

Medicare's PACE Program Provides Extra Benefits for In-home Care

What is PACE?

Pace is an optional benefit under both Medicare and Medicaid that focuses entirely on older people who are frail enough to meet their state's standards for nursing home care. It features comprehensive medical and social services that can be provided at an adult day health center, home and/or inpatient facilities. For most patients, the comprehensive service package permits them to continue living at home while receiving services, rather than be institutionalized. However, approximately seven percent of PACE participants reside in nursing homes. A team of doctors, nurses, and other health professionals assess participant needs, develop care plans, and deliver all services which are integrated into a complete health care plan. There are currently 75 PACE programs offered in 29 states.

Depending on the senior's eligibility for Medicaid and Medicare, the elder may have to pay a monthly premium, but other seniors will have the cost of care paid for.

Eligibility

Eligible individuals who wish to participate must voluntarily enroll. PACE enrollees also must:

- Be at least 55 years old
- Live in the PACE service area
- Be screened by a team of doctors, nurses, and other health professionals as meeting that state's nursing facility level of care.
- At the time of enrollment, be able to safely live in a community setting.

Services

PACE offers and manages all of the medical, social and rehabilitative services their enrollees need to preserve or restore their independence, to remain in their homes and communities, and to maintain their quality of life. The PACE service package must include all Medicare and Medicaid services provided by that state. In addition, PACE provides any service determined necessary by the interdisciplinary team. Minimum services that must be provided include the following:

- Adult day care to offer nursing, physical, occupation, and recreation therapies.
- Meals and nutritional counseling.
- Social work
- Medical care provided by a PACE physician familiar with the patient's history, needs, and preferences.
- Home health care and personal care
- All necessary prescription drugs
- Medical specialists as required (audiologists, dentist, optometrists, etc.)

Generally, these services are provided in an adult day health center setting, but may also include in-home and other referral services that enrollees may need. This includes such services as medical specialists, laboratory and other diagnostic services, hospital and nursing home care.

An enrollee's need is determined by PACE's medical team of care providers. PACE teams include:

- Primary care physicians and nurses
- Physical, occupational, and recreational therapists
- Social workers
- Personal care attendants
- Dietitians
- Drivers

The PACE team has frequent contact with their enrollees. This helps them to detect subtle changes in their enrollee's condition and they can react quickly to changing medical, functional, and psycho-social problems.

Payment

PACE receives a fixed monthly payment per enrollee from Medicare and Medicaid. The amounts are the same during the contract year, regardless of the services an enrollee may need.

Persons enrolled in PACE also may have to pay a monthly premium, depending on their eligibility for Medicare and Medicaid.