

# NYS DOH Division of Long Term Care Request For Information-PACE Model Expansion

Name of Organization: \_\_\_\_\_  
Address \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name of Respondent: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Instructions:** Complete the questionnaire below and return to [BIP@health.ny.gov](mailto:BIP@health.ny.gov).

**Your response is requested by April 29th, 2016.**

1. How would you categorize your organization? Choose all that apply, hold **Ctrl** and click category to select multiple answers.

2. Do you currently provide PACE services?

Yes  
No

- a. If yes, check all of the population categories you currently serve:

Persons traditionally served by PACE organizations (55+ in need of nursing home level of care)  
Persons under the age of 55 with disabilities  
Persons over the age of 55 who are not yet nursing home eligible  
Other

- b. Does your organization have any PACE pilots or demonstration projects?

Yes  
No

- c. If no to part a and or b, have you considered instituting a PACE model?

Yes  
No

3. As a result of the new [PACE Innovation Act of 2015 \(Act\)](#) signed into Public Law 114-85 on November 5th, 2015 have you:

- a. Considered changes to your service package?

Yes  
No

- ai. If yes, list potential changes:

b. Considered changes to the populations you serve?

Yes

No

*b.i.* If yes, for which of the following populations are you changing/adding service?

Persons traditionally served by PACE organizations (55+ in need of nursing home level of care)

Persons under the age of 55 with disabilities

Persons over the age of 55 who are not yet nursing home eligible

Other (describe) \_\_\_\_\_

c. Considered changing/expanding the geographic area your organization serves?

Yes

No

*c.i.* If yes, explain.

4. Describe specific barriers to the expansion of the PACE model in New York State that should be modified and why (i.e regulations-with citation, capital investment, network, population restrictions, facility, administrative, partnering, etc.). Be as specific as possible.

a. Medicare related:

b. Medicaid related:

c. Other:

5. Describe what aspects of the PACE model you consider fundamental to successful outcomes for service recipients.

6. How is the PACE model perceived and/or supported? If there is a lack of understanding or support, how can this issue be addressed?

7. Describe what would influence your organization to expand the services or populations you serve under the PACE model.

8. Provide any other information you consider relevant.