



PACE – Program of All-Inclusive  
Care for the Elderly – A Medicare  
Medicaid Waiver program

David Morgan, AKMGMA

# Alaska Medical Group Management Association (AKMGMA)

The Alaska Medical Group Management Association (AKMGMA) is a professional organization comprised of over 162 group practice administrators, health care managers, executives and consultants located throughout Alaska. AKMGMA offering educational programs, federal and state updates affecting the medical practice and Legislative updates and input.

# BACKGROUND:

- **Primary-care physicians coordinate and manage the healthcare for senior citizens. These services are referred by primary-care physicians; medical specialists, laboratory, other diagnostic services, hospitals and nursing home care.**
- **Medicare (Federal) program is a fee-for-service. These fees do not cover costs. Medicare rates under the standard program can only be changed by Federal Government.**
- **Large Number of Alaska's Senior Citizens can't find primary care doctors who will accept the Medicare payments for the elderly.**
- **Even with the 2009 increase in Medicare payments didn't persuade primary-care physicians to significantly increase the number of new Medicare patients.**

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

- The PACE Model of care began in the 1970's with the Lok Senior health Services in San Francisco California, there are now 55 PACE Programs currently operating United States.
- PACE has been approved by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence based model of care and placed on the National Registry of Evidenced Based programs. NREPP web site at <http://www.nreppsamhsa.gov/find.asp>.

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

- **Consumer drive and Market originated. Participation is voluntary for Providers and Medicare beneficiaries.**
- **Optional benefit under both Medicare and Medicaid Dual-eligible individuals over 65 years of age that focuses entirely on older people, frail enough to meet their standards for nursing home care.**
- **It features comprehensive medical and social services that can be provided at home, adult day health center, and/or inpatient facilities.**
- **Most patients continue living at home while receiving services.**
- **Team of doctors, nurses and other health professional assess participant needs, develop care plans and deliver all services.**
- **PACE is available only in States which have chosen to offer BIPA 903 Waiver and PACE regulations.**

# PACE Enrollees Eligible:

- Be at least 55 years of age.
- Live in the PACE service area.
- Be screened by a team of health professionals (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 at home or at community setting.
- **Services:** PACE offers and manages all of the medical, social and rehabilitative services their enrollees need to preserve their independence, to remain in their homes and communities. Minimum services include primary care services, social services, restorative therapies, personal care, supportive services, nutritional counseling, recreational therapy and meals.

# PACE Medical Team of Care Providers.

- **PACE team includes:**

- Primary care physicians and nurses**

- Physical, occupational, and recreational therapists**

- Social workers**

- Personal care attendants**

- Dietitians**

- Drivers**

**The PACE receives a fixed monthly payment per enrollee from Medicare and Medicaid. The amounts are the same during the contract year, regardless of the services and enrollee.**

# [ BIPA 903 Waivers ]

- **Section 903 of the Benefits Improvement and protection Act of 2000 addresses flexibility in exercising the waiver authority provided in the section 1894(f)(2)(B) and 1934(f)(2)(B) of the Social Security Act. This section allows for specific modifications or waivers of certain regulatory provisions to meet the needs of the PACE organizations.**
- **Provisions that may not be waived:**
  - Must meet the level of care provided in a nursing facility;**
  - Delivery of comprehensive, integrated acute and long-term care services;**
  - Interdisciplinary team approach to care management and services delivery;**
  - Capitates, integrated financing, that allows the provider to pool payments received from public and private programs and individuals; and assumption by the provider of full financial risk.**

# PACE Impact Analyses and Innovative Care Delivery Models:

- The average PACE program participant is 80 years old.
- Studies show that 61% of enrollees reported no decline in functional skills and by 12 months, 43% still reported no decline. Study authors consider the slower rate of decline an important factor in the ability to prolong independent living.
- Review Exhibit 8: Pace Impact analyses: Utilization of Hospital, Nursing Home and Ambulatory Care – HCFA Final Report

# PACE Nationally Showcased as Innovation Care Delivery Model:

- Providence ElderPlace (Settle Washington) is a program of health care and social services for older adults. For more information contact Providence ElderPace at (206) 320-5325 or Email: [jenny.kentta@providence.org](mailto:jenny.kentta@providence.org). Providence is currently in development of a PACE for Anchorage Alaska.
- Billings Clinic (Billings Montana) is a physician group practice that includes non-physician providers. Has a relationships with Aspen Meadows Retirement Community, billings Hospital and the Billings adult day health center. Services available are, preventive health care, specialty medical care, medication management, supplies and home medical equipment, rehabilitation therapies, assistance with light cleaning, cooking, bathing and transportation assistance. For more information contact Billings Clinic at (406) 238-2500.