Master Plan for Aging:
Recommendation Form
11/18/19

To submit your recommendation, fill out as many of the fields below as you can. It is fine to leave some blank. Recommendations can be submitted at engage@aging.ca.gov. Initial recommendations are requested to be submitted by December 13, but they may submitted after this date as well.

Issue Statement: [State the problem your recommendation will address. Insert links to reports where appropriate.]

Improve access to PACE as a proven model of integrated care for older adults and seniors with complex needs who wish to remain in the community for as long as possible.

MPA Framework Goal #:

Goal 1: We will live where we choose as we age and have the help we and our families need to do so.

MPA Framework Objective #:

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Recommendation:

Provide access to PACE for all older adults and seniors with complex needs who need it and can benefit from it.

Target Population and Numbers:

PACE currently serves approximately 10,000 seniors and older adults in 14 counties. Approximately 73 percent are dual eligibles. An estimated 181,000 persons statewide are estimated to be eligible for PACE, based on age, conditions, and income (i.e. meet Medi-Cal income eligibility). Several hundred thousand additional persons with higher incomes potentially meet PACE age and level of care requirements.

Detailed Recommendation: [Insert detailed bullet points describing recommendation.]

- Include PACE among the HCBS programs and services a statewide information and referral system would be linked to and refer persons to;
- Include PACE among HCBS programs for which the state assesses unmet need by region;
- Include PACE as a benefit that persons could use revenues from a long-term care financing program for;
- Require PACE to be offered as an Medi-Cal plan enrollment choice and included in enrollment outreach and materials for older dual eligibles and seniors and persons with disabilities in any county in which they are subject to mandatory or passive enrollment;
- Create an exception from any annual enrollment period or lock-in to allow persons who are eligible for PACE to enroll in PACE on a month-to-month basis;
- Develop consistent and up-to-date information and materials about PACE for duals and SPDs who are subject to managed care enrollment to enable beneficiaries to understand what PACE provides and how they may be assessed for PACE eligibility.

Evidence that supports the recommendation: [Add links or summaries of research evidence that support the recommendation.]

https://academic.oup.com/gerontologist/article/57/2/300/2631971

https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1532-5415.1997.tb04513.x

Examples of local, state or national initiatives that can be used as an example of a best practice: [Provide any available links and sources.]

- **Local:**
- **State:**
- **National:** National PACE Association model state policies on options counseling and statewide access to PACE

https://www.npaonline.org/sites/default/files/Options%20Counseling_0.pdf

https://www.npaonline.org/sites/default/files/Statewide%20Access%20to%20PACE_0.pdf

- **Other:**

Implementation: [Insert actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.]

- **State Agencies/Departments:** All of the recommendations above
- **State Legislature:** All of the recommendations above
- **Local Government:** Include PACE in info and referral networks and resources
- **Federal Government:** Create additional flexibility for Medicare only beneficiaries to enroll in PACE.

- **Private Sector**:
- **Community-Based Organizations:** Include PACE in referral networks and programs
- **Philanthropy:**
- **Other:**

Person-Centered Metrics: Individual measures of inputs or outcomes that can be used to measure the recommended action's impact on people.

Hospital utilization measures, percent of beneficiaries residing in community versus nursing facilities, falls, pressure ulcers, medication errors, consumer satisfaction

Evaluations: [How will we know that the recommended action is successful once it has been implemented?]

- **Short-term:** By 2020…PACE enrollment is continuing to grow at current rate
- **Mid-term:** By 2025…PACE enrollment growth and expansion has accelerated from current levels; several more counties are served by PACE
- **Long-term:** by 2030… All counties that can sustain PACE have PACE operating in them

Data Sources: [What existing data can be used to measure success or progress?]:

- Existing data sources: [specify datasets, variables, and data owner/location]
- Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

CMS HPMS quarterly data submissions; CalPACE quality and outcomes measures; I-SAT beneficiary satisfaction measures.

Potential Costs/Savings: [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings]

According to estimates prepared with the assistance of Optumas, an actuarial consulting firm, in 2017 PACE saved the state $23 million over what it would have paid for comparable beneficiaries being cared for outside of PACE.
http://calpace.org/wp-content/uploads/2017/12/PACE-Cost-Effective-Fact-Sheet.pdf

Prioritization: [How would you prioritize this issue in importance relative to other needs/priorities- e.g., low, medium, high)**:**

Name of person(s)/organization submitting recommendation: Peter Hansel, CEO, CalPACE

Date of submission: 11/22/19