

FACT SHEET

Program of All-Inclusive Care for the Elderly

What is the Program of All-Inclusive Care for the Elderly?

The Program of All-Inclusive Care for the Elderly (PACE) emphasizes a holistic approach to medical care based on the philosophy that living within the community is best for the frail elderly and their families. PACE sites coordinate consumers' multidisciplinary needs and streamline the care process with individualized care plans. PACE participants live in a variety of settings, including nursing homes and adult group homes, but most reside in their own communities.

How does PACE provide services?

PACE is funded through Medicare and Medicaid. All of a PACE site's resources can be pooled to provide necessary services for every consumer enrolled. This flexibility enables PACE sites to be more proactive in their efforts to improve the health status of participants by providing personalized health care. Every PACE site provides different services. The most common services are nutritional counseling, personal care, primary care services, social services, recreational therapy and restorative therapies. Total health care—providing care for every aspect of a person's well-being—allows for additional services for individuals whose health care plans require supplemental care.

Who is eligible?

In order to receive Medicaid coverage for PACE services, individuals must:

- Live in the service area of the PACE site;
- Qualify for Medicaid coverage under the institutional financial eligibility standards;
- Require an intermediate or skilled level of care;
- Be 55 years old or older; and
- Be willing to receive all of their care from PACE providers.

At the time of initial enrollment, individuals must be able to live safely in their community. Participants can withdraw from PACE at any time; however, many choose to stay in the program for the remainder of their lives.

Federal Authority for PACE

The first PACE was developed in the early 1970s by OnLok Senior Services in San Francisco. Since then, the Centers for Medicare and Medicaid Services has approved demonstration waivers to allow replication of the OnLok model in 31 states. PACE was introduced in Ohio as a waiver program—meaning that certain federal Medicaid rules were waived in order to implement the program. After many years as a waiver, PACE is now part of Ohio Medicaid's State Plan.

PACE in Ohio

Ohio has two PACE sites. TriHealth SeniorLink is located in Cincinnati and serves Hamilton County and parts of Warren, Butler and Clermont counties. McGregor PACE is located in Cleveland Heights and serves Cuyahoga County.

In Ohio, PACE is administered by the Ohio Department of Aging (ODA), but as a part of Ohio Medicaid's State Plan, the Ohio Department of Job and Family Services (Ohio's single state Medicaid agency) is ultimately responsible for the program. PACE's application, approval and enrollment process is truly a collaboration among many government agencies. Caseworkers at county departments of job and family services establish each applicant's financial eligibility, and Area Agencies on Aging make recommendations regarding applicants' required level of care. ODA determines applicants' level of care and, if all programmatic criteria are met, enrolls them at PACE sites. The Centers for Medicare and Medicaid Services is responsible for overseeing the program and conducting site reviews.

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More information about the other government agencies that coordinate PACE is available on these Web sites:

Centers for Medicare and Medicaid Services (CMS):

<http://www.cms.hhs.gov/PACE/>

Department of Aging (ODA):

<http://www.aging.ohio.gov/services/pace/>

Area Agencies on Aging (AAA):

<http://www.ohioaging.org/>