



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

OVERVIEW

SEPTEMBER 2016

What is PACE?

- ▶ The PACE program provides community based care and service under a comprehensive medical and social service package to frail elderly living in the community.
- ▶ PACE was created as a way to provide participants, caregivers, and professional health care providers the flexibility to meet health care needs to help the participant stay within their community.
- ▶ A participant may be Medicaid only, Medicare only, Dual Eligible or Private Pay.

Where is PACE?

- ▶ Currently, there are three PACE providers in Colorado.
 - ▶ InnovAge / Total Longterm Care
 - ▶ Denver, Thornton, Aurora, Lakewood, Loveland & Pueblo
 - ▶ Volunteers of America / Senior Community Care
 - ▶ Delta and Montrose Counties
 - ▶ Rocky Mountain PACE / Rocky Mountain Health Care Services
 - ▶ El Paso County
 - ▶ Scheduled to open this fall- TRU Community Care
 - ▶ Boulder & Larimer Counties
 - ▶ Application under review by CMS – HopeWest
 - ▶ Grand Junction

Who can join PACE?

- ▶ You can join PACE if you meet the following conditions:
 - ▶ You're 55 years old or older.
 - ▶ You live in the service area of a PACE organization.
 - ▶ You're certified to need nursing home level of care.
 - ▶ You would be able to live safely in the community if you get PACE services.

Enrollment Process Overview

- ▶ A potential participant is referred to PACE. This referral is sent to the Single Entry Point (SEP). The SEP performs the functional assessment to confirm the potential participant meets a nursing facility level of care.
- ▶ In addition, the potential participant is assessed by the PACE organization to determine a suitable care plan that can help the participant live safely within their community.

PACE Census Data

- ▶ Total Enrollees: Approx. 3,135
 - ▶ InnovAge – 2,440
 - ▶ VOA – 304
 - ▶ Rocky - 391
- ▶ The average age at first enrollment was 74 in 2015, and has been trending slowly downward from a recent high of 79 in 2007.
- ▶ The median age of clients currently enrolled is 77 years old.
- ▶ The median length of a completed enrollment is 26 months.
- ▶ However, enrollment age is a very weak predictor of enrollment duration.

How are PACE services delivered?

- ▶ PACE is an all-inclusive service deliver model which a team of health care professionals will give you the coordinated care you need.
- ▶ The inter-disciplinary team (IDT) is comprised of different health care professionals including: Primary Care Physician; Registered Nurse; Master's Level Social Worker; Physical Therapist; Occupational Therapist; Recreational Therapist or Activity Coordinator; Dietitian; PACE Center Manager; Home Care Coordinator; Personal Care Attendant or his or her representative; Driver or his or her representative. [42 CFR § 460.64, 460.102]
- ▶ PACE provides all the care and services covered by Medicare and Medicaid, as authorized by the health care team. They also cover additional medically-necessary care and services not covered by Medicare and Medicaid that the team may decide you need.
- ▶ Delivery of Services revolve around the PACE center. The center is a central location which participants may receive medical, social, PT and OT services. Attendance to the PACE center is highly recommended but not mandatory.

What type of services are provided by PACE?

- ▶ Adult Day Care
- ▶ Primary Care (including doctor and • Recreational Therapy nursing services)
- ▶ Meals
- ▶ Hospital Care
- ▶ Dentistry
- ▶ Medical Specialty Services
- ▶ Nutritional Counseling
- ▶ Prescription Drugs
- ▶ Social Services
- ▶ Laboratory/X-ray Services
- ▶ Emergency Services
- ▶ Social Work Counseling
- ▶ Home Care
- ▶ Transportation
- ▶ Physical Therapy
- ▶ Occupational Therapy
- ▶ Nursing Home Care
- ▶ PACE also includes all other services that are available in your area and determined necessary by your team of health care professionals to improve and maintain your overall health.

Changes in PACE

▶ PACE For-Profit

- ▶ SB 15-137
- ▶ Allows PACE providers to be for-profit or non-profit

- ▶ Only one provider in

PACE Ombudsman Program

▶ SB 16-199

- Carry of duties set forth in the Long-Term Care Ombudsman Statute
- Has access to the PACE Program
- Investigates Complaints

▶ Innovation Act

- ▶ Allows CMS to waive eligibility requirements such as Age
- ▶ This will allow pilot programs to identify new populations that may benefit from PACE such as People with Developmental Disabilities

Current Grievance and Appeals Process

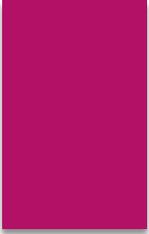
- ▶ Each Provider is required by Federal Regulations to develop policies and procedure for handling complaints/grievances and appeals. Additionally, the provider must keep an active log of each complaint and appeal.
 - ▶ The majority of complaints and appeals are handled in-house by the providers. These are audited during the CMS audit every 2 years. The audit involves checking a sample size to ensure documentation and procedures were followed
 - ▶ A few complaints are delivered to HCPF for investigation. The majority of complaints concern quality of care and service or lack of services. The PACE providers respond to these complaints to determine compliance with appropriate regulations
 - ▶ A client may appeal any service denial. The participant may appeal internally with a neutral third party or externally through Medicaid or Medicare.
 - ▶ Last, complaints/grievances may be presented to the participant advisory committee. Per Federal regulations, each center must have a participant advisory group committee made up of current participants or participants' representatives. This committee provides advise to the governing body on matters of concern to participants.

Grievance, Appeals & Service Request Denial Numbers

- ▶ Volunteers of America
 - ▶ Service Request Denials
 - ▶ 8.5 a month
 - ▶ Grievances
 - ▶ 13.83 a month
 - ▶ Appeals
 - ▶ 1.33 a month
- ▶ Rocky Mountain PACE
 - ▶ Service Request Denials
 - ▶ 5 a month
 - ▶ Grievances
 - ▶ 8 a month
 - ▶ Appeals
 - ▶ Approx. 1 a month
- InnovAge
 - Grievances
 - 20 a month
 - Appeals
 - 1 a month

PACE Oversight

- ▶ An onsite audit/survey is conducted every two years. The audit is performed by CMS in collaboration with the State PACE Administrator.
- ▶ If elements are not met, CMS issues a corrective action plan (CAP). The compliance with the CAP is reported by the PACE organization to CMS during monthly calls.
- ▶ Additionally, HCPF has quarterly quality review meetings to discuss quality metrics and identify any quality related issues.



Q & A

THANK YOU!