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. PACE is able to provide services to participants 24 hours a day, 7 days a week. 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 a prospective capitated payment system 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. There is also an option to pay privately for PACE if not eligible for Medicare or Medicaid.

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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. Expected outcome measures will include predetermined value-based payment metrics in two phases (Phase I - % of voluntary disenrollments, # ER visits, % Influenza immunizations, and % Pneumococcal immunizations; Phase II- % A1C Test recipients, acute inpatient days, days spent in nursing facility 89 days or more, days spent in nursing facility 90 days or less, and # prescriptions filled).

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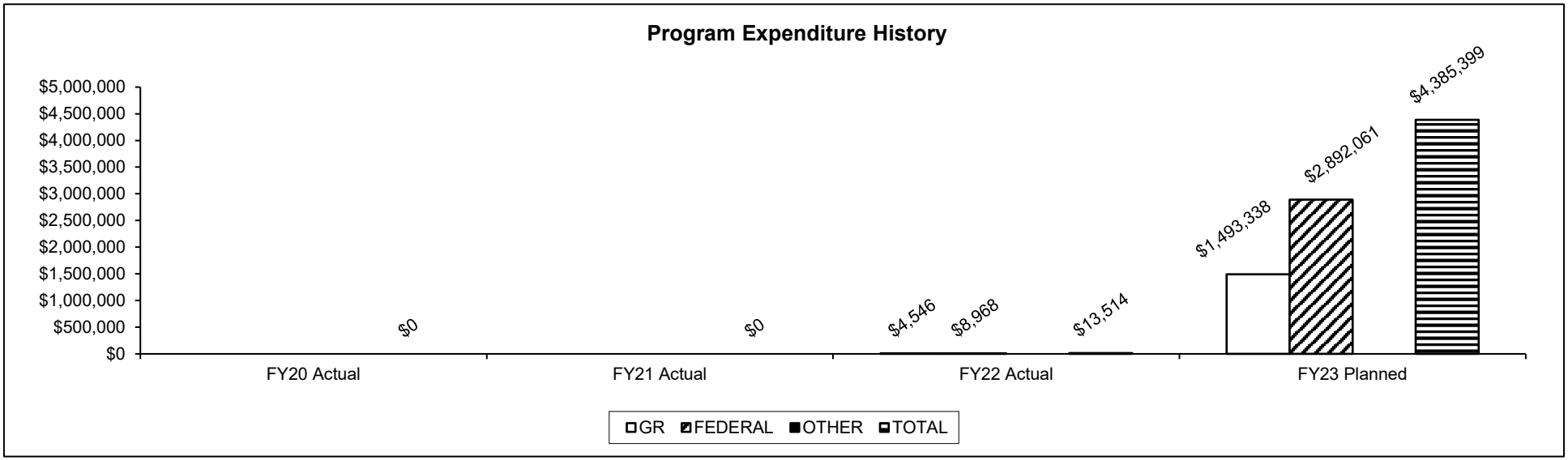
3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (*Note: Amounts do not include fringe benefit costs.)*



In FY2022,the majority of PACE expenditures were paid from Physician Related Services (HB 11.715). Planned FY2023 expenditures are net of reverted.

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.)

State Regulation: 13 CSR 70-8.010. Federal Regulations: 42 CFR, 460.

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.