



KANSAS MEDICAL ASSISTANCE PROGRAM
Fee-for-Service Provider Manual

PACE

PART II
PACE FEE-FOR-SERVICE PROVIDER MANUAL

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PROGRAM INTRODUCTION

The Program of All-Inclusive Care for the Elderly (PACE) is an integrated model of care designed to enable Medicare and Medicaid to serve older beneficiaries more effectively (CME). The federal regulations cite is 42 C.F.R. 460 et.seq. The main objectives of PACE are to:

- Enhance the quality of life and autonomy for frail, older adults
- Maximize dignity of, and respect for, older adults
- Enable frail, older adults to live in their community as long as medically and socially feasible
- Preserve and support the older adult's family unit

PACE provides prepaid, capitated, comprehensive health care services. The combination of Medicare dollars with state Medicaid funds or an individual's own personal resources enable the delivery of a more comprehensive set of services than traditionally found in Medicare. This combination enables the individual to access the kind of preventive and chronic care services in the least restrictive environment.

PROGRAM HISTORY

PACE originated in San Francisco, California in 1971 at On Lok Senior Services. The Asian-American community served by On Lok needed a culturally acceptable alternative to nursing facility care for their elders. PACE was created as an innovative way to offer a comprehensive array of medical supervision, physical and occupational therapies, nutrition, transportation, respite care, socialization, and other needed services using home care and an adult day setting.

In 1986, the Robert Wood Johnson Foundation provided funding for six sites, in addition to On Lok, to develop PACE demonstration programs, which was made possible by congressional authorization of additional Medicare and Medicaid waivers. Based on the success of the demonstration programs, the Balanced Budget Act of 1997 approved the granting of provider status to PACE programs under Medicare and gave state Medicaid agencies the option to include PACE as a Medicaid benefit.

Over the last thirty years, PACE has evolved from a cultural remedy to an established part of the Medicare/Medicaid system of care. The first PACE organization in Kansas opened in 2002. Via Christi HOPE, Inc. serves the frail elderly in Sedgwick County.

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PROVIDER ENROLLMENT

Organizations interested in pursuing PACE should contact the Kansas Department for Aging and Disabilities (KDADS) at 785-296-4987, 1-800-432-3535, or wwwmail@kdads.ks.gov. KDADS is the state administering agency for Kansas. To determine whether a PACE organization is a viable option, the interested party will conduct a feasibility study of the proposed geographic area. PACE organizations must participate in both Medicare and Medicaid and be capable of providing all services required under the two programs. The Services section of this manual contains a complete list of the required services.

Once it is determined that a PACE organization is viable, the provider will work with KDADS, the Kansas Department of Health and Environment (KDHE), and the Centers for Medicare & Medicaid Services (CMS) in the completion of the PACE provider application.

Additional information regarding the application process is available on the [CMS](#) website.

The National PACE Association (NPA) is another resource for interested organizations. NPA provides technical assistance from the provider's perspective. Additional information is available on the [NPA](#) website. The contact information for NPA is:

National PACE Association
801 North Fairfax Street, Suite 309
Alexandria, Virginia 22314
Phone: 703-535-1565 Fax: 703-535-1566
info@npaonline.org

PARTICIPANT ENROLLMENT/DISENROLLMENT

Enrollment

Individuals interested in PACE should contact the PACE organization directly. Individuals must meet the basic eligibility requirements:

- Be 55 years of age or older.
- Be determined by KDADS to need the level of care required under Kansas' Medicaid plan for coverage of nursing facility services.
- Reside in the service area of the PACE organization:
 - The service area for Via Christi HOPE is all of Sedgwick County
 - The service areas for Midland Care Services are Douglas, Jackson, Jefferson, Osage, Pottawatomie, Shawnee, and Wabaunsee counties.
- At the time of enrollment, the individual must be able to live in a community setting without jeopardizing his or her health or safety.

The PACE organization will provide guidance to the individual regarding the financial and functional eligibility components.

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Disenrollment - Voluntary

PACE participants may voluntarily disenroll from the program without cause at any time. The effective date of disenrollment is the first day of the month.

Disenrollment - Involuntary

Federal regulation 42 C.F.R. 460.164 specifies the reasons for involuntary disenrollment. A summary of the reasons:

- The participant fails to pay, or to make satisfactory arrangements to pay any premium due the PACE organization after a 30-day grace period.
- The participant engages in disruptive or threatening behavior, as described at 42 C.F.R. 460.164(b).
- A participant whose behavior jeopardizes his or her health or safety, or the safety of others.
- A participant with decision-making capacity who consistently refuses to comply with his or her individual plan of care or the terms of the PACE enrollment agreement.
- The participant moves out of the PACE program service area or is out of the service area for more than 30 consecutive days, unless the PACE organization agrees to a longer absence due to extenuating circumstances.
- The participant is determined not to meet the level of care requirements and is therefore, ineligible.
- The PACE program agreement is not renewed or terminated.
- The PACE organization is unable to offer health care services due to the loss of state licenses or contracts with outside providers.

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SERVICES

A PACE organization must establish and implement a written plan to furnish care that meets the needs of each participant in all care settings 24 hours a day, every day of the year. The organization must furnish comprehensive medical, health, and social services that integrate acute and long-term care. The services must be furnished in at least the PACE center, home, and inpatient facilities. The PACE organization may not discriminate against any participant in the delivery of required PACE services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, or source of payment. Upon enrollment, a PACE participant agrees to receive all Medicare and Medicaid benefits solely from the PACE organization. The PACE benefit package for all participants regardless of the source of payment, must include the following:

- All Medicaid-covered services, as specified in the approved State Medicaid plan
- Multidisciplinary assessment and treatment planning
- Primary care, including physician and nursing services
- Social work services
- Restorative therapies, including physical therapy, occupational therapy, and speech-language pathology services
- Personal care and supportive services
- Nutritional counseling
- Recreational therapy
- Transportation
- Meals
- Medical specialty services including, but not limited to the following:
 - Anesthesiology
 - Audiology
 - Cardiology
 - Dentistry
 - Dermatology
 - Gastroenterology
 - Gynecology
 - Internal medicine
 - Nephrology
 - Neurosurgery
 - Oncology
 - Ophthalmology
 - Oral surgery
 - Otorhinolaryngology
 - Plastic surgery
 - Pharmacy consulting services
 - Podiatry
 - Psychiatry
 - Pulmonary disease
 - Radiology
 - Rheumatology
 - General surgery
 - Thoracic and vascular surgery
 - Urology

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SERVICE INFORMATION

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SERVICES continued

- Laboratory test, X-rays, and other diagnostic procedures
- Drugs and biologicals
- Prosthetics, orthotics, durable medical equipment, corrective vision devices, such as eyeglasses and lenses, hearing aids, dentures, and repair and maintenance of these items
- Acute inpatient care, including the following:
 - Ambulance
 - Emergency room care and treatment room services
 - Semi-private room and board
 - Laboratory test, X-rays, and other diagnostic procedures
 - Drugs and biologicals
 - Blood and blood derivatives
 - Surgical care, including the use of anesthesia
 - Use of oxygen
 - Physical, occupational, respiratory therapies, and speech-language pathology services
 - Social services
- Nursing facility care
 - Semi-private room and board
 - Physician and skilled nursing services
 - Custodial care
 - Personal care and assistance
 - Drugs and biologicals
 - Physical, occupational, recreational therapies, and speech-language pathology services, if necessary
 - Social services
 - Medical supplies and appliances
 - Other services determined necessary by the multidisciplinary team to improve and maintain the participant's overall health status

Excluded Services

PACE does not provide coverage of the following services:

- Any service that is not authorized by the multidisciplinary team, even if it is a required service, unless it is an emergency service.
- In an inpatient facility, private room and private duty nursing services (unless medically necessary), and non-medical items for personal convenience such as telephone charges and radio or television rental (unless specifically authorized by the multidisciplinary team as part of the participant's plan of care).
- Cosmetic surgery, which does not include surgery that is required for improved functioning of a malformed part of the body resulting from an accidental injury or for reconstruction following mastectomy.
- Experimental medical, surgical, or other health procedures.
- Services furnished outside of the United States, except as follows:
 - In accordance with §424.122 through 424.124 of this chapter.
 - As permitted under the State's approved Medicaid plan.

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SERVICES continued

Emergency Care

A PACE organization must establish and maintain a written plan to handle emergency care. Emergency care is appropriate when services are needed immediately because of an injury or sudden illness and the time required to reach the PACE organization or one of its contract providers would cause risk of permanent damage to the participant's health. 42 C.F.R. 460.100 contains the regulations governing emergency care.