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Thank you for joining today's webinar. We will begin promptly at 1:00 pm Central.

NACRHHS Updates: PACE and Childcare Need in Rural Areas

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Your *First STOP* for *Rural Health INFORMATION*



NACRHHS Updates: PACE and Childcare Need in Rural Areas

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Housekeeping

- Slides are available at www.ruralhealthinfo.org/webinars/nacrhhs-update-pace-childcare
- Technical difficulties please visit the Zoom Help Center at support.zoom.us

3

If you have questions...

The image shows a Zoom meeting interface. On the left is a slide from the Rural Health Information Hub (RHIhub). The slide features the RHIhub logo (a stylized 'H' made of three colored shapes) and the text 'Rural Health Information Hub'. Below the logo, it says 'Your *First STOP* for *Rural Health INFORMATION*'. To the right of the text is a map of the United States filled with various rural landscape images. At the bottom of the slide, there is a black bar with white text: 'Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services'. A red arrow points to the 'Learn More' link at the bottom right of this bar. On the right side of the Zoom window, there is a 'Question and Answer' panel. It has a title bar with a question mark icon and the text 'Question and Answer'. The main content area says 'Welcome' and 'Feel free to ask the host and panelists questions'. At the bottom of this panel is a text input field with the placeholder text 'Type your question here...' and a red arrow pointing to it.

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Featured Speakers



Jeff Colyer, Chair, National Advisory Committee on Rural Health and Human Services; Former Governor of Kansas



Pat Schou, Executive Director, Illinois Critical Access Hospital Network (ICAHN)



Isabel Garcia-Vargas, Executive Director, Redlands Christian Migrant Association

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NACRHHHS

National Advisory Committee on Rural Health and Human Services

Policy Brief Webinar

Program of All-Inclusive Care for the Elderly & Childcare in Rural Areas

Vision: Healthy Communities, Healthy People



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Webinar Schedule

Introductory Remarks

Jeff Colyer, MD

Chair, National Advisory Committee on Rural Health and Human Services (NACRHHS)

Program of All-Inclusive Care for the Elderly (PACE)

Pat Schou, Executive Director, Illinois Critical Access Hospital Network (ICAHN)

Childcare Need and Availability in Rural Areas

Isabel Garcia-Vargas, Executive Director, Redlands Christian Migrant Association



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National Advisory Committee on Rural Health and Human Services

- A 21-member citizens' panel of nationally recognized rural health experts
- Represents the diversity of rural health care, policy, and research
- Convenes twice a year in a rural part of the country
- Produces policy briefs with recommendations to the Secretary, HHS



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NACRHHS Vision Statement

We envision rural America as diverse communities of healthy people, places, and providers, who access world class care and human services by capitalizing on continued innovation and rural values – places where people have the greatest opportunity to live their American Dream.



NACRHHS Mission

We will advance our vision for rural America by:

- Examining rural health care and human services innovations
- Highlighting opportunities that integrate health care services, human services, and non-health sectors
- Recommending public policies that advance rural community diversity, vibrancy, and resiliency
- Engaging science and evidence during our deliberations



Program of All-Inclusive Care for the Elderly (PACE)



Background Context

- PACE provides comprehensive health care and human services to frail older adults with chronic care needs
- Eligibility
 - 55 or older
 - Live in the service area of a PACE organization
 - Need a nursing home-level of care (as certified by their state)
 - Able to live safely in the community with assistance from PACE.
- Individuals enrolled in PACE stay in their communities for as long as they are able to



Summary of NACRHHS Discussions

- Low patient volume and Medicare-only challenges
- Transportation
- Access to broadband and telehealth
- Limited awareness of the model in rural
- The rural hospital landscape (including hospital closures and partnering with Critical Access Hospitals)
- Workforce shortages
- Application, administrative, and start-up funding issues that influence the viability of PACE that pose greater challenges in rural areas



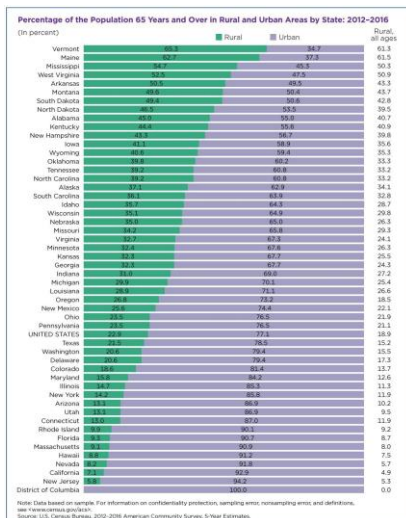
Key Takeaways

- Integrated health and social service support
 - Allows enrollees to receive social interaction & medical care
- Braided funding
- PACE clinicians made a big impression at the September meeting
 - Described their work as highly rewarding due to the model's focus on prevention, care coordination, and flexibility
 - Talked about the reduced administrative burden with PACE



Rural Demographics

- Approximately 1 in 5 older adults (65 and over) in the US live in rural areas (*US Census Bureau*)
- In comparison to urban areas, rural areas have:
 - A higher poverty rate
 - A higher prevalence of adults with multiple chronic health conditions
 - A higher percentage of people with a disability



The Committee Recommends that the Secretary...

1. Support a PACE pilot focused on Medicare only beneficiaries
2. Consider how best to extend telehealth coverage to PACE organizations
3. Support the development of a rural PACE resource guide to promote the model to rural and tribal communities.
4. Support guidance to clarify the range of allowable shared space arrangements for Critical Access Hospitals (CAHs) and encourage partnerships between CAHs and PACE organizations
5. Allow PACE sites to be eligible for loan repayment under the National Health Service Corps and the Nurse Corps
6. Encourage students trained through HRSA Health Profession and IHS training programs to rotate to rural PACE service sites.
7. Allow PACE organizations to submit multiple applications simultaneously
8. Existing PACE sites to have an expedited approval process for expanding to new service area populations on a rolling basis



Recommendations – Low Patient Volume

1

Support a PACE pilot focused on Medicare only beneficiaries to assess viability in rural areas, and determine start-up capital needed for sustainability.



Recommendations – Broadband and Telehealth

2

Consider how best to extend telehealth coverage to PACE organizations in light of the Consolidated Appropriations Act of 2023, to the extent it has the authority to do so.



Recommendations – Limited Awareness

3

Support the development of a rural PACE resource guide to promote the model to rural and tribal communities and provide technical assistance and case studies from successful rural and tribal programs.



Recommendations – Rural Hospital Landscape

4

Support guidance to clarify the range of allowable shared space arrangements for CAHs and encourage partnerships between CAHs and PACE organizations, including considerations for cost reporting that support these partnerships without excessively reducing CAHs' cost-based reimbursement.



Recommendations – Workforce Shortages

Allow PACE sites to be eligible for loan repayment under the National Health Service Corps and the Nurse Corps.

5

Encourage students trained through HRSA Health Profession and IHS training programs to rotate to rural PACE service sites.

6



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Recommendations – Start Up and Application

Allow PACE organizations to submit multiple applications simultaneously.

7

Allow existing PACE sites to have an expedited approval process for expanding to new service area populations on a rolling basis.

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Additional Considerations

1. The Federal Communications Commission (FCC) should consider allowing PACE sites to be an eligible site for broadband and telecommunication program resource allocations.
2. Congress and the Administration should make PACE sites eligible for an automatic HPSA designation.
3. Congress and the Administration should provide start-up capital grants for new rural PACE sites and cost-overrun protection for three years (repeating the 2006 initiative).
4. Congress and the Administration should amend the PACE regulations to create a travel distance adjustment to the payment methodology to account for the higher transportation costs in rural areas.
5. HHS should consider public-private partnerships to address the high start-up costs of starting rural PACE organizations.
6. State Medicaid Directors should consider sending a letter to long term care providers in their state to improve awareness of the PACE program.



Conclusion



If you have questions...



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Childcare Need and Availability in Rural Areas



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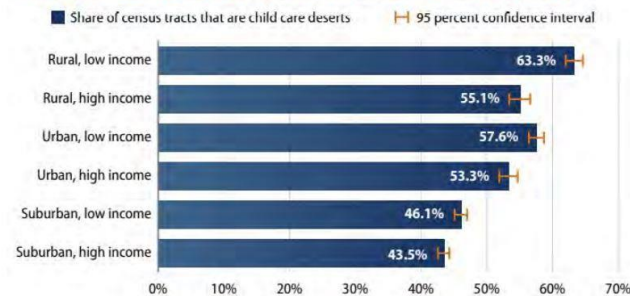
Summary of Key Issues Explored by NACRHHS

- Availability and accessibility of rural childcare services
- Role of federal programs in supporting efforts in rural America
- Impact of the COVID-19 pandemic on access to care in rural areas
- Impact of Public Health Emergency funding on childcare availability in rural America



Childcare Deserts

Child care deserts are most common in lower-income rural areas

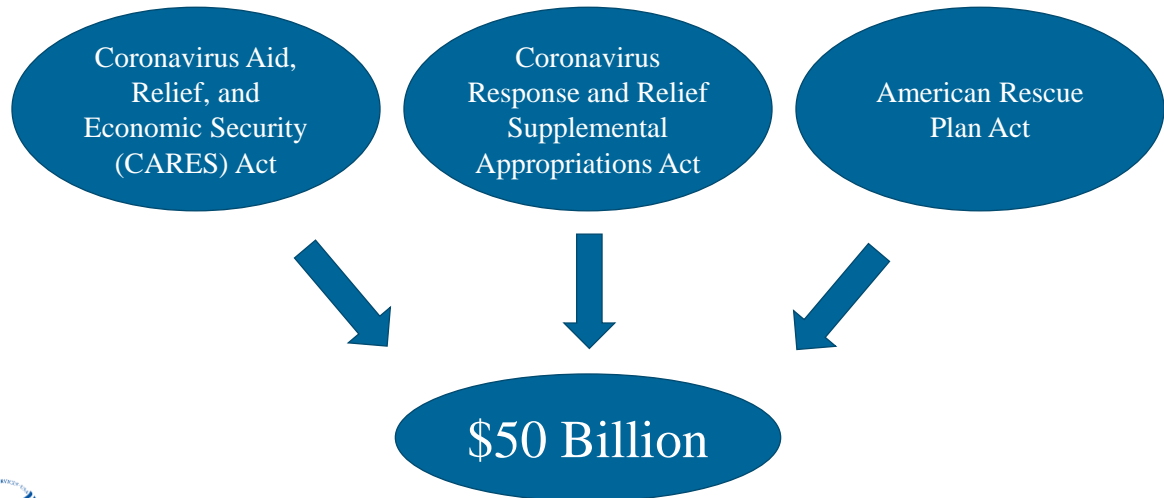


Note: The authors define "low income" as census tracts where the median family income is below the national median family income (\$62,400). "High income" means that the median income is above the national median family income. Urbanicity is determined by household density.

Source: Authors' calculations are based on state administrative data and census tract data from the U.S. Census Bureau. See U.S. Census Bureau, "American Community Survey, 2015 ACS 5-Year Estimates," available at <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml> (last accessed August 2017). See Appendix for a full list of data sources.



The Impact of the COVID-19 Pandemic



The Committee Recommends that the Secretary...

1. Assess which Public Health Emergency waivers should be extended.
2. Consider creating a Childcare Shortage Area designation similar to the Health Professions Shortage Area designation.
3. Support organizations that serve minority and rural populations, such as Historically Black Colleges and University tribal colleges, community colleges, Community Health Workers, Colonias community leaders, and tribal leaders.
4. Allow for expansion of Head Start program capacity in communities with newly created or expanded Early Head Start programs.
5. Work with USDA, the Commerce Department, and the Federal Communications Commission to help rural home-based childcare providers gain access to high-speed, low-cost broadband services.
6. Extend the Qualification Waiver for Head Start Preschool Teachers to Early Head Start programs who face similar difficulties with recruiting qualified teachers as it applies to waiving the CDA requirement.
7. Ensure both ACF's Office of Head Start and Office of Childcare provide the necessary flexibility and support to rural providers that allow them to develop programs to train parents and community members.



Recommendations – PHE Waivers & Learned Best Practices

1

Assess which Public Health Emergency (PHE) waivers should be extended to expand access to childcare services in rural areas.



Recommendations – Strategies to Address Access to Care and Financing

Consider creating a Childcare Shortage Area designation to inform future policymaking about childcare supply, access, and affordability.

2

Support organizations that serve minority and rural populations. The Office of Childcare should work with tribal leaders to collect data on tribal childcare capacity and need.

3



Recommendations – Strategies to Address Access to Care and Financing

Allow for expansion of Head Start program capacity in communities with newly created or expanded Early Head Start programs to allow for continuity of education.

4

Work with USDA, the Commerce Department, and the Federal Communications Commission to help rural home-based childcare providers gain access to broadband services.

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Recommendations – Workforce

Extend the Qualification Waiver for Head Start Preschool Teachers to Early Head Start programs who face difficulties with recruiting qualified teachers.

6

Ensure ACF provides the necessary flexibility and support for rural providers that allow them to develop programs to train parents and community members.

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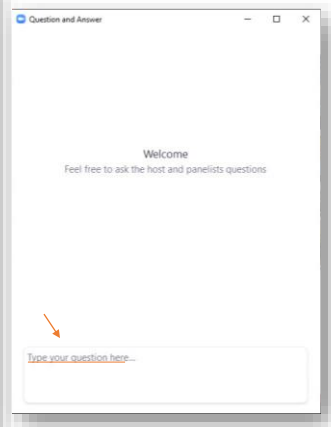
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Conclusion



If you have questions...



Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website