PACE: Moving Forward in a Managed Care World

NASUAD HCBS CONFERENCE
AUGUST 27, 2019
Why growing and sustaining PACE should be part of a state’s strategic plan for long-term supports and services (LTSS)

- Background on PACE
- PACE’s importance in LTSS
- Steps VA and PA have taken to ensure that PACE remains an option
- How states are overseeing the quality and compliance of PACE programs
- Best practices, lessons learned, and future plans for PACE
Speakers

Suzanne Gore, JD, MSW, Principal
State Health Partners

Cindi Jones, Senior Vice President, Government Relations, InnovAge

Kevin Hancock, Deputy Secretary, Department of Human Services, Office of Long-term Living, Pennsylvania

Karen Kimsey, MSW, Chief Deputy, Department of Medical Assistance Services, Virginia
PACE Snapshot

PACE is healthcare + support in one location

Interdisciplinary care from an adult day center

Medicare and Medicaid funding

Engagement of participants, caregivers, family, and friends
Provides:
- Coordinated health care (primary and specialty care)
- Transportation
- In-home assistance
- Medication management
- Social engagement
- Respite
- Education
- Nursing home and assisted living, if needed

Individualized Care Plan

Many services offered at the PACE center, but homebased care includes transportation, home care, and equipment/modifications
PACE Participant Snapshot

- 90% are dually eligible for Medicare and Medicaid
- Average age of 77 (85% are 65+)
- 70% are women
- 60% of participants need assistance with 3 or more activities of daily living
- Medical diagnoses often include vascular disease, diabetes, congestive heart failure, depression and bipolar disorders, and COPD
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<thead>
<tr>
<th>Program</th>
<th>Program Structure</th>
<th>Enrollment Size</th>
<th>Payment Structure</th>
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<tbody>
<tr>
<td>PACE</td>
<td>Day Center Based</td>
<td>46,646 nationally</td>
<td>Payment rate established by state</td>
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<td>129 organizations 263 centers</td>
<td>Integrated Medical, LTSS, and BH</td>
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<td>Contract with the state</td>
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<td>Medicare Advantage Special Needs Plan (SNP) + Medicaid Managed LTSS (MLTSS)</td>
<td>SNP Contract with CMS 2.6 million (SNPs) SNP payment established by CMS</td>
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<td>MLTSS Contract with State</td>
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<td>SNP covers medical</td>
<td>Roughly 1.5 million (MLTSS) MLTSS payment established by state</td>
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<td>MLTSS covers most LTSS and BH</td>
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<td>3 types of SNPs: Dual, Institutional, Chronic Condition</td>
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<td>Dual Eligible Demonstration</td>
<td>3-way Contract with State and CMS 372,600 nationally</td>
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<td>Payment rate established by state, CMS role</td>
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<td>Integrated Medical, LTSS, and BH 9 states participate</td>
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https://www.kff.org/other/state-indicator/total-medicaid-enrollment-in-managed-long-term-services-and-