec. 22, 1999); PACE Manual Final Draft 4-7, *available at* http://www.agingservicesofaz.org/files/PACE_Manual_Final_Draft120310_2.pdf (Dec. 1, 2010).

providers in the year following enactment of the BBA.⁷ The BBA also authorized an additional 20 sites each year thereafter.⁸

- 1999: The federal regulation implementing the 1997 BBA provisions for PACE was published.⁹
- In 2006, the Final Regulation concerning PACE was published, and Congress awarded grants of \$500,000 for rural PACE expansion. The Virginia PACE location at Big Stone Gap is the nation's first rural PACE location.¹⁰ See attached "Summary of PACE Provider Regulation" for details concerning the final regulation.

VIRGINIA STATUTORY AUTHORITY FOR PACE

- **VA. CODE ANN. § 32.1-330.3. Operation of a pre-PACE plan or PACE plan; oversight by Department of Medical Assistance Services.**

A. Operation of a pre-PACE plan or PACE plan that participates in the medical assistance services program must be in accordance with a prepaid health plan contract or other PACE contract consistent with Chapter 6 of Title IV of the federal Balanced Budget Act of 1997 with the Department of Medical Assistance Services.

1. As used in this section, "pre-PACE" means of or associated with long-term care prepaid health plans (i) authorized by the United States Health Care Financing Administration pursuant to § 1903 (m) (2) (B) of Title XIX of the United States Social Security Act (42 U.S.C. § 1396b et seq.) and the state plan for medical assistance services as established pursuant to Chapter 10 (§ [32.1-323](#) et seq.) of this title and (ii) which have signed agreements with the Department of Medical Assistance Services as long-term care prepaid health plans.

2. As used in this section, "PACE" means of or associated with long-term care health plans (i) authorized as programs of all-inclusive care for the elderly by Subtitle I (§ 4801 et seq.) of Chapter 6 of Title IV of the Balanced Budget Act of 1997, Pub. L. No. 105-33, 111 Stat. 528 et seq., §§ 4801-4804, 1997, pursuant to Title XVIII and Title XIX of the United States Social Security Act (42 U.S.C. § 1395eee et seq.), and the state plan for medical assistance services as established pursuant to Chapter 10 (§ [32.1-323](#) et seq.) of this title and (ii) which have signed agreements with the Department of Medical Assistance Services as long-term care health plans.

⁷ State Work Group on PACE, *Issue Brief #2: Where PACE Fits in States' Managed Care & Long Term Care Strategies 1*, available at <http://www.npaonline.org/website/download.asp?id=101> (Dec. 22, 1999).

⁸ State Work Group on PACE, *Issue Brief #2: Where PACE Fits in States' Managed Care & Long Term Care Strategies 1*, available at <http://www.npaonline.org/website/download.asp?id=101> (Dec. 22, 1999).

⁹ State Work Group on PACE, *Issue Brief #2: Where PACE Fits in States' Managed Care & Long Term Care Strategies 16-17*, available at <http://www.npaonline.org/website/download.asp?id=101> (Dec. 22, 1999).

¹⁰ National PACE Association, *Who, What and Where is PACE: History*, available at <http://www.npaonline.org/website/article.asp?id=12> (last visited June 14, 2011). See also Ida Holyfield, Ed., *Kaine Helps Launch PACE Center Construction*, THE COALFIELD PROGRESS, available at <http://www.lenowisco.org/news/MEOCpace.pdf> (May 27, 2008).

B. All contracts and subcontracts shall contain an agreement to hold harmless the Department of Medical Assistance Services and pre-PACE and PACE enrollees in the event that a pre-PACE or PACE provider cannot or will not pay for services performed by the subcontractor pursuant to the contract or subcontract.

C. During the pre-PACE or PACE period, the plan shall have a fiscally sound operation as demonstrated by total assets being greater than total unsubordinated liabilities, sufficient cash flow and adequate liquidity to meet obligations as they become due, and a plan for handling insolvency approved by the Department of Medical Assistance Services.

D. The pre-PACE or PACE plan must demonstrate that it has arrangements in place in the amount of, at least, the sum of the following to cover expenses in the event of insolvency:

1. One month's total capitation revenue to cover expenses the month prior to insolvency; and
2. One month's average payment of operating expenses to cover potential expenses the month after the date of insolvency has been declared or operations cease.

The required arrangements to cover expenses shall be in accordance with the PACE Protocol as published by On Lok, Inc. in cooperation with the United States Health Care Financing Administration, as of April 14, 1995, or any successor protocol that may be agreed upon between the United States Health Care Financing Administration and On Lok, Inc.

Appropriate arrangements to cover expenses shall include one or more of the following: reasonable and sufficient net worth, insolvency insurance, letters of credit or parental guarantees.

E. Enrollment in a pre-PACE or PACE plan shall be restricted to those individuals who participate in programs authorized pursuant to Title XIX or Title XVIII of the United States Social Security Act, respectively.

F. Full disclosure shall be made to all individuals in the process of enrolling in the pre-PACE or PACE plan that services are not guaranteed beyond a thirty-day period.

G. The Board of Medical Assistance Services shall establish a Transitional Advisory Group to determine license requirements, regulations and ongoing oversight. The Advisory Group shall include representatives from each of the following organizations: Department of Medical Assistance Services, Department of Social Services, Department of Health, Bureau of Insurance, Board of Medicine, Board of Pharmacy, Department for the Aging, and a pre-PACE or PACE provider.

- **12 Va. Admin. Code 30-50-320. Program of All-Inclusive Care for the Elderly (PACE).**

The Commonwealth of Virginia has entered into a valid program agreement or agreements with a PACE provider or providers and the Secretary of the U.S. Department of Health and Human Services.

Statutory Authority

§ [32.1-325](#) of the Code of Virginia; 42 USC § 1396.

Historical Notes

Derived from Virginia Register Volume 16, Issue 18, eff. July 1, 2000; amended, Virginia Register Volume 23, Issue 16, eff. July 1, 2007; Volume 25, Issue 8, eff. February 5, 2009.

- **12 Va. Admin. Code 30-50-321. Eligibility for PACE enrollees.**

A. The Commonwealth determines eligibility for PACE enrollees under rules applying to institutional groups, and applies post-eligibility treatment of income rules to those individuals as specified in subsection B of this section. The post-eligibility treatment of income rules specified in this section are the same as those that apply to the Commonwealth's approved Home and Community Based Services waivers.

B. Regular Post Eligibility. As a 209(b) state, the Commonwealth is using more restrictive eligibility requirements than those for Supplemental Security Income (SSI). The Commonwealth is using the post-eligibility rules at 42 CFR 435.735. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

1. 42 CFR 435.735: States using more restrictive requirements than SSI.

a. Allowances for the needs of the individual shall be 165% of SSI.

b. Allowance for the needs of the spouse shall not apply.

c. Allowance for the needs of the family shall be the medically needy income standard.

2. Medical and remedial care expenses shall be as specified in 42 CFR 435.735.

C. Spousal Post Eligibility. The Commonwealth uses the post-eligibility rules of § 1924 of the Social Security Act (the Act) (spousal impoverishment protection) to determine the individual's contribution toward the cost of PACE services if it determines the individual's eligibility under § 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (165% of SSI as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan. Allowances for the needs of the individual shall be 165% of SSI.

Statutory Authority

§§ [32.1-324](#) and [32.1-325](#) of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 23, Issue 16, eff. July 1, 2007.

- **12 Va. Admin. Code 30-50-325. Rates and payments.**

A. The Commonwealth assures that the capitated rates will be equal to or less than the cost to the agency of providing those same fee-for-service State Plan approved services on a fee-for-service basis, to an equivalent nonenrolled population group based upon the following methodology rates are set at a percent of fee-for-service costs. Rates are set at a percentage of fee-for-service costs.

B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner.

C. The Commonwealth will submit all capitated rates to the Centers for Medicare and Medicaid Services (CMS) regional office for prior approval.

Statutory Authority

§§ [32.1-324](#) and [32.1-325](#) of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 23, Issue 16, eff. July 1, 2007.

- **12 Va. Admin. Code 30-50-328. PACE enrollment and disenrollment.**

The Commonwealth assures that there is a process in place to provide for dissemination of PACE enrollment and disenrollment data. The Commonwealth assures that it has developed and will implement procedures for the enrollment and disenrollment of PACE participants via the Virginia Medicaid management information system, including procedures for any adjustment to account for the difference between the estimated number of PACE participants on which the prospective monthly payment was based and the actual number of PACE participants in that month.

Statutory Authority

§§ [32.1-324](#) and [32.1-325](#) of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 23, Issue 16, eff. July 1, 2007.

- **12 Va. Admin. Code 30-50-330. PACE definitions.**

For purposes of this part and all contracts establishing the Program of All-Inclusive Care for the Elderly (PACE) programs as defined in 42 CFR Part 460, the following definitions shall apply:

"Adult day health care center" or "ADHC" means a DMAS-enrolled provider that offers a community-based day program providing a variety of health, therapeutic, and social services designed to meet the specialized needs of those elderly and disabled individuals at risk of placement in a nursing facility. The ADHC must be licensed by the Virginia Department of Social Services as an adult day care center (ADC) as defined in [22VAC40-60-10](#).

"Applicant" means an individual seeking enrollment in a PACE plan.

"Capitation rate" means the negotiated Medicaid monthly per capita amount paid to a PACE provider for all services provided to enrollees.

"Catchment area" means the designated service area for a PACE plan.

"Centers for Medicare and Medicaid Services" or "CMS" means the unit of the U.S. Department of Health and Human Services that administers the Medicare and Medicaid programs.

"CFR" means the Code of Federal Regulations.

"Direct marketing" means either (i) conducting directly or indirectly door-to-door, telephonic or other "cold call" marketing of services at residences and provider sites; (ii) mailing directly; (iii) paying "finders' fees;" (iv) offering financial incentives, rewards, gifts or special opportunities to eligible individuals or family/caregivers as inducements to use the providers' services; (v) continuous, periodic marketing activities to the same prospective individual or family/caregiver for example, monthly, quarterly, or annual giveaways as inducements to use the providers' services; or (vi) engaging in marketing activities that offer potential customers rebates or discounts in conjunction with the use of the providers' services or other benefits as a means of influencing the individual's or family/caregiver's use of the providers' services.

"DMAS" means the Department of Medical Assistance Services.

"DSS" means the Department of Social Services.

"Enrollee" means a Medicaid-eligible individual meeting PACE enrollment criteria and receiving services from a PACE plan.

"Full disclosure" means fully informing all PACE enrollees at the time of enrollment that, pursuant to § [32.1-330.3](#) of the Code of Virginia, PACE plan enrollment can only be guaranteed for a 30-day period.

"Imminent risk of nursing facility placement" means that an individual will require nursing facility care within 30 days if a community-based alternative care program, such as a PACE plan, is not available.

"PACE" means a Program of All-Inclusive Care for the Elderly. PACE services are designed to enhance the quality of life and autonomy for frail, older adults; maximize dignity of, and respect

for, older adults; enable frail, older adults to live in the community as long as medically and socially feasible; and preserve and support the older adult's family unit.

"PACE plan" means a comprehensive acute and long-term care prepaid health plan, pursuant to § [32.1-330.3](#) of the Code of Virginia and as defined in 42 CFR 460.6, operating on a capitated payment basis through which the PACE provider assumes full financial risk. PACE plans operate under both Medicare and Medicaid capitation.

"PACE plan contract" means a contract, pursuant to § [32.1-330.3](#) of the Code of Virginia, under which an entity assumes full financial risk for operation of a comprehensive acute and long-term care prepaid health plan with capitated payments for services provided to Medicaid enrollees being made by DMAS. The parties to a PACE plan contract are the entities operating the PACE plan, DMAS and CMS.

"PACE plan feasibility study" means a study performed by a research entity approved by DMAS to determine a potential PACE plan provider's ability and resources, or lack thereof, to effectively operate a PACE plan. All study costs are the responsibility of the potential PACE provider.

"PACE protocol" means the protocol for the Program of All-Inclusive Care for the Elderly, as published by On Lok, Inc., as of April 14, 1995, or any successor protocol that may be agreed upon by the federal Secretary of Health and Human Services and On Lok, Inc.

"PACE provider" means the entity contracting with the Department of Medical Assistance Services to operate a PACE plan.

"PACE site" means the location, which includes a primary care center, where the PACE provider both operates the PACE plan's adult day health care center and coordinates the provision of core PACE services, including the provision of primary care.

"Plan of care" means the written plan developed by the provider related solely to the specific services required by the individual to ensure optimal health and safety while receiving services from the provider.

"Preadmission screening" means the process to: (i) evaluate the functional, nursing, and social supports of individuals referred for preadmission screenings; (ii) assist individuals in determining what specific services individuals need; (iii) evaluate whether a service or a combination of existing community-based services are available to meet the individual's needs; (iv) refer individuals to the appropriate provider for Medicaid-funded nursing facility or home and community-based care for those individuals who meet nursing facility level of care.

"Preadmission screening team" means the entity contracted with DMAS that is responsible for performing preadmission screening pursuant to § [32.1-330](#) of the Code of Virginia.

"Primary care provider" or "PCP" means the individual responsible for the coordination of medical care provided to an enrollee under a PACE plan.

"Provider" means the individual or other entity registered, licensed, or certified, as appropriate, and enrolled by DMAS to render services to Medicaid recipients eligible for services.

"State Plan for Medical Assistance" or "the Plan" means the Commonwealth's legal document approved by CMS identifying the covered groups, covered services and their limitations, and provider reimbursement methodologies as provided for under Title XIX of the Social Security Act.

"Virginia Uniform Assessment Instrument" or "UAI" means the standardized, multidimensional questionnaire that assesses an individual's social, physical and mental health, and functional abilities.

Statutory Authority

§ [32.1-325](#) of the Code of Virginia; 42 USC § 1396.

Historical Notes

Derived from Virginia Register Volume 25, Issue 8, eff. February 5, 2009.

- **12 Va. Admin. Code 30-50-335. General PACE plan requirements.**

A. DMAS, the state agency responsible for administering Virginia's Medicaid program, shall only enter into PACE plan contracts with approved PACE plan providers. The PACE provider must have an agreement with CMS and DMAS for the operation of a PACE program. The agreement must include:

1. Designation of the program's service area;
2. The program's commitment to meet all applicable federal, state, and local requirements;
3. The effective date and term of the agreement;
4. The description of the organizational structure;
5. Participant bill of rights;
6. Description of grievance and appeals processes;
7. Policies on eligibility, enrollment, and disenrollment;
8. Description of services available;
9. Description of quality management and performance improvement program;
10. A statement of levels of performance required on standard quality measures;
11. CMS and DMAS data requirements;
12. The Medicaid capitation rate and the methodology used to calculate the Medicare capitation rate;
13. Procedures for program termination; and
14. A statement to hold harmless CMS, the state, and PACE participants if the PACE organization does not pay for services performed by the provider in accordance with the contract.

B. A PACE plan feasibility study shall be performed before DMAS enters into any PACE plan contract. DMAS shall contract only with those entities it determines to have the ability and

resources to effectively operate a PACE plan. A feasibility plan shall only be submitted in response to a Request for Applications published by DMAS.

C. PACE plans shall offer a voluntary comprehensive alternative to enrollees who would otherwise be placed in a nursing facility. PACE plan services shall be comprehensive and offered as an alternative to nursing facility admission.

D. All Medicaid-enrolled PACE participants shall continue to meet the nonfinancial and financial Medicaid eligibility criteria established by federal law and these regulations. This requirement shall not apply to Medicare only or private pay PACE participants.

E. Each PACE provider shall operate a PACE site that is in continuous compliance with all state licensure requirements for that site.

F. Each PACE provider shall offer core PACE services as described in [12VAC30-50-345 B](#) through a coordination site that is licensed as an ADHC by DSS.

G. Each PACE provider shall ensure that services are provided by health care providers and institutions that are in continuous compliance with state licensure and certification requirements.

H. Each PACE plan shall meet the requirements of §§ [32.1-330.2](#) and [32.1-330.3](#) of the Code of Virginia and 42 CFR Part 460.

I. All PACE providers must meet the general requirements and conditions for participation pursuant to the required contracts by DMAS and CMS. All providers must sign the appropriate participation agreement. All providers must adhere to the conditions of participation outlined in the participation agreement and application to provide PACE services, DMAS regulations, policies and procedures, and CMS requirements pursuant to 42 CFR Part 460.

J. Requests for participation as a PACE provider will be screened by DMAS to determine whether the provider applicant meets these basic requirements for participation and demonstrates the abilities to perform, at a minimum, the following activities:

1. Immediately notify DMAS, in writing, of any change in the information that the provider previously submitted to DMAS.
2. Assure freedom of choice to individuals in seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid Program at the time the service or services are performed.
3. Assure the individual's freedom to refuse medical care, treatment, and services.
4. Accept referrals for services only when qualified staff is available to initiate and perform such services on an ongoing basis.

5. Provide services and supplies to individuals in full compliance with Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000 et seq.), which prohibits discrimination on the grounds of race, color, religion, sexual orientation or national origin; the Virginians with Disabilities Act (§ [51.5-1](#) et seq. of the Code of Virginia); § 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), which prohibits discrimination on the basis of a disability; and the Americans with Disabilities Act of 1990, as amended (42 USC § 12101 et seq.), which provides comprehensive civil rights protections to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications.

6. Provide services and supplies to individuals of the same quality and in the same mode of delivery as is provided to the general public.

7. Use only DMAS-designated forms for service documentation. The provider must not alter the DMAS forms in any manner unless approval from DMAS is obtained prior to using the altered forms.

8. Not perform any type of direct marketing activities to Medicaid individuals.

9. Maintain and retain business and professional records sufficient to document fully and accurately the nature, scope, and details of the services provided.

a. In general, such records shall be retained for at least six years from the last date of service or as provided by applicable federal and state laws, whichever period is longer. However, if an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception resolved. Records of minors shall be kept for at least six years after such minor has reached the age of 18 years. However, records for Medicare Part D shall be maintained for 10 years in accordance with 42 CFR 423.505(d).

b. Policies regarding retention of records shall apply even if the provider discontinues operation. DMAS shall be notified in writing of the storage location and procedures for obtaining records for review. The location, agent, or trustee shall be within the Commonwealth.

10. Furnish information on request and in the form requested to DMAS, the Attorney General of Virginia or his authorized representatives, federal personnel, and the state Medicaid Fraud Control Unit. The Commonwealth's right of access to provider agencies and records shall survive any termination of the provider agreement.

11. Disclose, as requested by DMAS, all financial, beneficial, ownership, equity, surety, or other interests in any and all firms, corporations, partnerships, associations, business enterprises, joint ventures, agencies, institutions, or other legal entities providing any form of health care services to individuals of Medicaid.

12. Pursuant to 42 CFR 431.300 et seq., [12VAC30-20-90](#), and any other applicable federal or state law, all providers shall hold confidential and use for authorized DMAS purposes only all medical assistance information regarding individuals served. A provider shall disclose

information in his possession only when the information is used in conjunction with a claim for health benefits, or the data are necessary for the functioning of DMAS in conjunction with the cited laws.

13. CMS and DMAS shall be notified in writing of any change in the organizational structure of a PACE provider organization at least 14 calendar days before the change takes effect.

14. In addition to compliance with the general conditions and requirements, all providers enrolled by DMAS shall adhere to the conditions of participation outlined in their individual provider participation agreements and in the applicable DMAS provider manual. DMAS shall conduct ongoing monitoring of compliance with provider participation standards and DMAS policies. A provider's noncompliance with DMAS policies and procedures may result in a retraction of Medicaid payment or termination of the provider agreement, or both.

15. Minimum qualifications of staff.

a. All employees must have a satisfactory work record as evidenced by references from prior job experience, including no evidence of abuse, neglect, or exploitation of vulnerable adults and children. Prior to the beginning of employment, a criminal record check shall be conducted for the provider and each employee and made available for review by DMAS staff. Providers are responsible for complying with the Code of Virginia and state regulations regarding criminal record checks and barrier crimes as they pertain to the licensure and program requirements of their employees' particular practice areas.

b. Staff must meet any certifications, licensure, registration, etc., as required by applicable federal and state law. Staff qualifications must be documented and maintained for review by DMAS or its authorized contractors.

16. At the time of their admission to services, all providers participating in the Medicare and Medicaid programs must provide adult individuals with written information regarding each individual's right to make medical care decisions, including the right to accept or refuse medical treatment and the right to formulate advance directives.

K. Provider's conviction of a felony. The Medicaid provider agreement shall terminate upon conviction of the provider of a felony pursuant to § [32.1-325](#) of the Code of Virginia. A provider convicted of a felony in Virginia or in any other of the 50 states, the District of Columbia, or the U.S. territories must, within 30 days, notify the Virginia Medicaid Program of this conviction and relinquish the provider agreement. In addition, termination of a provider participation agreement will occur as may be required for federal financial participation.

L. Ongoing quality management review. DMAS shall be responsible for assuring continued adherence to provider participation standards. DMAS shall conduct ongoing monitoring of compliance with provider participation standards and DMAS policies and periodically recertify each provider for participation agreement renewal with DMAS to provide PACE services.

M. Reporting suspected abuse or neglect. Pursuant to §§ [63.2-1508](#) through [63.2-1513](#) and [63.2-1606](#) of the Code of Virginia, if a participating provider entity suspects that a child or vulnerable adult is being abused, neglected, or exploited, the party having knowledge or suspicion of the abuse, neglect, or exploitation shall report this immediately to DSS and to DMAS. In addition, as mandated reporters for vulnerable adults, participating providers must inform their staff that they are mandated reporters and provide education regarding how to report suspected adult abuse, neglect, or exploitation pursuant to § [63.2-1606](#) F of the Code of Virginia.

N. Documentation requirements. The provider must maintain all records of each individual receiving services. All documentation in the individual's record must be completely signed and dated with name of the person providing the service, title, and complete date with month, day, and year. This documentation shall contain, up to and including the last date of service, all of the following:

1. The most recently updated Virginia Uniform Assessment Instrument (UAI), all other assessments and reassessments, plans of care, supporting documentation, and documentation of any inpatient hospital admissions;
2. All correspondence and related communication with the individual and, as appropriate, consultants, providers, DMAS, DSS, or other related parties; and
3. Documentation of the date services were rendered and the amount and type of services rendered.

Statutory Authority

§ [32.1-325](#) of the Code of Virginia; 42 USC § 1396.

Historical Notes

Derived from Virginia Register Volume 25, Issue 8, eff. February 5, 2009.

- **12 Va. Admin. Code 30-50-340. Criteria for PACE enrollment.**

A. Eligibility shall be determined in the manner provided for in the State Plan and these regulations. To the extent these regulations differ from other provisions of the State Plan for purposes of PACE eligibility and enrollment, these regulations shall control.

B. Individuals meeting the following nonfinancial criteria shall be eligible to enroll in PACE plans approved by DMAS:

1. Individuals who are age 55 or older;
2. Individuals who require nursing facility level of care and are at imminent risk of nursing facility placement as determined by a nursing home preadmission screening team through a nursing home preadmission screening performed using the UAI;
3. Individuals for whom PACE plan services are medically appropriate and necessary because without the services the individual is at imminent risk of nursing facility placement;
4. Individuals who reside in a PACE plan catchment area;

5. Individuals who meet other criteria specified in a PACE plan contract;
6. Individuals who participate in the Medicaid or Medicare programs as specified in § [32.1-330.3](#) E of the Code of Virginia; and
7. Individuals who voluntarily enroll in a PACE plan and agree to the terms and conditions of enrollment.

C. To the extent permitted by federal law and regulation, individuals meeting the following financial criteria shall be eligible to enroll in PACE plans approved by DMAS:

1. Individuals whose income is determined by DMAS under the provision of the State Plan to be equal to or less than 300% of the current Supplemental Security Income payment standard for one person; and
2. Individuals whose resources are determined by DMAS under the provisions of the State Plan to be equal to or less than the current resource allowance established in the State Plan.

D. For purposes of a financial eligibility determination, applicants shall be considered as if they are institutionalized for the purpose of applying institutional deeming rules.

E. DMAS shall not pay for services provided to an applicant by a PACE contractor if such services are provided prior to the PACE plan authorization date set by the nursing home preadmission screening team.

Statutory Authority

§ [32.1-325](#) of the Code of Virginia; 42 USC § 1396.

Historical Notes

Derived from Virginia Register Volume 25, Issue 8, eff. February 5, 2009.

- **12 Va. Admin. Code 30-50-345. PACE enrollee rights.**

A. PACE providers shall ensure that enrollees are fully informed of their rights and responsibilities in accordance with all state and federal requirements. These rights and responsibilities shall include, but not be limited to:

1. The right to be fully informed at the time of enrollment that PACE plan enrollment can only be guaranteed for a 30-day period pursuant to § [32.1-330.3](#) F of the Code of Virginia;
2. The right to receive PACE plan services directly from the provider or under arrangements made by the provider; and
3. The right to be fully informed in writing of any action to be taken affecting the receipt of PACE plan services.

B. PACE providers shall notify enrollees of the full scope of services available under a PACE plan, as described in 42 CFR 460.92. The services shall include, but not be limited to:

1. Medical services, including the services of a PCP and other specialists;
2. Transportation services;
3. Outpatient rehabilitation services, including physical, occupational and speech therapy services;
4. Hospital (acute care) services;
5. Nursing facility (long-term care) services;
6. Prescription drugs;
7. Home health services;
8. Laboratory services;
9. Radiology services;
10. Ambulatory surgery services;
11. Respite care services;
12. Personal care services;
13. Dental services;
14. Adult day health care services, to include social work services;
15. Interdisciplinary case management services;
16. Outpatient mental health and mental retardation services;
17. Outpatient psychological services;
18. Prosthetics; and
19. Durable medical equipment and other medical supplies.

C. Services available under a PACE plan shall not include any of the following:

1. Any service not authorized by the interdisciplinary team unless such service is an emergency service (i.e., a service provided in the event of a situation of a serious or urgent nature that endangers the health, safety, or welfare of an individual and demands immediate action);
2. In an inpatient facility, private room and private duty nursing services unless medically necessary, and nonmedical items for personal convenience such as telephones charges and radio or television rental, unless specifically authorized by the interdisciplinary team as part of the participant's plan of care;
3. Cosmetic surgery except as described in agency guidance documents;
4. Any experimental medical, surgical or other health procedure; and
5. Any other service excluded under 42 CFR 460.96.

D. PACE providers shall ensure that PACE plan services are at least as accessible to enrollees as they are to other Medicaid-eligible individuals residing in the applicable catchment area.

E. PACE providers shall provide enrollees with access to services authorized by the interdisciplinary team 24 hours per day every day of the year.

F. PACE providers shall provide enrollees with all information necessary to facilitate easy access to services.

G. PACE providers shall provide enrollees with identification documents approved by DMAS. PACE plan identification documents shall give notice to others of enrollees' coverage under PACE plans.

H. PACE providers shall clearly and fully inform enrollees of their right to disenroll at will upon giving 30 days' notice.

I. PACE providers shall make available to enrollees a mechanism whereby disputes relating to enrollment and services can be considered. This mechanism shall be one that is approved by DMAS.

J. PACE providers shall fully inform enrollees of the individual provider's policies regarding accessing care generally and, in particular, accessing urgent or emergency care both within and without the catchment area.

K. PACE providers shall maintain the confidentiality of enrollees and the services provided to them.

Statutory Authority

§ [32.1-325](#) of the Code of Virginia; 42 USC § 1396.

Historical Notes

Derived from Virginia Register Volume 25, Issue 8, eff. February 5, 2009.

- **12 Va. Admin. Code 30-50-350. PACE enrollee responsibilities.**

A. Enrollees shall access services through an assigned PCP. Enrollees shall be given the opportunity to choose a PCP affiliated with the applicable PACE provider. In the event an enrollee fails to choose a PCP, one shall be assigned by the provider.

B. Enrollees shall be responsible for copayments, if any.

C. Enrollees shall raise complaints relating to PACE plan coverage and services directly with the PACE provider. The provider shall have a DMAS-approved enrollee complaint process in place at all times.

D. Enrollees shall raise complaints pertaining to Medicaid eligibility and PACE plan eligibility directly to DMAS. These complaints shall be considered under DMAS' Client Appeals regulations ([12VAC30-110](#)).

E. The PACE provider shall have a grievance process in place including procedures for filing an enrollee's grievance, documenting the grievance, responding to and resolving the grievance in a timely manner, and maintaining confidentiality of the agreement pursuant to 42 CFR 460.120.

Statutory Authority

§ [32.1-325](#) of the Code of Virginia; 42 USC § 1396.

Historical Notes

Derived from Virginia Register Volume 25, Issue 8, eff. February 5, 2009.

- **12 Va. Admin. Code 30-50-355. PACE plan contract requirements and standards.**

A. Pursuant to 42 CFR Part 460 and § [32.1-330.3](#) of the Code of Virginia, DMAS shall establish contract requirements and standards for PACE providers.

B. At the point of PACE plan contract agreement, DMAS shall modify [12VAC30-50-320](#) accordingly and submit it to CMS.

C. Any expansion of PACE programs shall be on a schedule and within an area determined solely at the discretion of DMAS through a Request for Applications (RFA) process. No organization shall begin any new PACE program without going through the RFA process as required by DMAS.

Statutory Authority

§ [32.1-325](#) of the Code of Virginia; 42 USC § 1396.

Historical Notes

Derived from Virginia Register Volume 25, Issue 8, eff. February 5, 2009.

- **12 Va. Admin. Code 30-50-360. PACE sanctions.**

A. DMAS shall apply sanctions to providers for violations of PACE contract provisions or federal or state law and regulation.

B. Permissible state sanctions shall include, but need not be limited to, the following:

1. A written warning to the provider;
2. Withholding all or part of the PACE provider's capitation payments, or retracting all or part of any reimbursement previously paid;
3. Suspension of new enrollment in the PACE plan;
4. Restriction of current enrollment in the PACE plan; and
5. Contract termination.

Statutory Authority

§ [32.1-325](#) of the Code of Virginia; 42 USC § 1396.

Historical Notes

Derived from Virginia Register Volume 25, Issue 8, eff. February 5, 2009.

WHERE ARE PACE PROGRAMS LOCATED IN VIRGINIA?¹¹

Location	Counties in Service Area	Program	Date Opened	# of Participants, as of Jan. 2011
Cedar Bluff	Tazewell, Buchanan, Dickerson, and Russell	AllCARE for Seniors	5/2008	37
Lynchburg	Bedford, Campbell, Lynchburg, Nelson, Appomattox, Amherst	Centra PACE	2/2009	67
Big Stone Gap	Lee, Norton, Wise, Scott	Mountain Empire PACE	4/2008	81
Richmond	Chesterfield, Goochland, Powhatan, New Kent, Hanover, Petersburg, Henrico, and Richmond City	Riverside PACE	2/2008	309
Hampton	Newport News, Hampton, Poquoson, lower York County	Riverside PACE	1/2008	
Virginia Beach	Chesapeake, Norfolk and Virginia Beach	Sentara Senior Community Care	11/2007	160

¹¹ National PACE Association, Who, What and Where is PACE: List of PACE Programs by State, available at <http://www.npaonline.org/website/download.asp?id=1741>

MORE PACE CENTERS OPENING IN VIRGINIA

- Petersburg—scheduled to open in 2011¹²
- Roanoke—to be determined
 - (see Valerie Garner, The Roanoke Star-Sentinel, Roanoke City Hides Expansion Plans for Countryside, *available at* <http://newsroanoke.com/?p=10720> (Apr. 14, 2011)).
- Northern Virginia—to be determined.
 - DMAS has determined Northern Virginia to be an underserved area for PACE purposes, and began soliciting applications from firms to establish a PACE program. The deadline for submitting such applications was June 15, 2010.¹³
 - A December 2010 Washington Post article indicated that a Fairfax site may open in Fall 2011.¹⁴

VIRGINIA PACE LOCATIONS IN THE NEWS

BIG STONE GAP

- [PACE Center Draws Rave Reviews at Dedication](#)

The Times-News Online, article available at <http://www.timesnews.net/article.php?id=9023336>
By Steve Igo

Published May 24th, 2010 | Added May 24th, 2010 10:46 pm |

BIG STONE GAP — The Virginia director of the U.S. Department of Agriculture’s Rural Development Agency said she was “blown away,” while the commissioner of the Virginia Department for the Aging said the experience was breathtaking.

Ellen Davis and Linda Nablo were talking about their first impression of Mountain Empire Older Citizens Inc.’s new PACE Center, an innovative way to care for the elderly by melding health care needs with social and personal needs, yet allow elderly citizens to live in their own homes as long as possible without institutionalized care.

¹² Petersburg Community Profile: Draft 4-5, *available at* <http://www.petersburg-va.org/PNotices/PetersburgCommunityProfileDRAFT.pdf>

¹³ See Commonwealth of Virginia Department of Medical Assistance Services, Division of Long-Term Care, *Request for Applications for Determining Eligibility for Programs of All Inclusive Care for the Elderly (PACE) Program in the Underserved Areas of Northern Virginia*, *available at* http://www.dmas.virginia.gov/downloads/pdfs/ltc-pace_nw_val.pdf.

¹⁴ Susan Jafee, *Federal Program Aims to Keep Seniors Out of Hospitals and Nursing Homes*, THE WASH. POST, Dec. 20, 2010, *available at* <http://www.washingtonpost.com/wp-dyn/content/article/2010/12/20/AR2010122004717.html>. See also Kali Schumitz, *Inova, County May Partner on Elder Care*, THE FAIRFAX TIMES, Dec. 28, 2010, *available at* <http://ww2.fairfaxtimes.com/cms/story.php?id=2765>.

Davis and Nablo were present two years ago during groundbreaking ceremonies for the new facility, which began operating last December.

They never imagined then what architectural and, even more important, personal care magnificence would perch atop a picturesque knoll in Big Stone Gap.

“It is wonderful to come back and see this glorious facility,” said Nablo at Monday’s dedication ceremony. “Like Ellen, you walk in and it will take your breath away.”

“I’ll tell you a secret,” said Davis. “As a (RDA official) I’m not allowed to have favorite projects. But if I was allowed to have a favorite project, there is a strong possibility it might be this one.”

Everyone’s aging parents “deserve a facility like this,” she said. “I was just blown away when I walked in. This just outstripped all the preconceptions I had.”

While the new structure is awesome and filled with natural light, what happens within is even more astounding, said PACE Center Director Tony Lawson.

“We are proud of this palatial structure,” he said. “But I am more proud of what happens within these walls every day. I’ve seen miracles happen here.”

Care delivered in a loving fashion makes that possible, he said.

PACE (Program of All inclusive Care for the Elderly) brings elderly patrons from their homes to the new facility for recreation, social well-being, physical therapy and primary health care.

PACE care does not begin and end at the facility entrance, either. A full range of in-home services, including respite care to give family caregivers a break, is also provided by PACE staffers.

U.S. Rep. Rick Boucher, D-Va., who was instrumental in helping to arrange funding for the \$3.1 million facility, said 75 seniors are currently being served, with five new enrollees expected next month. The PACE Center employs more than 30 full-time workers and a host of part-time workers associated with various aspects of the program, “so in addition to improving the quality of life for seniors, it improves the quality of the (local) economy,” he said.

Of the more than 40 PACE Centers nationwide, only MEOC’s new center serves a rural area, Boucher said. Communities elsewhere will sit up and take notice of Big Stone Gap’s gem, he said.

“We are taking a major step today. This is just the first step,” he said. “I predict within 10 years you will see other PACE centers arise in communities across Southwest Virginia and across the nation.”

MEOC Executive Director Marilyn Pace Maxwell said the MEOC board of directors “is a visionary board committed to the region” always looking forward. She said a constant theme since the creation of MEOC in 1974 is one of dedication to meeting the needs of the elderly by a “mission-driven” board, MEOC staff and community.

“May the journey always be one of grace and love,” she said. “You only need a heart full of love to serve.”

Seniors enrolled in PACE receive comprehensive health care services under the guidance of an interdisciplinary team including medical, nursing, pharmacy, nutrition, recreation, rehabilitation, transportation, personal care and social services. The facility has a full-time medical staff, and also contracts with 160 physicians, hospitals, home health agencies and other providers to ensure participants full access to the services they need.

The 17,000-square-foot facility can accommodate up to 110 seniors daily. The center includes a large activity and dining commons, exercise spaces, small group activity room, kitchen, three personal care areas outfitted with showers and dressing rooms, and quiet spaces.

Participants receive primary care in a clinic area that includes reception, medical lab, patient monitoring station, five exam rooms and nursing station. The rehabilitation clinic includes a large open space equipped for small group and individual physical therapy activities, and private rooms for individual therapy and treatment.

“Seniors enrolled in the program have been able to accomplish high goals such as improving their health, increasing their mobility and reducing their geriatric depression scores,” said Boucher, and just six months into the job has produced some amazing results in some elderly people.

“Patients enrolled in the program have been able to become more independent, some showing such drastic improvement they no longer need PACE services,” he said. “The new PACE Center is an outstanding resource for our region’s elderly residents, and I look forward to my continued work with (MEOC) and other organizations throughout our area to expand PACE offerings.”

- [Kaine Helps Launch PACE Center Construction](#)

The Coalfield Progress, May 27, 2008, *available at*
<http://www.thecoalfieldprogress.com/news.php?viewStoryPrinter=16163>

IDA HOLYFIELD / Editor

BIG STONE GAP — “We would like every Virginian to be able to stay at home as long as they want to ... PACE offers services that wrap around people and make sure they can do so if that is their desire,” Gov. Tim Kaine told those assembled at Mountain Empire Older Citizens Tuesday. Kaine came to join with state agency heads, regional leaders, county and MEOC officials and PACE participants for a ceremonial ground breaking to officially launch construction of a facility that is part of the \$4.5 million project being administered by MEOC. Excavation is in progress and construction begins this week on the building which will house a program that is the nation’s first rural center for PACE, the Program for the All-Inclusive Care of the Elderly.

Since April 1, Mountain Empire Older Citizens has been offering PACE services on site to qualifying age 55 and older residents of Wise, Lee and Scott counties and the City of Norton. There, participants can have their medical, nutritional, physical and social needs met in a central setting — and if they’re income-eligible, they won’t receive a bill for services.

Statewide, Kaine has signed legislation creating six PACE centers. Three are open and three are going to open soon. Four are in urban areas and two are in Southwest Virginia, at Big Stone Gap and Tazewell, where a site will be served by the Appalachian Agency for Senior Citizens.

The basic idea of PACE is the same as his administration's policies for the aging, Kaine said. In the past, the state had systems that sometimes made it easier for the elderly to move into an institution, rather than stay in their own homes. The PACE centers coming into service in Virginia reverse that trend, and will set new priorities for elder care. The PACE philosophy "is all about humane services and care. Physical things aren't important. Relationships and people are important," he said.

MEOC Executive Director Marilyn Maxwell, in a visit to South Carolina 13 years ago, saw a model PACE program and became determined to bring it to Southwest Virginia, Kaine said. Today, her vision has become reality. Maxwell's leadership at MEOC, Kaine said, reminds him of the Biblical story of the Loaves and Fishes, in which a small amount of food, after being blessed, fed a multitude. Maxwell started MEOC with a \$12,000 grant, as the only employee, 33 years ago. Today, the agency has 220 full- and part-time employees and an annual budget of \$5.2 million. "What can one person do? Look at that. How many people have been impacted by her service?"

The effort to establish a rural PACE program has involved intense collaboration between funding agencies, service providers, MEOC's board and eight advisory councils, and the support of area officials and Virginia legislators, Maxwell told those assembled. Without the assistance of funding agencies, such as Rural Development, construction of the PACE facility would not be possible.

Ellen Davis, Virginia State Director of USDA Rural Development, noted that the agency's \$4.5 million low-interest loan will result in a project with a direct economic impact of \$7.8 million a year and the creation of 41 new jobs, most at the professional level. Patrick Finnerty, Director of the Virginia Department of Medical Assistance Services, addressed current PACE participants attending the event. "You all are what this is about. You are going to get outstanding care, the kind of care all of us hope will be available to us when we reach that point in life," he said. "One of Gov. Kaine's first actions after he took office was to recommend budget amendments for aging services, and for the provision of \$1.5 million for PACE sites across the state."

Linda Nablo, Commissioner of the Virginia Department for the Aging, termed MEOC "the best of the best" in providing services to the aging. "As America ages, as we prepare for our senior population to double in a couple of decades, Virginia needs more programs like PACE to help seniors stay in their communities and improve their lives. Once again, MEOC shows us the way."

RIVERSIDE PACE

Riverside Keeps Pace with the Needs of Seniors¹⁵

Most of us would probably like to remain in our own homes until the end of our days, comfortably settled in familiar surrounds. All too often, declining health, disability or mental incapacity are an unwelcome intrusion into those plans, leaving seniors and their families scrambling to make alternate arrangements, often under severe financial and emotional stress.

Recognizing the desire of most seniors to continue living at home, Riverside PACE is making that possible for hundreds of the Peninsula's elderly.

Dr. Sharon Petitjean, medical director of Riverside PACE, describes it as a "more personal way of getting health care," a program that focuses on the unique, changing needs of each individual.

¹⁵ *Riverside Keeps Pace with the Needs of Seniors*, THE DAILY PRESS, available at <http://www.dailypress.com/health/dp-hl-pace-main-jan09,0,1260089.story>.

What's the objective of PACE?

To enhance life for frail, older adults by providing quality, compassionate care and services. Riverside PACE (a Program of All-inclusive Care for the Elderly) achieves this by empowering participants to live in their homes and community for as long as it is medically and socially feasible.

What advantages does PACE offer, as opposed to seniors making their own health care arrangements?

Older people often have long-lasting medical problems. PACE will arrange for the assistance of doctors, [nurses](#) and other trained personnel, while also providing a place where participants can go for care.

Riverside PACE is a complete health care program that offers a more personalized approach. We want to get to know you, and our staff will work with you and your family to provide the care you need.

A range of services are provided 24 hours a day, seven days a week, 365 days a year. Health care specialists monitor changes in your condition, provide treatment, and encourage you to do things for yourself.

Medical care, nursing, physical therapy, occupational therapy, nutritional services, medical social work services, including services you can get in your home, are offered through Riverside PACE. In addition, special medical services such as hearing, [dentistry](#), vision, [psychiatry](#) and speech therapy also are an important part of your care and will be provided and coordinated through Riverside PACE.

Who is eligible?

Residents of [Newport News](#), [Hampton](#), [Poquoson](#) and lower York who are age 55 or older, able to live safely in the community, and qualify for nursing home-level care as determined through a Virginia UAI (Uniform Assessment Instrument) are eligible.

ROANOKE

Roanoke City Hides Expansion Plans for Countryside¹⁶

by Valerie Garner

A prominent Healthcare Company's first property choice for their state of the art "PACE Center" is the city-owned Countryside Golf Course. But somehow no one seemed to know about it while the fate of the controversial property was being debated and planned over the last several months.

It was a happenstance lunch with the CEO of Roanoke headquartered Kissito Healthcare, Tom Clarke, recently that contradicted the Roanoke City Planning Department's claim that no one had inquired about doing anything with the city-owned Countryside golf course property. The contradiction stemmed from repeated inquiries by Countryside property owners and Planning Commission members. For months they were collaborating on a Master Plan for the property at city council's direction. The city-owned golf course was closed March 1, 2010.

¹⁶ *Roanoke City Hides Expansion Plans for Countryside*, THE ROANOKE STAR-SENTINEL, available at <http://newsroanoke.com/?p=10720> (Apr. 14, 2011).

The luncheon revealed that on September 21, 2010 Planning Department staff along with Assistant City Manager Brian Townsend gave Kissito representatives a presentation on the property. Kissito then shared their vision with them. At the time Mr. Clarke stressed that time was of the essence.

Approval for “Program for All-inclusive Care for the Elderly” (PACE) came for Roanoke’s Kissito Healthcare the last week of March. Kissito is a nonprofit that runs a series of nursing homes, assisted living facilities and medical facilities in Virginia, Texas and Arizona. They have 800 employees.

Virginia’s state approval was based on Kissito being able to open their PACE center by the summer of 2012. That would mean Kissito would have to break ground by August 1st of this year. The city of Roanoke says that won’t happen. Kissito will now have to open somewhere else and hopefully transition to the Countryside property later pending the City’s approval.

No one at the Planning Department would return Clarke’s phone calls and e-mails.

Top officers of the nonprofit organization accompanied the CEO to city council on April 4. Though Mr. Clarke was only allowed to speak three minutes, council members spent fifteen minutes expounding on the process that needed to be followed. The public appearance did, however, get responses from the Planning Department as directed by Mayor Bowers.

Their plans were to build the PACE Center, day care and move their headquarters, now located at ValleyPointe Parkway, to part of the city-owned Countryside property. As contemplated, the plan would bring about 200 new jobs to the Roanoke area and all indications are that Kissito is not deterred by the snail’s pace of Roanoke City government red tape.

Monday night 50 members of the Countryside neighborhood voted to support the Kissito Healthcare proposal and not support the Master Plan unless it is included.

The second phase of Kissito’s program would include a home-like adult foster care concept. The state of Virginia does not currently have an adult foster care program. The concept may take legislative action and legislators are “a little bit slow,” said Sam Rasoul, Kissito’s Chief Financial Officer.

Kissito would be the first PACE center in Virginia and possibly the country to provide elder foster care. They have already spent \$100,000 on architectural design concepts for the property by Roanoke’s John Fulton Associates, LLC.

It is about “keeping people safe and healthy ... that is the real part of a health care reform solution,” said Rasoul. It is a wellness-based model. If a PACE participant went to a hospital it could cost up to \$5000 a day.

According to Vice-Mayor and Geriatric Psychiatrist Dr. Dave Trinkle, Clarke has been working with Dr. Aubrey Knight and Carilion’s Geriatric Department. They “will at some point probably have an agreement with them.”

The PACE model has been around since 1985. The closest one in Virginia is in Lynchburg. Participants are primarily on Medicare and Medicaid.

Kissito, as a PACE provider, would receive about \$6000 per participant. Medicare compensates about \$3500 and Medicaid \$2700. Instead of being in a nursing home they would be cared for at a PACE center costing less while receiving the level of care they need.

Virginia would save on a daily basis 25 to 30 percent of nursing home costs. It is even possible to give family members a small stipend to stay home with their elderly relative rather than having someone come in from outside. The dilemma for many children of aging parents is time. Often both children work and are struggling with their own finances.

Rasoul said, “something’s got to give ... we have an aging demographic.” It is stretching Medicare and Medicaid to the limit. These are people that just need assistance with activities of daily living that are placed in nursing homes as an only option.

Kissito will be the only PACE provider in this region. A region serves participants within a one-hour radius of a center.

Former Governor Tim Kaine was the first to welcome the PACE program to Virginia and was an avid supporter.

Under the PACE program it is a “logistical operation ... we use a combination of tactics,” said Rasoul. A Kissito PACE program participant could use in-home help or be picked up from their home and taken to the adult daycare center. One doctor is always on staff.

Kissito Healthcare International also operates as a nonprofit in Africa, the Philippines, and Haiti. Kissito Healthcare International serves the world’s most vulnerable people. CEO Tom Clarke is currently in Africa.