PACE in Virginia
A program to assist elders to maintain their place in homes and communities.

Presented to the DMAS Membership Committee
By
Division for Aging and Disability Services
October 26, 2020
The model began in 1973 in an effort to help the Asian-American community in San Francisco care for its elders in their own homes.

PACE was created as a way to provide health care providers flexibility to meet all health care needs and to help participants to continue living in the community.

PACE is designed to enhance the quality of life and; enable older adults to live in the community as long as medically and socially feasible and to

Preserve and support the older adult’s family unit.
Virginia’s PACE History

- 1990’s PACE was tested as a pre-PACE program with one provider organization
- 2005 Virginia offered five 250,000 grants to potential organizations to launch PACE
- 2006 RFA’s where published
- 2007 First full PACE program began
- 2013 Virginia grew to 14 Sites with 8 provider organizations
- 2017-18 Virginia received its first for-profit PACE provider operating 2 programs
- 2019 Virginia issued an RFA to replace the NOVA site that closed in 2016
- 2020 The NOVA RFA was awarded and is under review by CMS.
- An RFA was issued and is under review for a third PACE program in deep southwest Virginia
PACE is a CMS program that is supported by the states

PACE is a Medicare and Medicaid program that assists individuals to remain in their homes and communities assuring that their needs for long term services and supports are met

PACE is a partnership between the PACE participant and his/her caregivers

* The foundation for PACE is in 42 CFR §460.2 through §460.210
* That foundation is supported by Virginia 12VAC30-50-320 through 12VAC30-50-360
Benefits of PACE

FOR CONSUMERS:
* Comprehensive, preferred method of care
* Stay in the community as long as possible
* One-stop shopping
* More personalized service delivery

FOR PROVIDERS:
* Freedom from traditional restrictions
* Focus on the entire range of needs of individual
* Open service creativity options
* Capitated payments

FOR PAYERS:
* Cost savings & predictable expenditures
* Comprehensive service package

An integrated system of care for the elderly that is:
* Community-based
* Comprehensive
* Capitated
* Coordinated
What are the PACE Criteria?

* In order to participate individuals must meet the following criteria:

  * 55 years of age or older
  * Reside within a PACE service area,
  * Be certified as meeting the need for nursing facility level of care,
  * Be able to reside safely in the community with the help of PACE services.
PACE is a Place

PACE services may be provided at the primary PACE site where Adult Day Health Care is offered and coordination of PACE core services occurs. Individuals may also receive services where they reside.
PACE Services Include:

- Adult Day Health
- Home Health Care
- Primary Care
- Medical Specialty Services
- Outpatient Rehabilitation
- Prescription Medications
- Emergency Services
- Lab/X-ray Services
- Personal Care Services

- Dental Services
- Outpatient Surgery Services
- Transportation
- Case Management
- Outpatient Psychiatric Services
- Durable Medical Equipment Services
- Nursing Facility Care
- Respite Care
- And More!
PACE includes other services determined necessary by the PACE interdisciplinary healthcare team who may approve services that enhance and maintain the individual’s overall health. An example of this could be coverage for ramp installation or other home modification determined to be necessary in order for the person to be able to continue to live safely at home.
In PACE, the Focus is on the Person

* PACE provides the individual with an Interdisciplinary team of healthcare professionals, doctors, nurses and others who work together to provide coordinated, person-centered care.

* The team is focused on getting to know the person as an individual, gearing care toward personal goals and preferences.

* The individual and the family are encouraged to participate with the team in the development and updating of the individual’s Plan of Care.
How does PACE differ?

PACE works only with nursing facility eligible individuals providing care in the community. This enables participants to maintain their residence vs. moving into a facility.

**Where**
- In their residence
- At the PACE site
- During Transportation
- At Physician Visits
- In the community

**Who**
- Personal care givers
- Transportation workers
- Social Workers
- Nurses
- Therapists
- Physicians
- Chaplain
- And others!

Individuals in PACE are frequently seen and supported by up to 11 staff daily. Think about the difference that can make in the level of support provided!
The PACE Team Includes:

Each of these team members work together to ensure comprehensive healthcare services are provided to meet the needs and preferences of the individual.

Although most services are provided by the staff at the PACE site, PACE also works with many specialists and other community providers to assure that needed care is provided to the individual.
The goal of PACE is to provide assistance to individuals in order for them to remain in their homes and communities.

This is accomplished in many ways. Some of these include:

- Family support through Respite Care, Support groups, and Caregiver training
- Home Health Care assistance
- Adult Day Health Care services
- Annual Immunizations
- Coordinated Pharmaceutical Services
- Attendance at therapy sessions
Grievances and Appeals

- PACE like an MCO is required to review all grievances and appeals with the goal to resolve all concerns to the fullest extent possible.

- If a PACE member wishes further action they can appeal to Medicare or Medicaid as any other appeal
Once in PACE, individuals do not need to join a separate Medicare Part D plan because PACE has them covered.
PACE Transportation

PACE provides medically necessary transportation for individuals to the PACE site for activities and services and/or to medical appointments within the community.
The PACE Center

* The Center is the service hub of PACE
* The center provides an array of services
  * Day Care
  * Physician and Clinic
  * Recreation
  * Chaplain
  * Counseling
  * Pharmacy
  * Meals, Snacks
  * Socialization
  * Therapies, Grooming, and more.
Sometimes a higher level of care is necessary, either on a temporary or long term basis. In such cases, PACE will cover the cost of nursing facility care and spend time in the facility with the PACE participant to ensure coordination of care.

On average only 5% of PACE participants require NF care.
Excluded Services

* PACE services do not include:
  * Services not authorized by the care team
  * Private hospital rooms, private duty nursing in a facility, telephone charges, and/or television rentals
  * Cosmetic surgery, unless for reconstruction or improved functioning of a body part due to accident or cancer
  * Experimental medical, surgical, or other health procedures
  * Services furnished outside of the United States
Connections to Housing

- PACE does not provide housing

- PACE does frequently connect with organizations offering specialized housing for older citizens enabling them to live independently longer.

- PACE is experienced in providing socialization for isolated individuals
How is PACE Covered?

* If an individual qualifies for Medicare, all Medicare-covered services are paid for by Medicare.

* If an individual qualifies for Medicaid, all State plan services are available to the individual. There may have a small monthly payment or no payment at all.

* Private Pay options are available for those who do not qualify for Medicare and/or Medicaid

* In PACE there is never a deductible or copayment for any medication, service, or care approved by the PACE team.
How are Rates Set?

PACE capitation rates are developed by applying a savings factor to the upper payment limit (UPL).

DMAS contracts with Mercer to establish PACE rates

- Rates are built upon Historical data for each region of the state
- Adjusted for trend
- Adjusted for managed care savings
- Administrative load
- Compared to upper payment limit

Rates are Reviewed and Adjusted annually
# Program Oversight

Program oversight is provided through a variety of methods. They include:

<table>
<thead>
<tr>
<th>Type of oversight</th>
<th>Oversight conducted by</th>
<th>Frequency of oversight</th>
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<tbody>
<tr>
<td>An internal Quality Improvement Plan</td>
<td>PACE provider</td>
<td>Ongoing</td>
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<td></td>
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<td>42 CFR §460.132 - §460.138</td>
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<tr>
<td>All Local and State facility inspections</td>
<td>Local &amp; State Fire Marshall, Local Health Dept. (Restaurant)</td>
<td>At least annually</td>
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<td>Home Health Care licensing by Board of Health Care Professions or Department of Health</td>
<td>Board of Health Care Professions or Department of Health</td>
<td>Ongoing</td>
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<tr>
<td>State Administering Agency (DMAS)</td>
<td>DMAS</td>
<td>- Ongoing and Annual Audit , (When necessary with CMS)</td>
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<td></td>
<td></td>
<td>- Annual Technical Assistance visits</td>
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<tr>
<td>CMS audits</td>
<td>CMS</td>
<td>Annual audit first three years then alternating years.</td>
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PACE and Quality of Care

Benchmarks:

* Rate of emergency Department Visits per member months - QAPI Goal:<4.5%
* Percentage of ER visits resulting in hospitalization - QAPI Goal:50%
* 30-Day All-Cause Acute Hospital Re-Admission - QAPI Goal 15-20%
* Rate of Total Incidents that meet Level 2 reporting requirement - QAPI Goal:<3%
* Number of Falls - QAPI Goal:<3.5 Rate
* Depression Screening Performed during Initial Enrollment - MSW Goal 100%
* Depression Screening Performed Annually - MSW Goal: 100%
“PACE is acting as a benchmark of what life can look like when incentives in care, financing, coordination, and outcome are aligned to help one remain in community”*

*Jennie Chin Hassen and Maureen Hewitt

“PACE Provides a SENSE OF BELONGING for Elders”*
Additional Web Resources

* DMAS web site
  * https://www.dmas.virginia.gov/#/longtermprograms/pace
* Virginia PACE Alliance
  * https://vapacealliance.org/what-is-pace/
* National PACE Association
  * https://www.npaonline.org/pace-you
* CMS Website
  * https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/PACE/PACE
Thank You for listening

Your time to ask questions

Please post your questions in the chat box.

Any other questions can be sent to
PACE@dmas.virginia.gov or
Judy.tyree@dmas.virginia.gov 804-773-1211