

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

PACE Program – Training Module
March 2014



State of New Jersey

Department of Human Services

Division of Aging Services

Training Objectives

- Provide background of the PACE Initiative
- Discuss the services available to PACE participants, as well as the service delivery model
- Discuss the benefits of PACE
- Provide information regarding eligibility requirements and payer sources
- Ensure understanding of Options Counseling considerations

Training Goals

- Enable you as the Options Counselor to discuss the PACE service model to consumers who may benefit from PACE enrollment
- Insight into required information for referrals to PACE providers
- Ensure you are aware of where to seek additional information about PACE as needed

PACE Defined

- A unique managed care benefit provided by a not-for-profit or public entity for the frail elderly and/or disabled.
- Combines Medicare and Medicaid funding, as well as private funding.
- Features a comprehensive medical and social service delivery system using an interdisciplinary team approach in a PACE center, supplemented by in-home and other services in accordance with participants' needs.

PACE Philosophy

- Honors the desire of frail elders and the disabled to maintain their autonomy and remain at their highest level of physical, social, emotional and cognitive function.
- The Program of All-inclusive Care for the Elderly (PACE) model is centered around the belief that it is better for the well-being of seniors and/or disabled individuals over age 55 with chronic care needs and their families to be served in the community whenever possible.

PACE Philosophy

- Community-based and focused on aging in place
- Comprehensive (preventive, primary, acute and long term care)
- Coordinated by an interdisciplinary team who are responsible for the development of the participants plan of care and services.

A National Initiative

- 1979 - PACE pilot program
- 1990 - PACE received waivers to operate
- 1994 - 11 sites operational in 9 states
- 1997 - Balanced Budget Act established the **PACE** model as a permanent provider type under both Medicare and Medicaid.
- 2014 – 103 sites 31 states serving 42,000

PACE in New Jersey

- State regulations and licensing requirements with DOH
- Program oversight by DoAS
- Three-way contract between State, Federal Govt. and PACE Organizations
- Two-way agreement between State and PACE Organizations
- Policy and Procedures
- Quality Assurance and Monitoring

Current NJ PACE Providers



The Healthcare Program for Seniors Living At Home.

A Program of All-Inclusive Care for the Elderly. Sponsored by  Lutheran Social Ministries of NJ.

PACE Goals

- To provide for:
 - Integrated Care
 - Care Transitions
 - Care Coordination
 - Reduction / Prevention of unnecessary:
 - Emergency Room Visits
 - Hospital Admission / Readmissions
 - Enabling seniors/disabled to remain at home in the community for as long as possible.

Interdisciplinary Team Approach

Responsible for total care management, financial oversight and quality outcomes:

- Physicians – PCP/Specialists
- Nurse Practitioners
- Nurses
- Social Workers
- Dietitians
- Drivers
- Home Health Aide
- Rehabilitation and Recreation Therapists

PACE Services

- Primary and Preventative Care
- Adult Medical Day Center
- Rehabilitation Services
- Home Care
- Medication Management
- Door through Door Transportation Services
- And a wide range of other services tailored to the needs of enrollees.

Unique Features of PACE

- A health care provider and insurer
- All-inclusive care plan
- Access to a PACE team member 24/7; 365
- Integrates preventive, primary, acute rehab & LTC services
- All Medicare & Medicaid services, including Part D medication benefits.
- Services delivered in most appropriate setting

PACE Eligibility

- Consumers who are:
 - 55 years of age or older with chronic health conditions
 - Meet NJ's Nursing Facility Level of Care (NJ LOC)
 - Reside in service area of PACE organization
 - Live safely in the community at the time of enrollment

Enrollment in PACE

- Referrals from multiple sources: discharge planners, LTC network professionals, PACE marketing materials, State OCCO counselors, MCOs and word of mouth
- Apply directly to PACE Provider
- PACE assess NF LOC: approval by OCCO
- Can enroll **ONLY** on the 1st of month after program agreement signed.

Program Coordination

- Enrolled at the start of a new month
- Must utilize PACE contracted providers
 - E.g. PCP, Contracted Specialists
- Must disenroll from Managed Care or other programs in order to enroll in PACE
- Consumer can choose to disenroll from PACE at anytime: PACE provider must coordinate insurance reinstatement
 - Typically occurs at end of month

PACE Funding

- Medicare Capitated Rate
- Medicaid Capitated Rate
- Private Pay
- Long-Term Care/other insurance

PACE Funding

- **ALL** PACE participant health care services, **as established by the IDT care plan**, must be paid for by the PACE provider using the capitated payments from Medicare and Medicaid or other payer
- **No Fee-for-Service**

Options Counseling Considerations

- Questions to pose to consumer when considering PACE (if residing in PACE coverage area):
 - Do you prefer to remain in your home / community?
 - Are you willing to have all of your care and services coordinated through one program?
 - E.g., PCP, Home Health Aide
 - Would you like a member of the local PACE program to contact you for more information?

Information Required For PACE Referrals

- Referral Date:
- Time:
- Taken By:
- Name of Potential Participant:
- Address:
- Phone:
- DOB:/Age:
- Contact Person:
- Phone:
- Additional Info:
 - E.g., type of services being sought

PACE Contacts / Referral Recipients

- Contact the appropriate PACE Intake Coordinator:
 - LIFE at St. Francis
 - 609-599-5338 or 609-599-5357
 - LIFE at Lourdes
 - 856-675-3674
 - Lutheran Senior LIFE
 - 201-499-3873
 - Inspira LIFE
 - 856-362-4511

In Summary

- Care integration by PACE improves quality, achieves savings, accomplishes care coordination, institutes accountability of a single entity for covered services, and provides administrative simplicity.
- Additional information can be obtained directly from the PACE providers.

Questions?

Paul Sullivan, PACE Team Leader
Division of Aging Services
NJ Department of Human Services
(609)588-7747

Paul.Sullivan@dhs.state.nj.us

www.state.nj.us/humanservices/doas/services/pace/