

ATTACHMENT 1: PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

Introduction

PACE is a program designed to coordinate and provide all needed preventive, primary, acute, long-term care, social and rehabilitative services through one comprehensive program.

Individualized services are provided exclusively from the PACE Program (unless emergency) to help participants live in the community for as long as medically possible.

PACE operates on an integrated system of care for the elderly that is:

- » Community Based
- » Comprehensive – all services included in one program
- » Capitated – financing in which provider is at full risk for all Medicare and Medicaid services
- » Coordinated – services coordinated by an Interdisciplinary Team (IDT)

Eligibility

Prospective enrollees must be:

- » 55 years of age or older
- » Live in the PACE service area as determined by zip code
- » Determined by The Department of Health Care Services (DHCS) as needing nursing home level of care
- » Able to live safely in the community at the time of enrollment without jeopardizing their health or safety

PACE Center

The cornerstone of each PACE Organization is a PACE Center where clinical services, therapies and social interaction take place. Each center offers a(n):

- » Community Clinic
- » Physical & Occupational Therapy Facilities
- » Area for Social and Recreational Activities
- » Average attendance two to three days a week

Services are also provided in homes, hospitals, residential and skilled nursing facilities.

Interdisciplinary Team Approach

PACE uses an Interdisciplinary Team (IDT) to assess needs and to provide and manage care.

- » The IDT assesses participant's needs, develops a care plan, and delivers services for a continuum of total care
- » Continuous process of assessment, treatment planning, service provision and monitoring
- » Participant & Family Involved in Care Plan
- » All services provided are authorized by the Interdisciplinary Team (unless emergency)

The PACE IDT consists of:

- » Primary Care Physician
- » Registered Nurse
- » Master's Level Social Worker
- » Dietitian
- » Therapists – OT, PT, RT, Speech
- » Personal Care Coordinator
- » Transportation Coordinator
- » Home Care Coordinator
- » Center Manager

Together with the participant and their family, the IDT develops a comprehensive plan of care.

PACE Services

PACE Center Services	In-Home Services	Specialist Services	Other Medical Services	Inpatient Services
<ul style="list-style-type: none"> » Physician/NP » Nursing » Social Work » Physical Therapy » Occupational Therapy » Speech Therapy » Recreational Therapy » Nutrition » Counseling » Personal Care » Transportation » Meals » Escorts 	<ul style="list-style-type: none"> » Home Health Care » Personal Care » Homemaker /Chore Services » Meals 	<p>Medical Specialist (for example):</p> <ul style="list-style-type: none"> » Audiology » Dentistry » Optometry » Podiatry » Psychiatry 	<ul style="list-style-type: none"> » Prescriptions » Labs/ Radiology » Durable Medical Equipment » Outpatient Surgery » Emergency Room Care » Transportation 	<ul style="list-style-type: none"> » Hospital » Nursing Home » Inpatient Specialists

PACE services are provided by PACE staff and contracted providers. There are no limits on the amount or duration of services as determined medically necessary by the IDT. Medical services are available 24 hours a day, seven days a week.

Financing

Pursuant to §460.186 – PACE Premiums:

The amount that a PACE organization can charge a participant as a monthly premium depends on the participant’s eligibility under Medicare and Medicaid, as follows:



Medicare Parts A and B. For a participant who is entitled to Medicare Part A, enrolled under Medicare Part B, but not eligible for Medicaid, the premium equals the Medicaid capitation amount.

Medicare Part A only. For a participant who is entitled to Medicare Part A, not enrolled under Medicare Part B, and not eligible for Medicaid, the premium equals the Medicaid capitation amount plus the Medicare Part B capitation rate.

Medicare Part B only. For a participant who is enrolled only under Medicare Part B and not eligible for Medicaid, the premium equals the Medicaid capitation amount plus the Medicare Part A capitation rate.

Medicaid, with or without Medicare. A PACE organization may not charge a premium to a participant who is eligible for both Medicare and Medicaid, or who is only eligible for Medicaid.

PACE Enrollment

PACE is a voluntary program:

Marketing is conducted by the individual PACE Programs.

Referrals are welcome from any source – individuals, family members, hospitals, agencies, social workers, etc.

Contact is made directly to the PACE plan to schedule a tour of the facility, a home visit, and medical and social assessment.

Participants are free to discontinue PACE and resume their benefits in the traditional Medicare and Medicaid programs at any time.

Intake is a two-step process:

- » Assessments and preliminary approval by IDT
- » Final determination of nursing home level of care by DHCS

The enrollment process can take 15 to 45 days to complete.

PACE Website Addresses

- » [Medi-Cal](http://www.dhcs.ca.gov): <http://www.dhcs.ca.gov>
- » [DHCS PACE Homepage](https://www.dhcs.ca.gov/services/long-term-care-alternatives-home-and-community-based-service-options/program-of-all-inclusive-care-for-the-elderly/): <https://www.dhcs.ca.gov/services/long-term-care-alternatives-home-and-community-based-service-options/program-of-all-inclusive-care-for-the-elderly/>
- » [CalPACE](http://calpace.org): <http://calpace.org>