

PACE

Program of All-Inclusive Care for the Elderly

October 18, 2023

Dignity Alliance Study Session

Candace Kuebel, Executive Director of MassPACE





Mission

Dignity Alliance Massachusetts is dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing new ways of providing long-term services, support, living options, and care, while respecting choice and self-determination....



The PACE Model of Care is centered on the belief that it is better for the well-being of frail elders with chronic care needs and their families to be served in the community whenever possible.

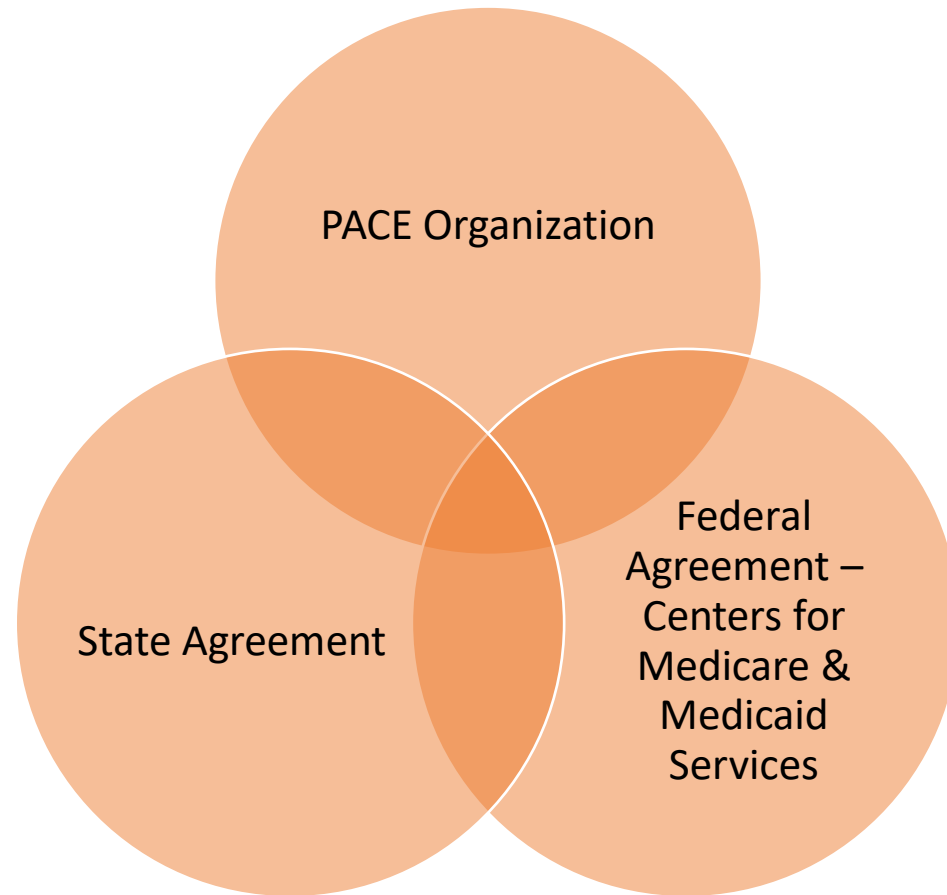
Honoring the wants and needs of frail elders and their families:

- To be cared for in familiar surroundings
- To maintain the autonomy of their care
- To maintain a maximum level of physical, social and cognitive function



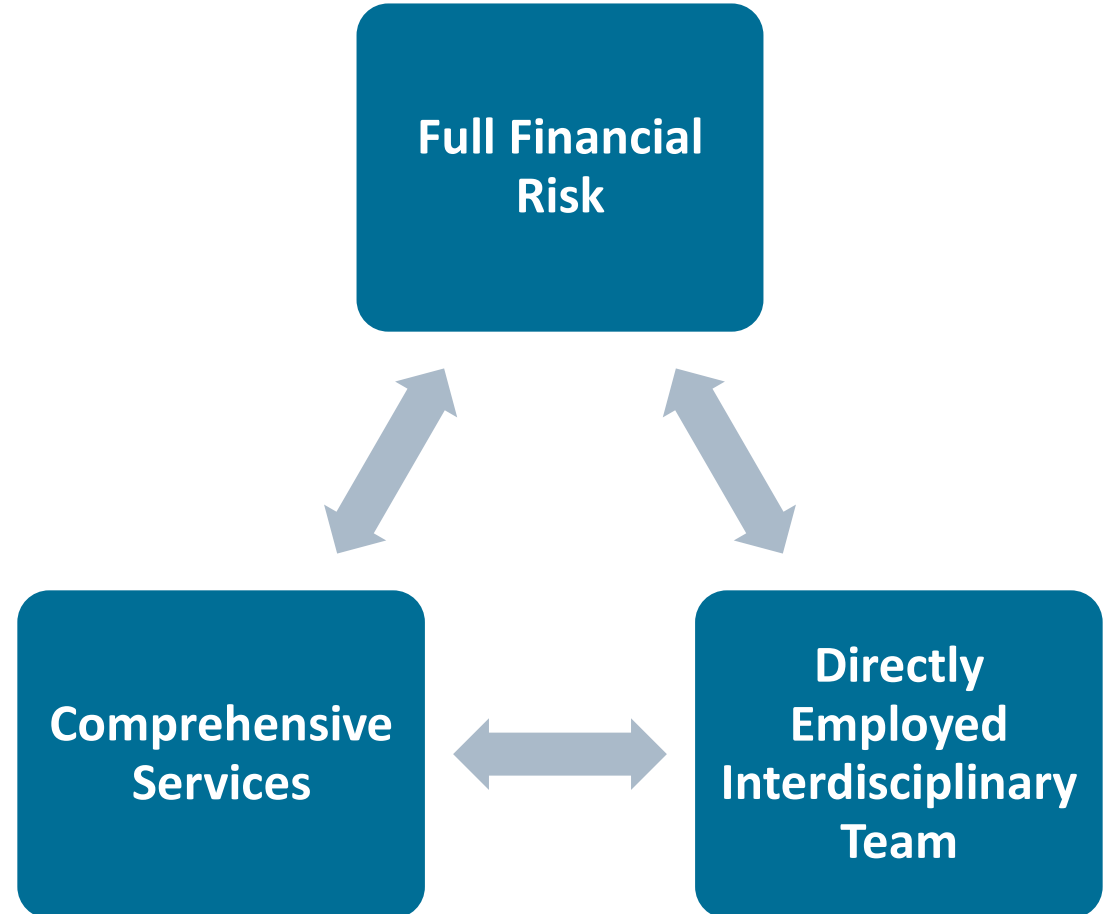
Introducing....
Jennifer L. Maynard,
our new MassPACE
Executive Director!

PACE “3-way agreement”



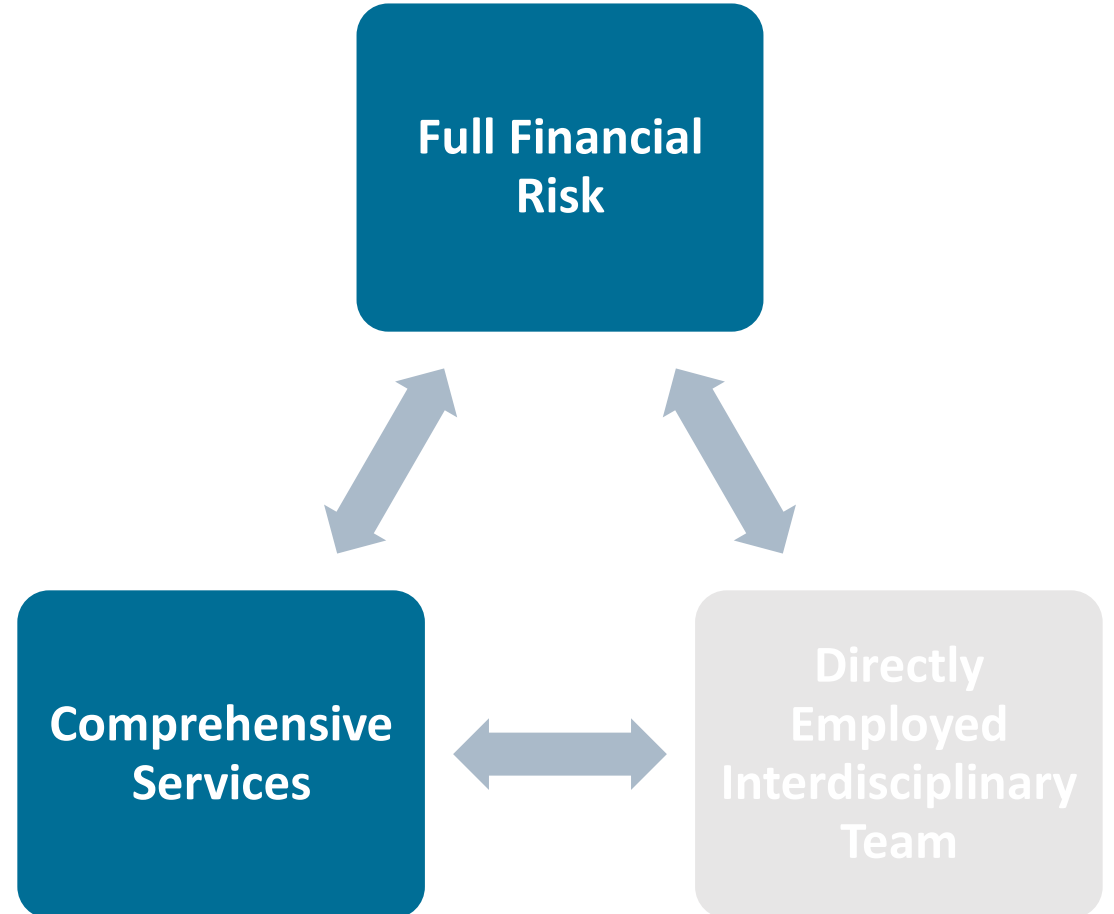
Why Does PACE Work?

- PACE is both a **health provider and a health plan**
- Why does PACE work?
 - Full financial risk
 - Comprehensive services
 - Directly employed interdisciplinary team that manages each participant's care
- The Four C's:
 - Community-based
 - Comprehensive
 - Capitated
 - Coordinated



SCO and ONE CARE

- ~~PACE is both a~~ **health provider and a health plans**
- Why does ~~PACE~~ SCO ONE CARE work?
 - Full financial risk
 - Comprehensive services
 - ~~Directly employed interdisciplinary team that manages each participant's care~~
- The Four C's:
 - ~~Community-based~~
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Regulatory Requirements for PACE Organizations

- Broad range of regulatory requirements reflect both health plan and provider characteristics of PACE organizations:
 - “Health plan requirements” include enrollment/disenrollment, service determination requests (SDRs), appeals, grievances, contracting, marketing, fiscal soundness and Part D requirements.
 - “Provider requirements” include interdisciplinary team (IDT), assessment and care planning requirements; requirements for staff with direct participant contact; COVID-19 health care staff vaccination requirement; medical records; and emergency preparedness.
- PACE program requirements in [42 CFR Part 460](#)
- Part D requirements in [42 CFR Part 423](#)
- Additional requirements (e.g., HIPAA, OSHA, OCR)
- State requirements (e.g., licensing, certification, PACE-specific)

What Is PACE?

*Program of **A**ll-Inclusive **C**are for the **E**lderly*

- A Medicare program and Medicaid state option that gives community-based care and services to people 55 or older who otherwise would need a nursing home level of care.
- An integrated system of care for the frail elderly that is:
 - Community-based
 - Comprehensive
 - Capitated
 - Coordinated



Source: <https://www.npaonline.org/sites/default/files/11341-PACE.pdf>

PACE Model of Care



- PACE participants are served by an 11-member interdisciplinary team.
- PACE participants receive services at the PACE center and at their homes.
- PACE is a Part D provider and provides full prescription drug coverage, including **all** Medicare, Medicaid and medically necessary services, with **no benefit limitations, copays or deductibles**
- PACE programs receive **capitated payments** per participant and are **at full risk for the services provided**; payments do not change based on the utilization patterns of participants.

PACE Model Philosophy

The PACE Model of Care is centered on the belief that it is better for the well-being of frail elders with chronic care needs and their families to be served in the community whenever possible.

Honoring the wants and needs of frail elders and their families:

- To be cared for in familiar surroundings
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PACE Background

Existing care models could not serve the older Asian and Pacific Islander American community well in their Chinatown North Beach neighborhood homes.

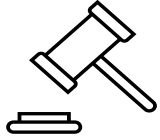
In 1971 the first PACE program opened:
On Lok in San Francisco.

Today, there are 150 PACE organizations located in rural areas, inner cities and the Cherokee Nation Reservation.

These programs empower a diverse range of older adults and those living with disabilities to remain independent for as long as possible while living in their homes and communities.

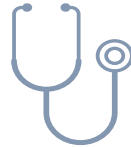
Milestones in the PACE Model History

1986



Legislation
authorizing PACE
Demonstration

1990



First demonstration
sites operational

1997



Congress authorizes
permanent provider
status

1999



Publication of interim
final PACE
regulations

2001



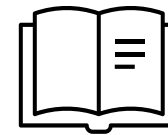
First program achieves
permanent PACE
provider status

2002



Publication of 2nd interim
final PACE regulations
enhancing opportunity for
program flexibility

2006



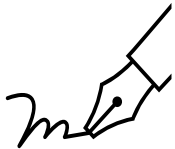
Final PACE rule

2014



Reached first 100
PACE programs

2015



PACE Innovation
Act is signed into
law

2016



CMS issues
proposed PACE
rule

2019



New PACE
Regulation

2022



CMS issues
proposed PACE
rule

PACE Participants

87%

are dually eligible for
Medicaid and Medicare

13%

are Medicaid-only

0.5%

pay a premium
(Medicare-only or other)

- Participants are eligible to join PACE if they:
 - Are 55 years of age or older
 - Live in a PACE service area
 - Are certified as needing nursing home care
 - Are able to live safely in the community with the services of the PACE program at the time of enrollment



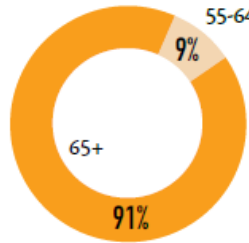
Who Does It Serve?

Who Are PACE Participants?

PACE SERVES OUR SENIORS

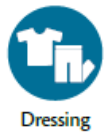
95% Live in the community

77
Average age



66% WOMEN
34% MEN

NEED HELP WITH ACTIVITIES OF DAILY LIVING



Dressing

1-2: 26%



Bathing



Transferring

3-4: 24%



Toileting



Eating

5-6: 33%



Walking

Average number of ADLs with which participants need assistance

TOP 5 CHRONIC CONDITIONS OF PACE PARTICIPANTS

- Vascular Disease
- Major Depressive, Bipolar and Paranoid Disorders
- Diabetes with Chronic Complication
- Congestive Heart Failure
- Chronic Obstructive Pulmonary Disease

5.8 Chronic Conditions



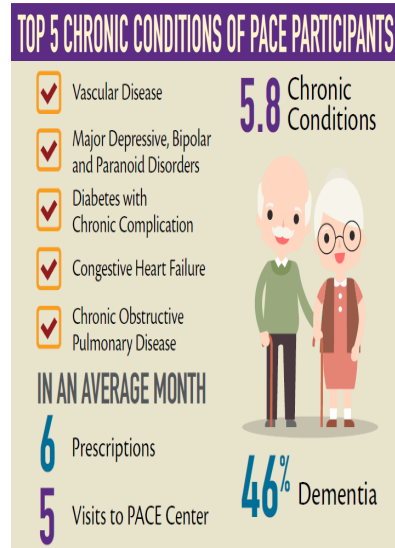
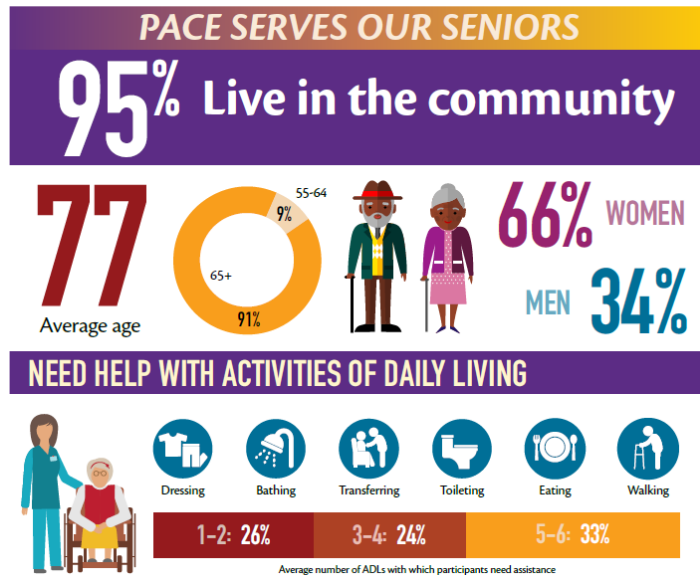
IN AN AVERAGE MONTH

- 6** Prescriptions
- 5** Visits to PACE Center

46% Dementia

Who Are PACE Participants?

<https://masspace.net/what-is-pace/>



<https://www.npaonline.org/sites/default/files/PDFs/infographic/NPA-infographic-Mar2023.pdf>

MassPACE
Massachusetts State Association of PACE Programs

The Facts about PACE

How Our Program of All-Inclusive Care for the Elderly is Making Massachusetts' Seniors Independent, Healthier, and Happier

Who Does PACE Serve?

- 55+ living in a PACE service area
- Nursing home eligible
- Can live safely in community with PACE support

4,895 participants currently enrolled

93% dually eligible for Medicare and MassHealth
6% with Medicaid and MassHealth Only
1% with Medicare Only and Private Pay

Where Does PACE Operate?

- **26 PACE Centers** and Other Care Settings
- **264 Towns and Cities**
- **8 PACE Organizations**
- **1265 Employees** (plus many more contracted staff for home care, transportation, and other services)

PACE is Cost Effective

- **15% less costly** than care for similar populations in MassHealth Fee for Services Programs
- **28% less costly** than a nursing home

PACE Participants Have High Needs

- **88% Over 65+**
- **12%** 55-64
- **16.4** Average # of Medical Conditions
- **100%** Nursing Home Eligibility
- **34%** with Alzheimer's or Related Dementia

Average Age 78

Prevalent Medical Conditions

Congestive Heart Failure | Vascular Disease
Chronic Obstructive Pulmonary Disease
Diabetes | Major Depressive Disorder
Morbid Obesity | Other Major Behavioral

Meeting the Covid Challenge

- **14%** Case Rate (confirmed cases)
- **5%** Deaths
- **90%+** Vaccination Rate

Who Does PACE Serve? (Additional Info)

Diversity
Most prevalent languages:
English, Spanish, Creole, Russian, Cantonese and Vietnamese

Satisfaction and Quality of Life

- **92%** would recommend PACE to a friend or relative
- **95%** reporting PACE improved or maintained quality of life
- **93%** of participants living in community *PACE covers long-term care for those no longer safe in community

94% satisfied with care

PACE Services

- Primary Care
- Home Care
- Meals
- Therapies
- Behavioral Health
- Transportation
- Prescription Drugs
- Day Center, Respite, and Therapeutic Recreation
- SNF Rehabilitation and Long-Term Care
- Acute Medical Care Specialist
- Other services needed to remain safely in the community

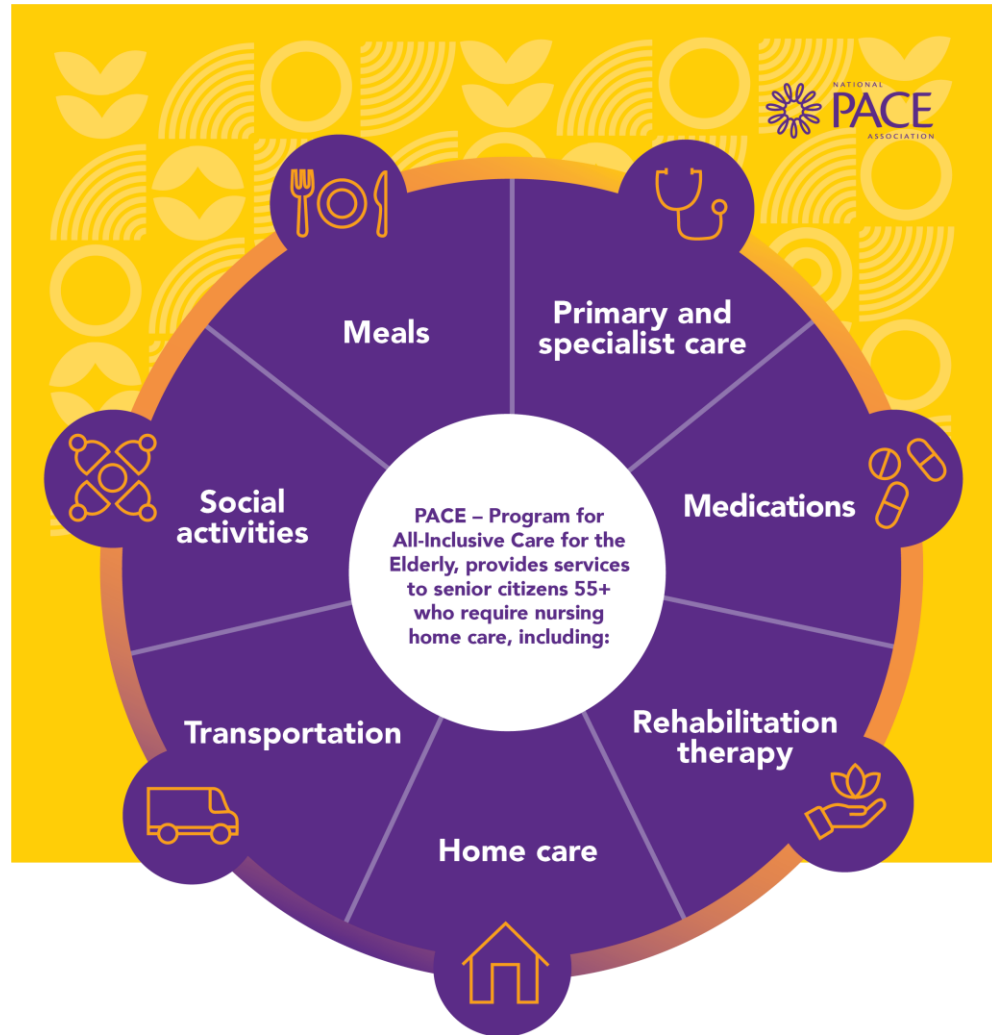
About PACE PACE is a community-based Medicare program and Medicaid program that gives people age 55 and over who qualify for a nursing home level of care the opportunity to live at home. PACE promotes independence and the highest levels of functioning while allowing choice and dignity for enrollees and their families.

PACE Provides Transportation and Meals



<https://www.npaonline.org/sites/default/files/PDFs/infographic/NPA-infographic-Mar2023.pdf>

Other Services Provided



- Nursing
 - Nutritional Counseling
 - Social Work
 - Medical Care
 - Personal Care
 - Social Services
 - Audiology
 - Dentistry
 - Optometry
 - Podiatry
 - Respite Care
 - Care Management
- Hospital and nursing home care are provided when necessary.
 - Any other care, services or supports deemed medically necessary to maintain or improve the health status of participants.

If a PACE participant needs nursing home care, the PACE program pays for it and continues to coordinate the participant's care.

PACE Provides High-Quality Outcomes



LESS THAN **1** ER VISIT PER YEAR

- Reduced hospital admissions
- Decreased rehospitalizations
- Reduced ER visits
- Fewer nursing home admissions
- Better preventative care

ONLY **5%**

of nursing home-eligible PACE participants currently reside in a nursing home



LESS THAN **4** DAYS A YEAR

PACE **HOSPITAL READMISSION RATE**

19.1%

30-Day All-Cause Hospital Readmission Rates: Comparable rate for all age 65 dual-eligible enrollees is 22.9% and Medicare fee-for-service beneficiaries is 19.6%.

PACE Provides High-Quality Outcomes

97.5%

**of family caregivers would
recommend PACE**

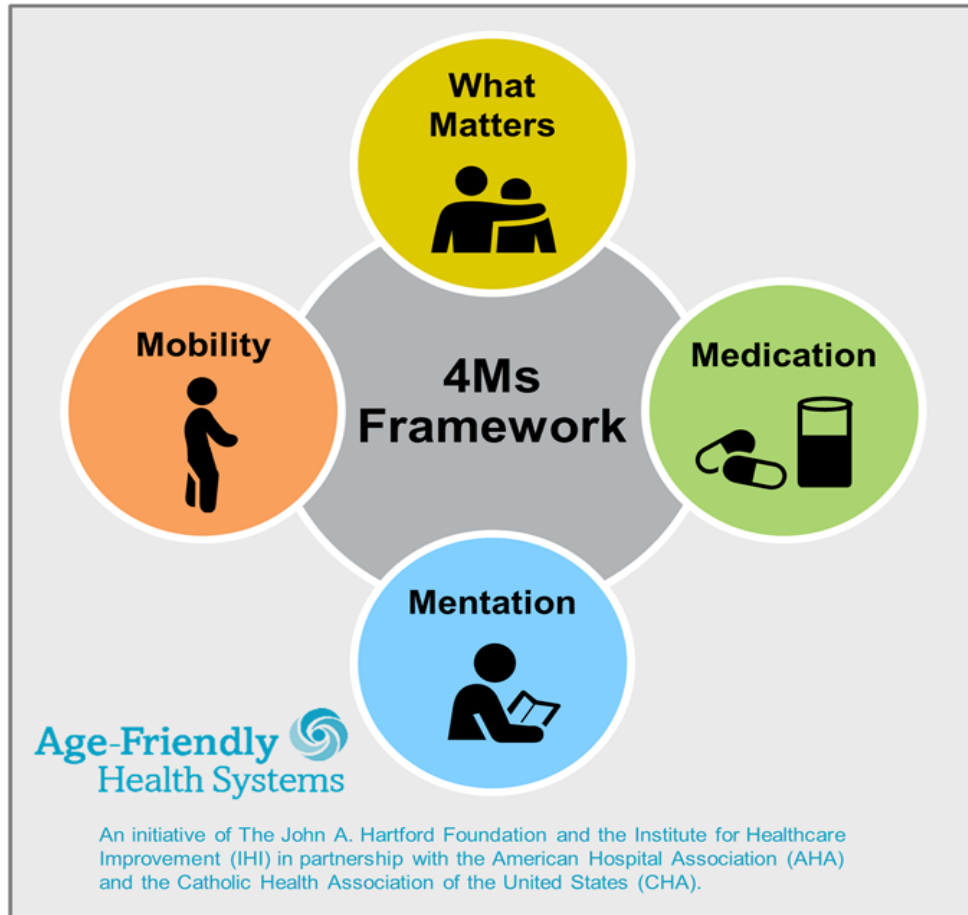
to someone in a similar situation

- Over 96% of family members are satisfied with the support they receive
- High participant satisfaction
- Low disenrollment rate

PACE Customer Satisfaction

- While there is great diversity among PACE participants, PACE has uniformly been able to meet their varied needs.
- PACE Organizations in Massachusetts have high rates of participant satisfaction and very low disenrollment rates.
- In 2022, in an independent survey completed by 7 of the 8 PACE Organizations in Massachusetts, **95% of PACE**
- participants reported being satisfied with their care, **92% reported** that PACE improved or maintained quality of
- life, and **91% would recommend PACE** to a close friend or relative. **Most participants remain in PACE until death.**
- A very small number, an average of 42 participants per program, disenrolled from PACE in for reasons other than death in the period between September 2021 and September 2022.

PACE and Age-Friendly Health Systems (AFHS)



	<i>Strengths of PACE Model</i>
<i>What Matters</i>	Participant involvement in discussion regarding Goals of Care Goal of remaining in community Interdisciplinary team approach
<i>Mobility</i>	PT/OT assessments and activities Provision of transportation Fall prevention programs (mobility improvement) Day center activities
<i>Medications</i>	Medications managed with geriatrics specialists Coordinated prescribing Emphasis on de-prescribing harmful medications
<i>Mentation</i>	Routine cognitive assessments (including caregiver strain) Activities based on cognitive ability Provide meals and nutritional supplements

The Quintuple Aim

Triple Aim 2007

1. Improved Patient Experience
2. Better Outcomes
3. Lower Costs

Quadruple Aim 2014

4. Clinician Well-Being

Quintuple Aim 2021

5. Health Equity

**Better
Health**

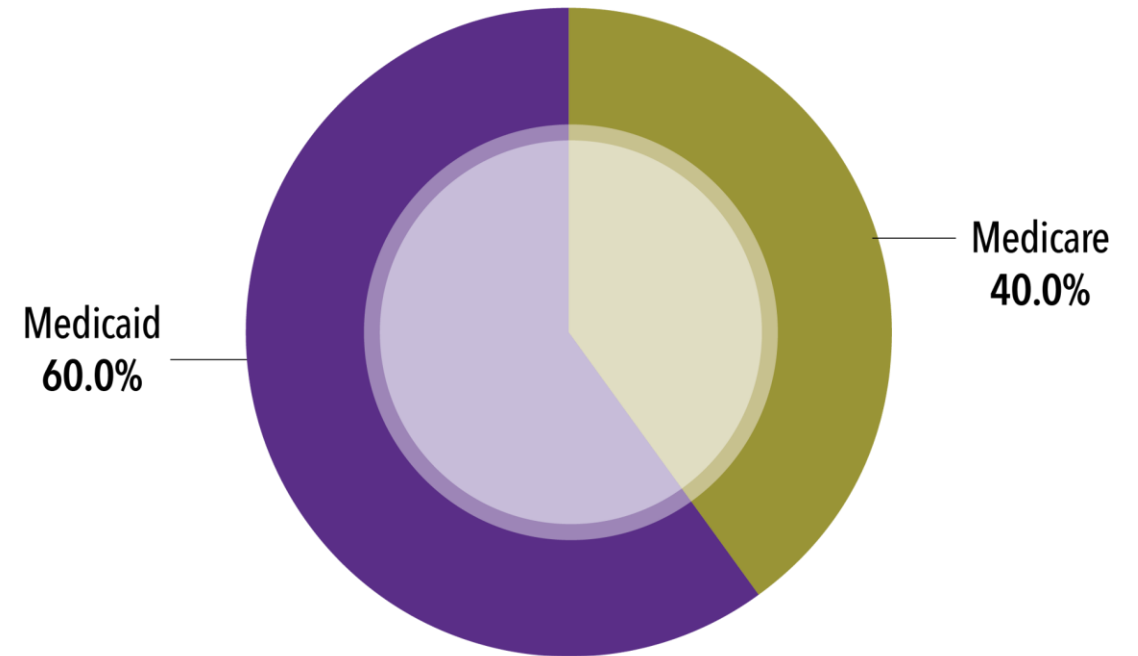
**Improved
Economy**

PACE Financing

- PACE combines capitated financing from Medicare and Medicaid to flexibly meet each participant's unique care needs.
- Medicare capitation rates are adjusted for the diagnostic and demographic characteristic of each participant.
- Medicaid capitated payments are calculated to be less than what the state would otherwise pay for PACE participants outside of PACE.
- To learn more, visit our website: [Medicare Risk Adjustment](#)

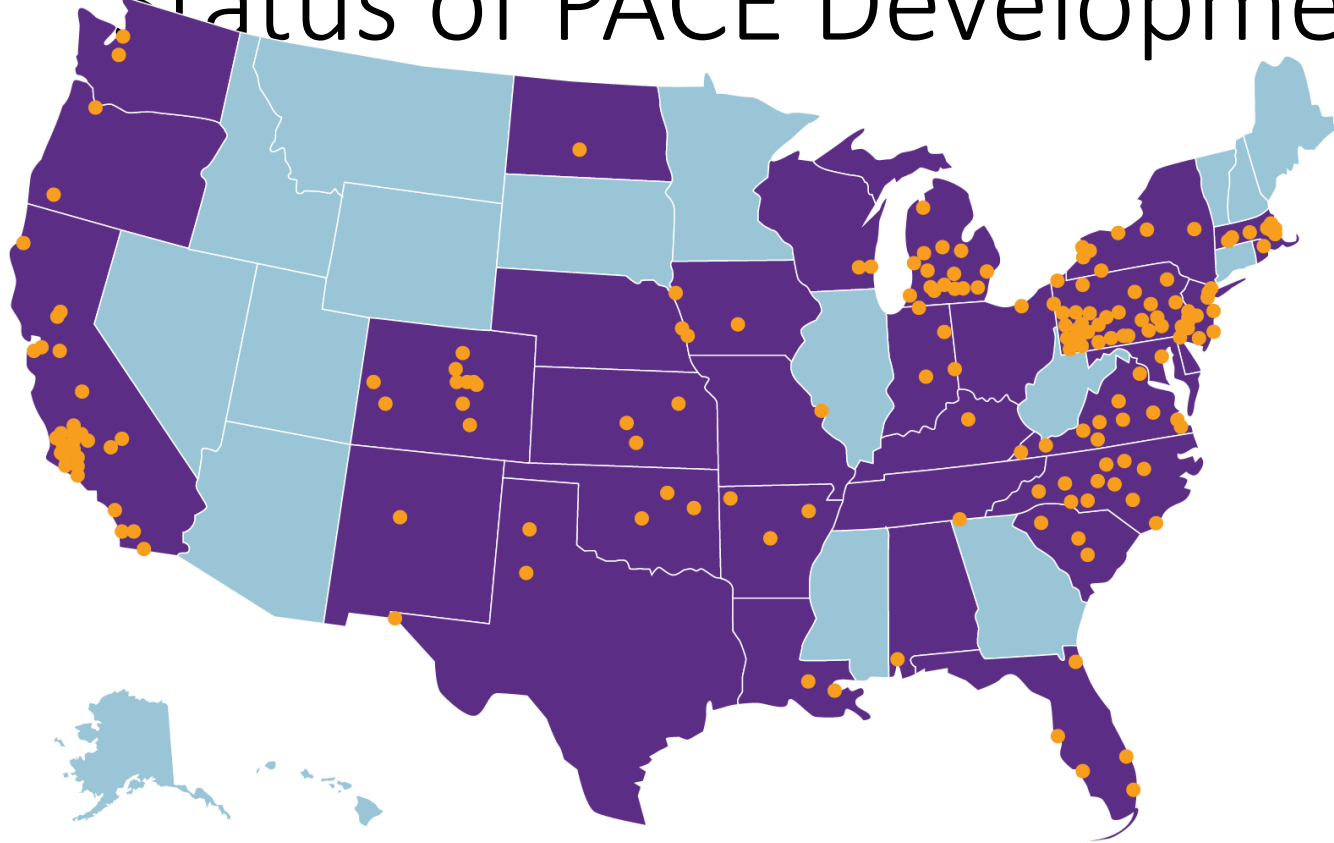
Sources: NPA Medicaid Capitation and PACE Data Report 2022; PDAC 2022

Source of Service Revenue



2022 Average Dual Eligible Rate: \$4,348
2022 Average Medicaid Only: \$6,905
2022 Average Medicare Only: \$3,103

Status of PACE Development



150 Sponsoring Organizations

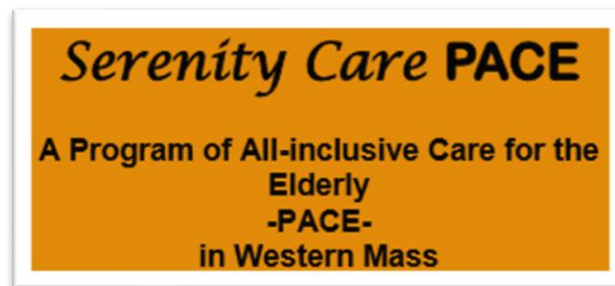
306 PACE Centers
as of March 2023

While PACE is a permanent federal program, states must choose it as an option

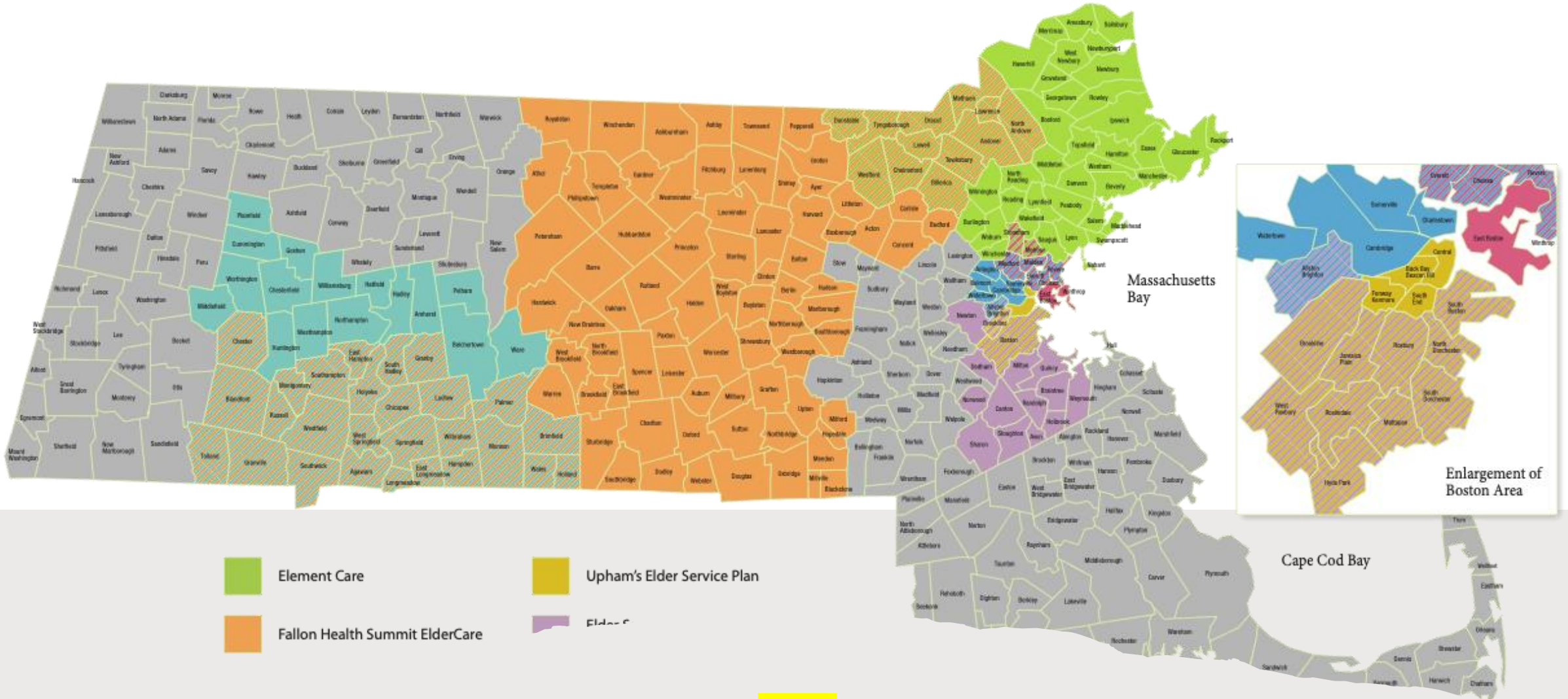
PACE Programs currently exist in 32 States and the District of Columbia.

MassPACE Organizations

Smallest – 270
Largest - 1,350
28 Locations
Oldest > 30 years in MA

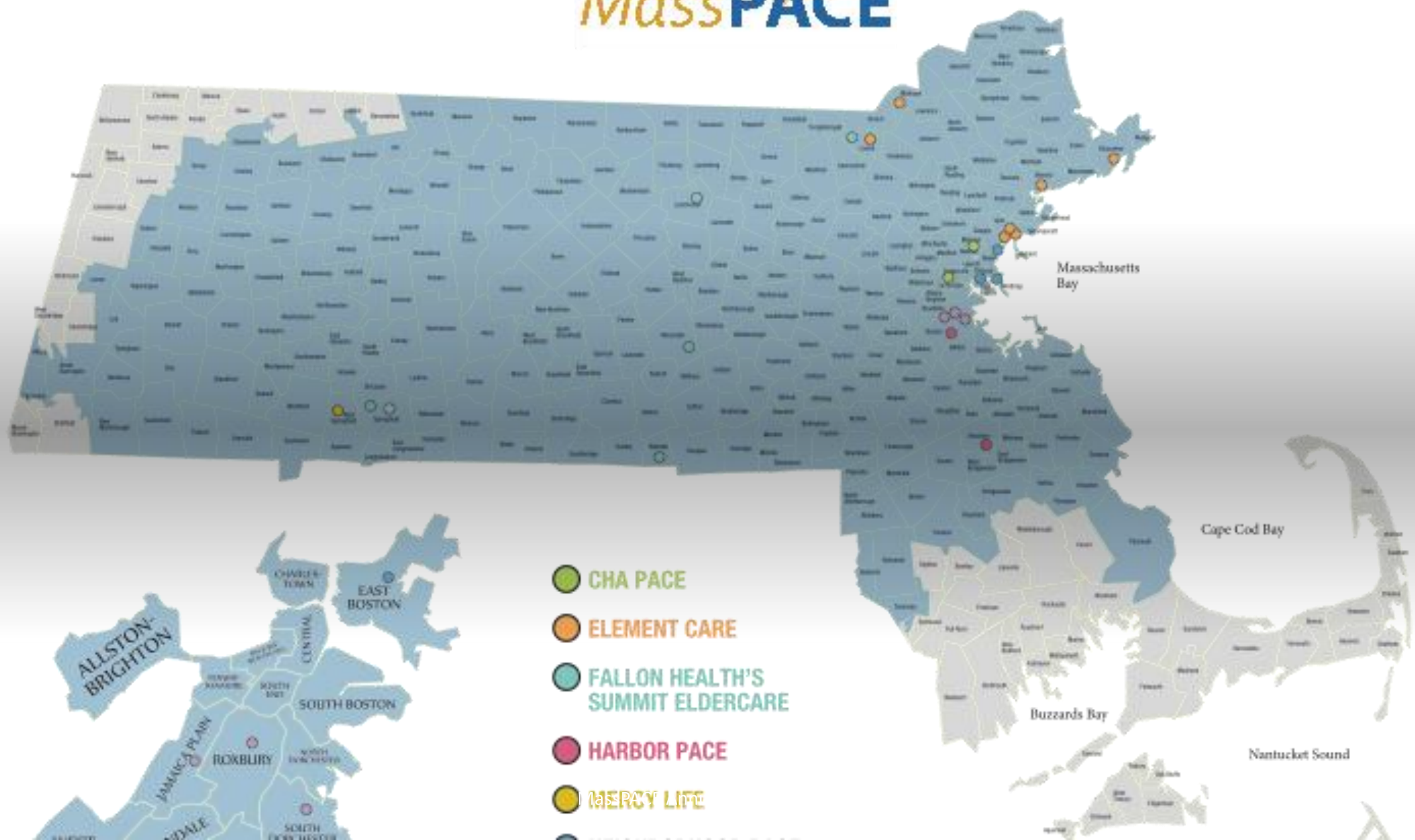


Massachusetts PACE® Service Areas



Maps – old and new

MassPACE



Census

August 2023	Total	% Change since 2022
CHA	648	10%
ELEMENT	1001	4%
HARBOR	584	0%
NPACE	799	2%
SERENITY	525	6%
SUMMIT	1322	10%
UPHAMS	276	1%
Mercy	239	-4%
Total	5394	6%

The PACE Response to COVID-19 Calls for Policy Actions Increasing Access and Affordability

Blog | October 20, 2020

These features of the PACE model have made a difference for their participants, all of whom are at a nursing home level of care, and 90 percent of whom are dual-eligible. In spite of these risk factors, PACE participants have experienced a relatively low rate of infection and death due to the COVID-19 virus. Based on data reported to the National PACE Association by 107 PACE organizations, **6.45 percent of PACE participants have had a positive test result for the virus. Of all participants enrolled in these PACE organizations, 1.6 percent have died as a result of the virus. Notably, this is less than half of the 3.4 percent death rate for residents in long-term care facilities (nursing homes and assistant living facilities).**

The infection and death rates for PACE participants were 1/3 those for nursing home residents.

These outcomes have resulted in increased recognition of the PACE model of care.

Expected to translate into substantial growth in the years ahead.



Considerations for Combining PACE with Housing

Developed by MassPACE and LeadingAge MA.
With input and consultation from the Executive Office of Elder Affairs and MassHealth

COMBINING PACE WITH AFFORDABLE SENIOR HOUSING

DECEMBER 20, 2022



CHA PACE



Harbor Health PACE



Serenity Care PACE



**Neighborhood PACE
East Boston**



**Elder Service Plan
Uphams Elder Services Plan**

Site Locations

<ul style="list-style-type: none"> › Cambridge: 163 Gore St. › Malden: 195 Canal St. 	<ul style="list-style-type: none"> › Brockton: 479 Torrey St. › Mattapan: 1135 Morton St. 	<ul style="list-style-type: none"> › Springfield: 604 Cottage St. 	<ul style="list-style-type: none"> Lewis Mall/East Boston: 225 Sumner Street Revere: 10 Garofalo Street Winthrop: 26 Sturgis Street 	<ul style="list-style-type: none"> › Boston: 1. Nubian Square: 36 Dearborn St. 2. Jackson Square: 125A Amory St. 3. Savin Hill: 1140 Dorchester Ave.
<p>Total Enrollment</p> <ul style="list-style-type: none"> › 639 	<ul style="list-style-type: none"> › 583 	<ul style="list-style-type: none"> › 529 	<ul style="list-style-type: none"> › 800 	<ul style="list-style-type: none"> › 274
<p>Year Established</p>	<ul style="list-style-type: none"> › 1994 		<ul style="list-style-type: none"> › 1971 	

Total Enrollment

Year Established

Assisted Living and PACE

Older adults living in Assisted Living Residences can be eligible for PACE. In July of 2022, approximately

27% of PACE participants resided in traditional or memory care Assisted Living.

Frequently Asked Questions



*Why doesn't
PACE have an
outside
advocate built
into model
(like SCO and
One Care)?*

- The PACE IDT is a provider team that integrates different perspectives. The IDT makes clinical decisions that the insurance arm of PACE must uphold.
- PACE regulation requires that the team account for physical, clinical, emotional and social needs in its decision-making, And fully account for participant preferences and requests in its decisions.
- PACE regulation has a very low bar for requiring the IDT to act on requests for care plan changes, new services, etc. And a very high bar for issuing denials, notification of appeals rights, and providing assistance with appeals.
- PACE audit encompasses a very comprehensive review of the participant's medical record - there is no separate insurance record – to ensure that IDT complies with regulatory requirements that impact participant rights and healthcare needs.

Isn't the PACE Center a form of segregated care?

- Choosing PACE is the equivalent of choosing a specialist - a team of providers who operate out of a single location, who specialize in the needs of older adults with significant health and other needs, and who are required by regulation to document and respond to input from outside providers, family, and others with insight into the participant's needs.
- The PACE Center includes an ambulatory care clinic, a rehabilitation gym, a social day center, and other amenities. While most PACE participants elect to come to the day center for socialization, others come only for appointments with providers.



Other questions?



Please join us!

- Thursday, October 26th
- 10:00 am – 12 noon
- State House Room 428

REFRESHMENTS!!

Legislative Briefing on PACE

Program of All-Inclusive Care for the Elderly

Sponsored by

Senator Jamie Eldridge

- **Learn** what the PACE model is and how it serves constituents seeking to avoid nursing home placement.
- **Connect** with PACE representatives from all 8 programs across the state and see how they can assist your older adult constituents.
- **Hear** about MassPACE's priority legislation to increase PACE awareness and access!



Thank you!

www.masspace.net

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