

Frequently Asked Questions

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Do not share this document with candidates.***

What is PACE?

PACE is the Program of All-Inclusive Care for the Elderly, a Medicaid and Medicare funded program designed to keep older adults who need nursing home level of care living in their homes. The goal of PACE is to provide the very best care possible so participants can stay independent and thrive in their communities for as long as possible.

What does PACE cover?

PACE covers all care deemed necessary by our care team. We cover preventive care, primary care, acute hospital services, prescription drugs, dental, skilled nursing services, physical therapy, occupational therapy, social work counseling, recreational activities, transportation to our center and medical appointments, meals, and more!

What is the cost of PACE?

If older adults have Medicaid or both Medicaid and Medicare, services through the program are free of charge (no premiums, copays, deductibles). Most PACE participants (~82%) are dual eligible for both Medicare and Medicaid (NPA Association). If an older adult has Medicare only or does not have either Medicaid or Medicare, they can elect to private pay, however, this is extremely rare given the high cost of the program. Less than 1% of PACE participants nationwide private pay (NPA Association). PACE is primarily designed for older adults who are Medicaid only or Dual Eligible.

Who qualifies for myPlace PACE?

Older adults must meet the following criteria to qualify for PACE:

1. Be 55 years of age or older.
2. Live in our Service Area (a set list of 95 ZIP codes within a 40-minute drive time from our center). *For the full list please reference the PDF on our broker portal titled 'Our Service Area Zips'.*
3. Be able to live safely in the community with the help of PACE services.
4. Be determined to need Nursing Facility Level of Care by the state.
5. Have Medicaid, Medicaid and Medicare, or be willing and able to private pay.

Who delivers care? What is an IDT?

We deliver care through our Interdisciplinary Team (IDT) and in coordination with our provider network partners and community-based organizations.

Our IDT is a dedicated team of diverse clinical and non-clinical trained professionals who work with each other to coordinate care planning and care delivery for our participants. The myPlace PACE IDT includes the following 13 roles: Primary Care Physician, Registered Nurse, Physical Therapist, Occupational Therapist, Dietician, Social Worker, Behavioral Health Specialist (LMHC), Pharmacist, Home Care Coordinator, Recreational Therapist, PCA/CNAs, Drivers, and a Center Manager.

If care is needed that can't be provided through our IDT, we contract with excellent network partners to deliver this care and coordinate the scheduling and transportation to and from these appointments.

Where is care delivered?

Care is delivered at our Care Center, in participants' homes, and through our network partners. We meet participants where they are based on their personal goals and needs.

Is PACE a nursing home or an Assisted Living Facility? If participants ever need nursing home care, do they have to disenroll from PACE?

No. PACE does not provide living arrangements for participants but instead provides wraparound medical care and social services to keep participants safely living in their own homes.

Once enrolled in PACE, if participants progress to a point where they need to transition to a nursing home or need skilled nursing facility care, we will cover this, and they do not need to disenroll from the program. However, very few participants end up in a nursing home due to the high-quality care PACE provides. Only 4% of PACE participants nationwide currently reside in a nursing home.

Can I enroll someone currently living in a nursing home? Can you be too sick for PACE?

Some older adults may need more hands-on care provided in a nursing home or assisted living facility. During enrollment, our team conducts a Health and Safety assessment to determine if we can safely support prospective participants to stay in their home and community. If older adults are bedbound or require 24/7 supervision, they are not a good candidate for PACE.

Is myPlace PACE a provider or health plan? Can candidates keep their current plan if they enroll? Will they lose my Medi-Cal or Medicare benefits if they join a PACE program?

We are both a provider and health plan. When someone enrolls in myPlace PACE, we take over the entirety of their healthcare needs meaning they will have access to all services and benefits through our single program. Once someone enrolls with myPlace PACE they can no longer keep their current health plan. We become the sole **source of coverage** and receive funding directly from Medicaid and / or Medicare to cover all their care. Participants do not lose their existing Medicare and Medicaid benefits.

Can participants keep seeing their current PCP and enroll in myPlace PACE?

When participants enroll with us, they receive their care through our dedicated IDT, which includes our on-site Primary Care Provider. Prospective participants should be willing to switch over to our PCP and stop seeing their current provider when enrolling in PACE.

However, we may be able to accommodate single-contract agreements with PCPs so participants can continue to see their provider. This is highly dependent on the Provider's willingness to contract with us and can take time to set up. If a referral is contingent on being able to accommodate a contract with the candidate's current PCP, please let us know in the notes section of the application.

If you have strong relationships with primary care practices that you think could be good partners for us, please reach out to us at brokers@myplacehealth.com.

Can participants keep seeing their current Specialists and enroll in myPlace PACE?

Once participants enroll with us, they must switch to our specialist network. However, we are always building and growing our specialist network, and are open to contracting with new specialist

groups. If a candidate feels strongly about sticking with a current specialist, please let us know in the application. We will assess the opportunity to contract with this Specialist and let the candidate know if this is possible prior to enrollment. Please note that this may delay the enrollment process as it takes time to contract with other healthcare providers. The prospective participant can continue with enrollment if they agree to see our specialist while we work on the contract with their preferred specialist.

How does PACE work with In Home Supportive Services (IHSS)? Will myPlace PACE pay participants' caregivers if requested?

Participants cannot be enrolled in IHSS and PACE. If a candidate currently has IHSS we will need to work with them to disenroll prior to enrolling with us. Please highlight if candidates have IHSS in the referral application. This ensures we can work quickly to address this with them.

Yes, we can pay caregivers. However, this is determined by our IDT during care planning post-enrollment, so we can't guarantee the same number of hours as IHSS prior to enrolling.

When can people enroll?

We can enroll participants on the first of each month.

What does the enrollment process entail? How long will it take to enroll after I send in a referral?

After you send us a referral, someone from our team will review the information to ensure all required fields are filled out and the candidate meets our pre-qualifying criteria (55+, lives in our service area, and has active Medicaid coverage or is willing to apply for Medicaid). If the candidate does not meet these criteria, we will not proceed to enrollment and will let you know.

The next step in our process is to conduct a Health and Safety Evaluation and Level of Care Evaluation. These assessments evaluate whether the candidate can safely be supported to live in their home and if they meet the state requirements for nursing home level of care. If a candidate passes these assessments, we submit their application to DHCS for final approval. Once we receive approval, we schedule a conference with the candidate to sign official enrollment paperwork.

The enrollment process typically takes 1 month but may take longer under certain circumstances (see next question for details). It's important to inform your candidates about our enrollment process and ensure they are willing to be available and responsive throughout the process. Their availability to take our calls and schedule the assessments significantly impacts how quickly we can enroll them.

What are common reasons why an enrollment takes longer than a few weeks?

1. Candidate is unresponsive or has limited availability to schedule assessments.
2. Candidate will only enroll if we are able to contract with a specific provider/specialist. This will take time for our team to assess.
3. Candidate has upcoming medical appointments or services they want to finish before finalizing enrollment. We will need to put their enrollment on hold until these services are completed.
4. Candidate needs to disenroll from IHSS. This process may take 10-14 days to coordinate.

5. Candidate has moved frequently in the last year and their address is not updated in SSI or County Systems. This may require more time for our team to work with these agencies to update the candidate's address.

What if participants want to disenroll?

Participants can disenroll at any time and are granted a Special Election Period for 2 months to elect another plan.

Where do I submit referrals?

All referrals must be submitted through our online broker application.

Who do I contact if I need more marketing materials or want to propose cost-sharing for an event?

Please go through your agency with these requests and ask them to reach out to us at brokers@myplacehealth.com