

## Master Plan for Aging Recommendation

### *Expand Access to The Program for the All-Inclusive Care of the Elderly (PACE)*

#### **Issue Statement:**

The need for senior-appropriate care in California has never been greater. The rapidly growing senior population in California and across the country will put enormous strain on our fragmented and inefficient healthcare delivery system and increase the demand for senior-appropriate health and supportive services. Seniors face a patchwork of providers and services, that do not coordinate with one another.

The Program for the All-Inclusive Care of the Elderly (PACE) provides seniors with coordinated medical and non-medical senior-appropriate services. All of a PACE participant's care is managed and coordinated by an interdisciplinary care team that includes physicians, nurses, social workers, dietitians, home care coordinators and physical, speech and occupational therapists. PACE services include primary care, adult day care, home care, prescription drugs, meals, dental care, transportation, nutritional counseling, hospital care, social support services, recreational and social activities, caregiver training and support groups. PACE organizations in California currently serve over 8,800 participants through 47 PACE Centers and alternative care sites in 14 counties, including Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, and Stanislaus<sup>1</sup>.

Research shows that the PACE model achieves important outcomes for the seniors it serves. These include lower rates of hospitalization, fewer extended admissions to nursing facilities, increased longevity, high rates of participant satisfaction, and financial savings for the state and federal governments. The state association, CalPACE, reports that state expenditures on PACE in 2017 were \$23 million less than what would have otherwise been paid for their beneficiaries to be cared for outside of PACE. Despite these impressive outcomes, only 43% of eligible Californians currently have access to PACE.

#### **MPA Framework Goal:**

3. Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.

#### **MPA Framework Objective:**

3.2. Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.

#### **Recommendation:**

Expand access to integrated models of care for California Seniors, specifically the Program of All-Inclusive Care for the Elderly.

<sup>1</sup><http://www.calpace.org/wp-content/uploads/2017/12/California-PACE-Centers-and-ACS-Locations-By-County-07.10.19.pdf>

**Target Population and Numbers:** California seniors (age 55+) with complex care needs limiting their ability to live independently, specifically those who have met California’s nursing home care level of care requirement. There are currently 181,000 eligible seniors based on age, conditions, and income (i.e., meet Medi-Cal income eligibility) who could be served by PACE in CA. This number will only increase as the population ages.

**Detailed Recommendation:**

- Provide access to PACE for all older adults and seniors with complex care needs who need it and can benefit from it.
- Include PACE among Home and Community-Based Services (HCBS) HCBS programs for which the state assesses and responds to unmet need by region.
- Include PACE among the HCBS programs and services statewide information and referral system would be linked to and refer persons to.
- Include PACE as a benefit allowing persons to use revenues from a long-term care financing program to pay for.
- Ensure that PACE is a visible option during the roll-out of other integrated care programs.
- Ensure that PACE is visible when members of integrated care MCOs wish to change options.

**Evidence that supports the recommendation:**

<https://aspe.hhs.gov/pdf-report/evaluating-pace-review-literature>

**Examples of local, state or national initiatives that can be used as an example of a best practice:**

- **Local:**
- **State:**

Under the PACE 2.0 initiative, the National PACE Association (NPA) launched the West Coast Learning Collaborative in October 2018 as a 12-month collaborative to pilot and refine the PACE 2.0 Growth Model. The growth model outlines a collection of strategies and tactics to help PACE organizations grow exponentially and increase the number of elderly people with complex care needs that PACE serves. The West Coast Learning Collaborative includes 10 PACE organizations (POs), which set the group aim of reaching an average net monthly enrollment (gross enrollments less all disenrollments) of 15 per PO and growing to serve a total of 1,867 additional participants over the course of a year. The collaborative was able to more than double their average net enrollment from a baseline of eight per month to 17. <https://www.npaonline.org/member-resources/strategic-initiatives/pace2-0>
- **National:**
- **Other:**

**Implementation:**

<sup>1</sup><http://www.calpace.org/wp-content/uploads/2017/12/California-PACE-Centers-and-ACS-Locations-By-County-07.10.19.pdf>

- **State Agencies/Departments:**
  1. The Department of Health Care Services (DHCS) should take action to add additional staff for level of care reviews and to further streamline the level of care review process to make better use of the resources that DHCS has.
  2. Increase staffing for PACE oversight functions.
  3. Make administrative changes to require the process, data, and criteria that DHCS uses to be transparent, including the department’s findings, conclusions and data that the findings are based on.
  4. Make administrative changes to require DHCS to make a determination of whether there is unmet need in an existing service area for which a subsequent application has been received and allow an existing PO a reasonable amount of time to submit an expansion plan sufficient to meet any unmet need before additional applications are accepted for the area.
  5. Simplify and streamline regulations to remove barriers to opening PACE sites (for example, evaluate and license new PACE sites on an on-going basis throughout the year rather than at only 2 points in time yearly).
- **State Legislature:**
  1. Pass legislation requiring the process, data, and criteria that DHCS uses to be transparent, including the department’s findings, conclusions and data that the findings are based on.
  2. Pass legislation requiring DHCS to make a determination of whether there is unmet need in an existing service area for which a subsequent application has been received and allow an existing PACE organization a reasonable amount of time to submit an expansion plan sufficient to meet any unmet need before additional applications are accepted for the area.
- **Local Government:**
- **Federal Government:** Implement PACE Pilots for New Populations – CMS should issue Requests for Applications to implement PACE pilots, as authorized under the PACE Innovation Act, for a range of populations, including: individuals with mobility deficits; individuals 55 years of age and older at risk of needing a nursing home level of care; and Medicare-only beneficiaries. <https://www.npaonline.org/policy-and-advocacy/pace-pilots>
- **Private Sector:**
- **Community-Based Organizations:**
- **Philanthropy:** Encourage more philanthropies to invest in integrated care models, such as PACE, in order to serve more older adults with complex care needs in California.
- **Other:**

**Person-Centered Metrics:**

1. # of PACE organizations in CA
2. # of seniors enrolled in PACE in CA

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3. % of eligible seniors who have access to PACE in CA
4. # of counties in CA with PACE sites
5. Participant satisfaction scores

**Evaluations:**

- **Short-term (by 2020):**
  1. Increasing access to PACE solidified as a key priority for the California Master Plan on Aging
- **Mid-term (by 2025):**
  1. Increase the number of seniors enrolled in PACE (in CA) by 20%
  2. Increase the number of PACE organizations (in CA) by 20%
  3. CA PACE participant satisfaction scores are the same or higher than baseline (2020)
- **Long-term (by 2030):**
  1. Double the number of seniors enrolled in PACE (in CA)
  2. Increase the number of PACE organizations (in CA) by 50%
  3. Increase the % of seniors who have access to PACE (in CA) by 40%
  4. CA PACE participant satisfaction scores are the same or higher than baseline (2020)

**Data Sources:**

1. Census data reported quarterly to CMS, monthly to CA DHCS, every 6 months to the National PACE Association (NPA) and CalPACE.
2. Patient satisfaction scores through I-Sat survey (administered to PACE programs by a research firm).

**Potential Costs/Savings:**

On average, states pay PACE programs 13% less than the cost of caring for a comparable population through other Medicaid services, including nursing homes and home and community-based waiver programs (NPA, 2019). In 2017, California saved an estimated \$22.6 million in healthcare costs through the approximately 9,000 older adults enrolled in PACE programs in the state<sup>1</sup>.

**Prioritization:** High

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