



Key Differences between Family Care, Partnership and PACE

The following document describes three key differences between the Family Care, Partnership and PACE Programs. These are the general categories of services that are integrated into the benefit (long-term care services and health care services), the composition of the interdisciplinary team, and specific services that are covered in the provider network.

Service Integration

Family Care

Partial Integration. The Family Care program integrates home and community-based services, institutional care (such as nursing home care), Medicaid personal care, home health, and other community-based services that were previously funded separately. Family Care does NOT pay health care costs (acute/primary care) such as hospital stays, emergency room visits, medications, and doctor visits. Family Care participants use Medicare and Medicaid to purchase these health care services.

Partnership and PACE

Full Integration. The Partnership and PACE programs integrate a person's long-term care services **and** health and medical care services (primary and acute care), **and** prescription medications. Therefore, all home and community based services, institutional care (such as a nursing home), physician services, hospital stays, medications, dental services and all other medical care is integrated into the Partnership and PACE benefit.

Interdisciplinary Team Composition

Family Care

At a minimum, the service coordination team includes a registered nurse, social worker, and the member. Members may choose to include family members, loved ones, and other professionals to participate on their team.

Partnership and PACE

In Partnership, at a minimum, the service coordination team includes a nurse practitioner, registered nurse, social worker, the member, and a physician. Members may choose to include family members, loves ones, and other professionals to participate on their team.

In PACE, the service coordination team includes a registered nurse, care manager, PACE center coordinator, home care coordinator, PACE or community physician, therapists (occupational, physical and recreational) and a dietitian. Members may choose to include family members, loves ones, and other professionals to participate on their team.



Covered Services and the Provider Network

Family Care

Long-Term Care Services. A person's long-term care services are covered by Family Care. (See the "Covered Services" chart for more information.)

Primary Care Services (including services for acute and chronic conditions). Family Care does not pay for primary care services. Members use their own physician and use their Medicaid Forward card to pay for their primary care services. Members obtain prescription drugs through their Medicare (Part D) and/or Medicaid coverage. The interdisciplinary team can assist an individual in communicating with and coordinating primary care providers and services.

Partnership and PACE

Long-Term Care Services. A person's long-term care services are covered by Partnership and PACE. (See the "Covered Services" chart for more information.)

Primary Care Services (including services for acute and chronic conditions) are integrated in the Partnership and PACE benefit that is managed by the care team along with long-term care services. In Partnership, members use physicians who are in the MCO's provider network that may include the member's current physician. In PACE, members use physicians that are employed by the MCO or under contract. If your physician is not part of the MCO's provider network, the MCO can contact your physician about joining the provider network. Members obtain prescription drugs through Partnership and PACE. Those who join a Partnership or PACE program do not use SeniorCare or any other Medicare Part D provider, since medication coverage is also integrated into the benefit. Individuals who choose PACE do not pay co-pays or deductibles for their medications.

Helping People Decide: Key Questions

1. How do you feel about having a team of people coordinating all of your long-term care services and your health care services?
2. Do you have multiple diagnoses with complex chronic disease or conditions? Have you had to go into the hospital multiple times? Do you take a lot of medications? Do you have a diagnosis of End Stage Renal Disease? If so, you are ineligible to enroll in Partnership, unless you are enrolling in a Managed Care Organization (MCO) that has a federally authorized exemption to this rule. Only one MCO, Community Care Inc., has a federally authorized exception to enroll individuals with End Stage Renal Disease at this time. Note: Individuals with End Stage Renal disease may enroll in PACE.
3. If you are interested in Partnership, is your physician a part of the provider network? If not, you could contact the MCO to see if it is possible for your physician to join the network. If not, does it matter to you? If you are interested in PACE, is your physician employed by PACE or one of their community physicians? If not, does it matter to you?
4. If you participate in a particular program, which hospital will you be able to use? Can you select your own? Does it matter to you?
5. If you are interested in Partnership or PACE, are your medications included in the formulary? If not, is a comparable (generic) drug available? How would the local Partnership MCO or PACE ensure that you get the medications that you need?

