

## PROGRAM DESCRIPTION

**Department: Social Services**

**HB Section(s): 11.715**

**Program Name: Programs for All-Inclusive Care for the Elderly (PACE)**

**Program is found in the following core budget(s): Physicians**

### **1a. What strategic priority does this program address?**

Programs for All-Inclusive Care for the Elderly (PACE)

### **1b. What does this program do?**

The Program of All-Inclusive Care for the Elderly (PACE) provides a full range of preventive, primary, acute, in-home, and long-term care services. The PACE organization is authorized by CMS and MO HealthNet (MHD) to provide PACE services primarily through the PACE center, which is open Monday through Friday 8 AM to 5 PM to offer services on-site in an adult day health center setting. Services are provided as deemed necessary via a health assessment by the PACE Interdisciplinary Team (IDT). All medical services authorized and delivered to the participant while enrolled in the PACE program are the financial responsibility of the PACE provider.

PACE combines adult day settings, home care, interdisciplinary teams, transportation systems, and capitated payment systems so that providers can respond to the unique needs of each participant served.

The Missouri Department of Social Services, MO HealthNet Division, is the state administering agency for the PACE program.

To be eligible to enroll in the PACE program, participants must be at least 55 years old, live in the PACE service area, have been certified to meet nursing home level of care, and at the time of enrollment be able to live in a community setting without jeopardizing their health or safety.

Enrollment in the PACE program is always voluntary and participants have the option to return to the fee-for-service system at any time. Eligibility to enroll in the PACE program is not restricted to Medicare beneficiaries or MO HealthNet participants. A potential PACE enrollee may, but is not required to be entitled to Medicare Part A, enrolled under Medicare Part B, or eligible for MO HealthNet.

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**2a. Provide an activity measure for the program.**

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include the number of participants enrolled in PACE (users will include MO HealthNet eligibles and dual eligible participants).

**2b. Provide a measure of the program's quality.**

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include PACE participant satisfaction (overall quality of care).

**2c. Provide a measure of the program's impact.**

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include PACE participant satisfaction (percentage of participants who felt they participated in decisions about their care).

**2d. Provide a measure of the program's efficiency.**

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include PACE participant satisfaction (percentage of participants who would recommend PACE to others).

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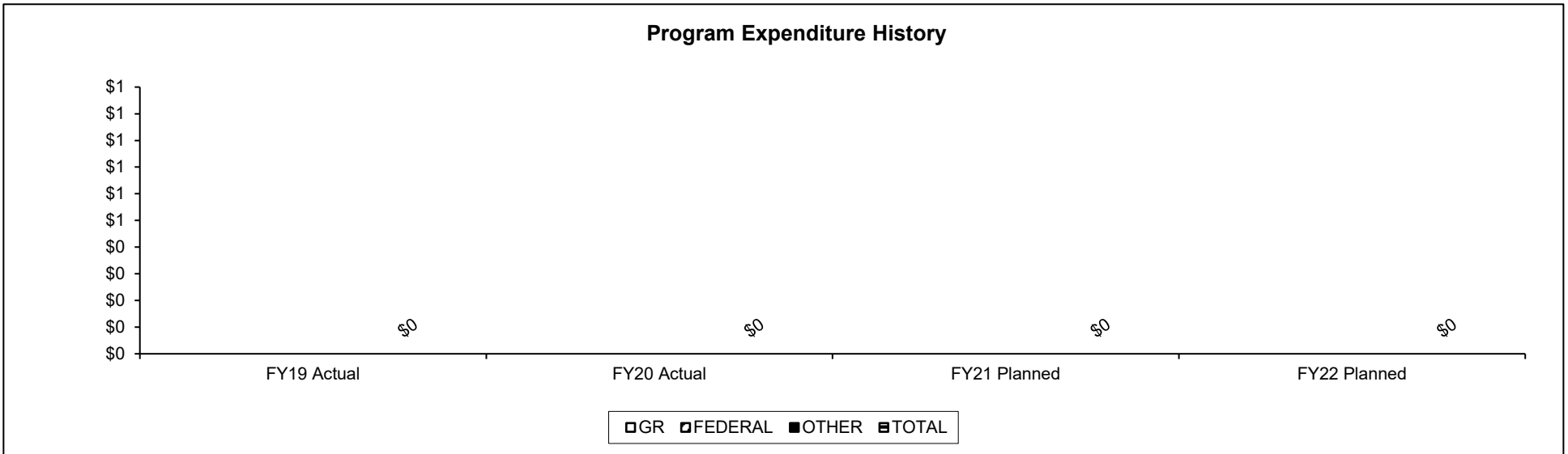
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**3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



In FY 2022, PACE expenditures will be paid from Physician Related Services (HB 11.715).

**4. What are the sources of the "Other " funds?**

N/A

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Federal Regulations: 42 CFR, 447.272.

**6. Are there federal matching requirements? If yes, please explain.**

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

**7. Is this a federally mandated program? If yes, please explain.**

No.