



If you are 55 or older, you may be eligible for medical care & support services.

PACE of the Triad is a Program of All-inclusive Care for the Elderly (PACE) that provides community-based care and services to individuals who need nursing home level of care, but want to remain at home.

Available services include, but are not limited to:

- Medical Care - Primary and Specialty Care
- Home Health and Personal Care
- Medical Transportation
- Prescription Medications
- Adult Day Health Program
- Physical, Occupational, Speech and Recreational Therapies
- Dentistry, Podiatry, Optometry and more
- Hospital and Long-term Care
- Medical Equipment and Supplies



**Questions?
Call 336-550-4046**

For information about PACE services, call during regular business hours:

336-550-4046 or TTY: NC Relay Service 1-800-735-2962

PACE of the Triad 1471 E. Cone Blvd. Greensboro, NC 27405

info@pacetriad.org www.pacetriad.org

PACE of the Triad accepts Medicare, Medicaid and private payment. With the exception of emergency care, all services must be approved in advance by PACE of the Triad. Participants may be fully and personally liable for the costs of unauthorized or out-of-PACE program agreement services.

Participants must be 55 or older, a resident of Guilford or Rockingham counties, able to live safely in the community and determined by the NC Division of Medical Assistance to be eligible for nursing home level of care. A referral is not needed to enroll. PACE of the Triad is a non-profit, community-based health and human services agency committed to the wellness of seniors and improving the autonomy and quality of their lives.

H-6059 07082012 CMS Approved



Frequently Asked Questions

1. What is PACE?

PACE is an acronym for Program of All-inclusive Care for the Elderly. PACE coordinates the care of each participant enrolled in the program based on his or her individual needs. PACE helps individuals continue to live in the community through comprehensive services and support. The PACE Center (adult day health, medical and rehabilitation services) is open, Monday through Friday, 8 am to 5 pm.

2. What services are available?

Services include, but are not limited to:

- Primary Care (including physician and nursing services)
- Hospital Care, Emergency Services and Outpatient Services
- Medical Specialty Services, Dentistry, Surgical
- Prescription Drugs, Over-the-counter medicines and Medical Supplies
- Medical Equipment (wheelchairs, walkers, etc.)
- Home Care Services, Caregiver Support
- Physical, Occupational and Speech Therapies
- Adult Day Health Center
- Recreational Therapy, Activities and Exercise
- Nutritional Counseling
- Social Work Counseling, Mental Health Services
- Social Services
- Transportation to PACE Center and medical appointments
- End-of-Life Services

Note: Most services occur at the PACE Center, however, some are provided through PACE's provider network and other services occur at the participant's home.

3. Who is eligible for enrollment?

A person is eligible for enrollment if he or she:

- Is 55 years of age or older
- Lives in Guilford or Rockingham counties
- Meets the nursing home level of care requirement as determined by the NC Division of Medical Assistance.
- Is able to live safely in the community at the time of enrollment.

4. Is Medicaid or Medicare required for enrollment?

No. If a person does not qualify for Medicaid or Medicare, a monthly premium will be charged to cover services. If the individual wants Medicaid to assist with coverage, the Department of Social Services determines the cost during the Medicaid application process.

5. Does PACE accept other insurances or Long-term Care Insurance for payment?

Yes. PACE accepts Medicaid, Medicare or private payment for care. Other insurance plans are contracted with on a case by case basis. Coverage is determined by the insurer.

6. Describe attributes of a typical PACE referral:

Individual may demonstrate one or more of the following:

1. Recurrent hospitalizations and emergency room visits.
2. Frequent need for acute office visits.
3. Non-compliant with medication or doctor's orders.
4. Challenged with two or more ADLs (activities of daily living) such as walking, transfers (out of bed or wheelchair), bowel and bladder control, personal hygiene, dressing/undressing or self feeding.
5. Diagnosed with dementia, Alzheimer's or depression.
6. Currently in a nursing home/rehabilitation facility with a desire to return home to family care.
7. Dual eligible for both Medicaid and Medicare.
8. Caregiver stressed by care responsibilities of a person with any of the above attributes.

7. Is a formal or doctor's referral required for PACE? How can I refer?

No. Anyone can refer to PACE including the individual who needs the service. A referral from a doctor is not necessary. Professionals can refer a person by phone, or by completing a referral form and sending to PACE via fax or email.

8. Can a person keep his or her own doctor?

When a person enrolls in the PACE program, he or she is assigned a PACE primary care physician who is a part of an interdisciplinary team skilled in managing care for aging adults. PACE of the Triad recognizes the importance of a smooth care transition and will allow authorized visits to the initial primary care provider.

9. Can a person keep the same specialist or dentist?

PACE has a broad network of specialists and dentists familiar with the PACE program and participant needs. If PACE does not have a contract with the specialist provider the individual is familiar with, PACE will seek a contract with that provider. A participant may be personally liable for the cost of unauthorized or out-of-network services.

10. What happens if a participant has an emergency after hours?

PACE participants use the after-hours phone number to speak directly to a PACE nurse who is familiar with his or her care needs. If it is an emergency, an ambulance will be dispatched to the participant's home. If not, the participant will be transported to the PACE Center the following day for treatment.

11. Can a PACE participant just use a specific service such as home care or the adult day health center?

No. PACE services are designed to provide the participant with the necessary services to remain independent in the community. PACE services help reduce emergency room visits, hospitalization and pre-mature nursing home placement. If PACE does not provide the needed services, PACE will contract with other providers to meet individual needs.

12. Does a PACE participant have to attend the adult day health center? How often?

Attendance at the adult day health center is not required, but highly recommended. Attendance is based on individual needs and allows PACE staff to closely monitor health concerns, prevent emergency room visits and hospitalizations. Attendance ranges from once a week to several days a week and as needed.

13. Can a participant live alone?

Yes, as long as the individual meets PACE safety criteria. If needed, a registered nurse conducts a home visit to assess safety and identify concerns.

14. What is the enrollment process for PACE?

- Once a person is referred to PACE or contacts PACE directly, a home visit is scheduled with an Intake Coordinator to fully explain the program, assess needs and complete forms. If necessary, a registered nurse or social worker may visit as well.
- If the person meets the basic guidelines (challenged with ADLs, medical condition, etc.), an appointment with the PACE physician is scheduled for a physical exam and tour of the PACE center. The physician then completes the necessary forms and submits to the NC Division of Medical Assistance for approval.
- If deemed medically appropriate for PACE, the potential participant and caregiver attends PACE Center orientation (9 am – 3 pm). During this time, he or she meets members of the PACE team (physical and occupational therapists, recreational therapist, social worker, nurses and registered dietitian) to become more familiar with services and to help the team determine needs and care required. A homecare coordinator will also visit the home to assess home care needs, if any. The team develops an individualized plan of care with the participant and family input.

- An enrollment meeting is scheduled with the potential participant and caregiver to review the plan of care and enrollment agreement, schedule adult day center attendance and transportation.
- Once the enrollment agreement is signed, participant care will begin on the first day of the following month.

15. How long is the enrollment process for PACE?

Since individuals with Medicaid are likely to receive PACE services at no cost or at a reduced cost, it is recommended that those interested in PACE apply for Medicaid. The Medicaid process can take up to 45 days for approval.

16. Is there a waiting list for PACE?

No, currently there is not a waiting list.

17. Can a participant disenroll from the PACE program?

Yes, a participant can leave the PACE program for any reason and resume the benefits of traditional Medicaid and Medicare programs. The effective date of discharge is the last day of the month because PACE is financially responsible for participants until the end of the month.

18. What if a participant is hospitalized, does he or she have to disenroll from PACE?

No. PACE covers all medically necessary expenses including hospitalization. The PACE physician will work closely with hospital doctors to ensure continuum of care for the participant. After discharge, PACE will coordinate home health or rehab services.

19. If a participant's condition worsens, does he or she have to disenroll from PACE?

PACE will continue to provide medical services and support. If after 12 months of PACE enrollment a participant or family/caregiver requests placement in a skilled nursing facility due to a significant change in medical condition, PACE can assist with placement if 24- hour nursing care is approved. The skilled nursing facility must have a contract with PACE.

20. Is there another PACE location in the area?

PACE of the Triad supports individuals in Guilford and Rockingham counties. Other NC PACE programs are based in Asheboro, Asheville, Burlington, Charlotte, Durham/Raleigh, Fayetteville, Gastonia, Hickory, Lexington and Wilmington.

PACE Program Resources

PACE of the Triad
1471 E. Cone Blvd., Greensboro, NC 27405
336-550-4040
TTY: NC Relay Service 1-800-735-2962
www.pacetriad.org

North Carolina PACE Association
www.ncpace.org

National PACE Association
www.pace4you.org www.npaonline.org

Division of Medical Assistance
www.ncdhhs.gov/dma/services/pace.htm

Centers for Medicaid and Medicare Services
www.cms.gov/Medicare/Health-Plans/pace/downloads/externalfactsheet.pdf

Other Operational NC PACE Programs

Care Partners Health Services – Asheville
www.carepartners.org
828-277-4800

Carolina Senior Care - Lexington
www.carolinaseniorcare.org
800-351-7227

Elderhaus PACE - Wilmington
www.elderhaus.com/PACE
910-343-8209

LIFE St. Joseph's of the Pines – Fayetteville
www.sjp.org
910-429-7221

PACE @ Home – Newton/Hickory
www.pace-at-home.org
828-468-3980

Piedmont Health Senior Care – Burlington
www.piedmonthhealthseniorcare.org
336-532-0000

PACE of the Southern Piedmont - Charlotte
www.pacesp.com
704-887-3840

Senior CommUnity Care – Durham/Raleigh
www.seniorcommunitycare.org
919-872-7933

Senior Total Life Care - Gastonia
www.seniortlc.info
704-874-3307

CarePartners Health Services - Asheville
www.carepartners.org
828-274-9567

StayWell Senior Care – Asheboro
www.staywellseniorcare.org
336-328-4310