Program of All-inclusive Care for the Elderly

**Basic Contact Information**
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244
http://www.medicare.gov/nursing/alternatives/pace.asp

National PACE Association™
801 North Fairfax Street • Suite 309 • Alexandria, Virginia 22314
Phone: 703.535.1565 • Fax: 703.535.1566
http://www.npaonline.org/

Kansas Department for Aging and Disability Services
New England Building, 503 S. Kansas Ave. Topeka, KS 66603-3404
Phone: 785-296-4986
http://www.kdads.ks.gov/longtermcare/PACE/PACE_Index.htm

**Kansas PACE centers:**
Midland Care Connections
200 SW Frazier Circle
Topeka, KS 66606
(785)232-2044
www.midlandcareconnection.org/

Via Christi HOPE
2622 West Central Ave., Suite 101
Wichita, KS 67203
(316)858-1111
www.via-christi.org/hope

**General Description**
PACE is an optional benefit under both Medicare and Medicaid that focuses entirely on older people, who are frail enough to meet their State's standards for nursing home care. It features comprehensive medical and social services that can be provided at an adult day health center, home, and/or inpatient facilities. For most patients, the comprehensive service package permits them to continue living at home while receiving services, rather than be institutionalized. A team of doctors, nurses and other health professionals assess participant needs, develop care plans, and deliver all services which are integrated into a complete health care plan. PACE is available only in States which have chosen to offer PACE under Medicaid.

To qualify for PACE, you must:
- Be 55 or older
- Live in the service area of a PACE organization
- Be screened by a team of doctors, nurses, and other health professionals as meeting that state's nursing facility level of care.
- At the time of enrollment, be able to safely live in a community setting.

PACE offers and manages all of the medical, social and rehabilitative services their enrollees need to preserve or restore their independence, to remain in their homes and communities, and to maintain their quality of life. The PACE service package must include all Medicare and Medicaid services provided by that State. In addition, the PACE organization provides any service determined necessary by the
interdisciplinary team. Minimum services that must be provided in the PACE center include primary care services, social services, restorative therapies, personal care and supportive services, nutritional counseling, recreational therapy, and meals. Services are available 24 hours a day, 7 days a week, 365 days a year. Generally, these services are provided in an adult day health center setting, but may also include in-home and other referral services that enrollees may need. This includes such services as medical specialists, laboratory and other diagnostic services, hospital and nursing home care.

An enrollee's need is determined by PACE's medical team of care providers. PACE teams include:

- Primary care physicians and nurses
- Physical, occupational, and recreational therapists
- Social workers
- Personal care attendants
- Dietitians
- Drivers

The PACE team has frequent contact with their enrollees. This helps them to detect subtle changes in their enrollee's condition and they can react quickly to changing medical, functional, and psycho-social problems.

PACE services are financed by combined Medicare and Medicaid prospective capitation payments, and, in some instances, through private premiums. PACE organizations receive a monthly capitation payment for each eligible enrollee, and combine these funds into a common pool from which providers pay health care expenses. This capitated financing allows PACE organizations to deliver all services participants need rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems. In exchange, PACE organizations assume full financial risk for all the health care services enrollees need.

As a Medicare program and a Medicaid state plan option, PACE organizations receive two capitation payments per month for dually eligible participants. Medicare eligible participants who are not eligible for Medicaid pay monthly premiums equal to the Medicaid capitation amount and a premium for Medicare Part D drugs, but no deductibles, coinsurance, or other type of Medicare or Medicaid cost-sharing applies. For those participants eligible for Medicaid, but not Medicare, the state will pay the full cost to the PACE organizations. PACE providers assume full financial risk for participants' care without limits on amount, duration, or scope of services.

Services covered by PACE include:

- Adult day primary care (including doctor and recreational therapy nursing services)
- Dentistry
- Emergency services
- Home care
- Hospital care
- Laboratory/x-ray services
- Meals
- Medical specialty services
- Nursing home care
- Nutritional counseling
- Occupational therapy
- Physical therapy
- Prescription drugs
- Preventive care
- Social services, including caregiver training, support groups, and respite care
- Social work counseling
- Transportation to the PACE center for activities or medical appointments, if medically necessary.
  You may also be able to get transportation to some medical appointments in the community.

The PACE organization is required to develop, implement, maintain, and evaluate an effective data-driven quality assessment and performance improvement (QAPI) program. It is important that the QAPI program take into consideration the wide range of services furnished by the PACE organization. PACE organizations have the flexibility to develop the QAPI program that best meets their needs in order that they may fully meet the obligations of care for its participants. It is CMS’ expectation that PACE organizations will operate a continuous QAPI program that does not limit activity to only selected kinds of services or types of patients. The desired outcome of the QAPI requirement is that data-driven quality assessment serves as the engine that drives and prioritizes continuous improvements for all PACE organizations services.

**Kansas has two PACE centers**: Topeka and Wichita, serving Shawnee, Douglas, Jackson, Jefferson, Osage, Pottawatomie, Wabaunsee and Sedgwick counties. These two markets currently have 300 participants.
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<thead>
<tr>
<th>Principles Addressed:</th>
<th>Likes:</th>
<th>Barriers:</th>
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<tbody>
<tr>
<td>Improve Health - yes</td>
<td>Focus on wellness</td>
<td>Risk</td>
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<tr>
<td>Provide Access - yes</td>
<td>Case management</td>
<td>Very narrow focus</td>
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<tr>
<td>Encourage Collaboration – no</td>
<td>Quality improvement program</td>
<td>Captive population</td>
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<td>Pursue Quality - yes</td>
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<td>Patients might not have access</td>
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<tr>
<td>Promote Efficiencies and Value - yes</td>
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<td>to all services</td>
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<td>Embrace Technology - yes</td>
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<td>Reimbursed Fairly – depends on size of</td>
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<td>geographic area</td>
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