



# PACE 101

*May, 2024*



myPlace Health is devoted to promoting independence and dignity for frail older adults



Our mission is to enable older adults to live the independent lives they deserve.

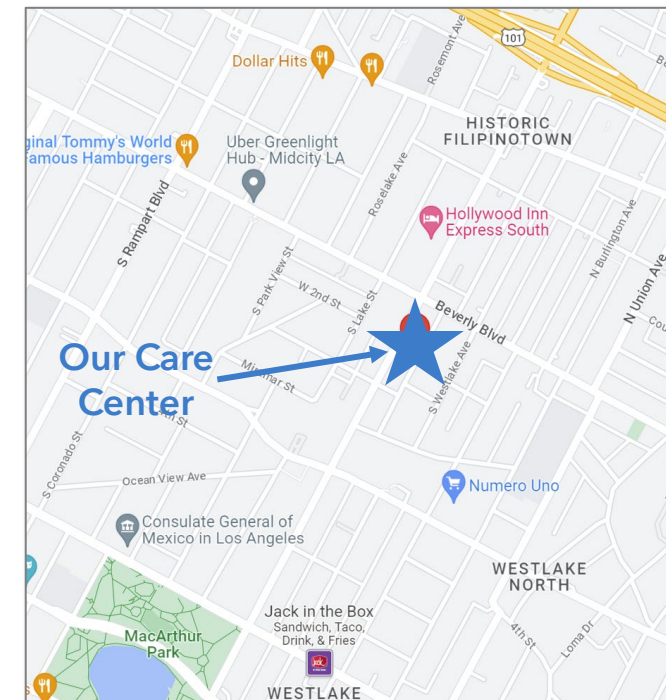
- **We are a PACE (Program of All-Inclusive Care for the Elderly) organization**, enabling frail older adults who need nursing home care to continue living safely in their homes and communities
- **We are reimagining senior care with our myPlace PACE model**, offering comprehensive care and coverage to eligible seniors in our Los Angeles service area
- **We are sponsored by SCAN Group**, and have partnered with **SCAN Health Plan** to expand access to high-quality care and personalized support for vulnerable seniors



We operate one PACE center in the heart of Los Angeles and will be adding an additional center in Compton next summer

***Our flagship myPlace PACE Care Center***

Located at 121 S Mountain View Ave (at the intersection of Beverly & S Alvarado)



*Our 30,000 sq. ft. center serves eligible older adults across 95 zip codes in Los Angeles County  
[see Appendix for full list of zip codes in our Service Area]*



**PACE 101**

# PACE is a patient-centered program designed to provide comprehensive coverage to frail older adults who wish to age in place

## What is PACE?

(Program of All-Inclusive Care for the Elderly)

- PACE is a **Medi-Cal and Medicare funded program** that has been around for **more than 40 years**
- PACE organizations act as **both a provider and a health plan**, providing all necessary care and supportive services to members
- All **care is coordinated** by an **Interdisciplinary Care Team (IDT)** of healthcare professionals specialized in geriatric care.
- **Care is delivered** primarily at our **PACE center** and in **seniors' homes**.
- **All care is provided at no cost** for participants with Medi-Cal or Medi-Cal and Medicare. There is **never cost sharing** for items or services covered by PACE – i.e., **no deductibles, copays, or coinsurance**

*In PACE, the term “participant” refers to an individual enrolled in a PACE program (the equivalent of a health plan “Member”)*



# Our Interdisciplinary Care Team is comprised of thirteen diverse roles, all working together to provide tailored care for each participant

## What is an IDT and how is myPlace unique?

(Interdisciplinary Care Team)

- All care is **coordinated** by a **diverse group** of clinical and non-clinical team members, **integrating medical, social, and emotional aspects of wellbeing into care**
- The IDT holds regular meetings to discuss participants' health and wellness, ensuring **care decisions are made with a unified understanding** of the participant's individual needs and desires
- The myPlace IDT **centers the participants' desires and life goals** in all care planning
- The myPlace IDT has **dedicated behavioral health professionals** to ensure physical and mental health are addressed with equal attention

## The myPlace PACE IDT

Our IDT reflects multiple disciplines



# Our IDT coordinates the entirety of a participant's care and provides all-inclusive medical and social care in partnership with our network

## Our Care and Coverage Ecosystem






Our IDT delivers care in partnership with network partners and community-based organizations

### *PACE Care and Services Delivered by the IDT*

 Primary Care	 Recreational Activities	 Adult Day Health Center
 PT & OT	 Transportation	 Behavioral Health
 Meals	 Nutritional Counseling	 Social Work Counseling
 Prescription Drugs	 Social Services	 Palliative Care
 Home Care	 Dentistry	



### *Network Partners*

 Medical Specialties	 Urgent & ER Services
 Hospitals	 Laboratory & Diagnostic
 Nursing Home Care	

### *CBO Partners*

 Faith-based Organizations	 Senior Housing
 Senior Centers & Area Agencies on Aging	 AL & IL Facilities

# Who is eligible for myPlace PACE?

There are five key qualifying criteria to be eligible for PACE



Be 55 years of age or older



Live in our PACE service area - list of 95 zip codes within a 60 min drive from our center



Be determined to need Nursing Facility Level of Care (NFLOC) by the state



Be eligible for Medi-Cal, Medi-Cal and Medicare, or be willing and able to private pay



Able to safely live in a community setting

**Most PACE participants have Medi-Cal or are dual eligible for Medi-Cal and Medicare. <1% are private pay.**

***We waive share of cost for individuals with partial Medicaid benefits***



# We can help applicants enroll in Medi-Cal

- We have **Medi-Cal enrollment specialists** to help prospects apply for Medi-Cal
- Our Medi-Cal specialist will reach out to the prospect to schedule a consultation
- The Medi-Cal application process is lengthy and will add time to the enrollment process
  - **Please expect up to 45 days for processing** - excluding weekends and holidays

**Prospective Participant Financial Information**

Medi-Cal Number \* Medicare I

Put N/A if prospect does not have Medi-Cal Put N/A if

If the prospect does not have Medi-Cal, are they interested in applying for Medi-Cal? \* How is yo Medicare c

Yes







Yes

No




If you have a client who would be a good fit for Medi-Cal but does not yet have coverage, please fill out an application and indicate this

# PACE is a gold-standard care model with a proven track record of success

## PACE delivers good clinical outcomes ...

	<b>Only 4%</b>	of PACE participants currently reside in a nursing home
	<b>~2 years longer</b>	PACE participants survive than those in a nursing home*
	<b>&lt;1</b>	Emergency room visit per participant per year
	<b>18.5%</b>	PACE Hospital Readmission Rate <i>Outpacing the national rehospitalization rate of 22.9% for dual-eligibles age 65+</i>
	<b>80%</b>	of new PACE enrollees with depression no longer scored as depressed 9 months later**
	<b>1/3</b>	the rate of COVID cases and deaths compared to nursing homes

## ... and high stakeholder satisfaction

	<b>97.5%</b>	of family caregivers would recommend PACE to someone in a similar situation
	<b>58%</b>	of caregivers reported reductions in burden levels after enrollment in PACE
	<b>4.1 out of 5</b>	Participants rate their satisfaction with PACE, with a PACE voluntary disenrollment rate that is ~5% less than Medicare Advantage plans



## Key PACE Details

# “Lock In Provision”

- When a participant enrolls with myPlace PACE **we will be their sole service provider** and they agree to **receive medical services exclusively from our team**, except in the case of an emergency or for urgently needed services.
- Participants **will have access to all the care they need** through **our staff** or through **arrangements that myPlace PACE makes with contracted providers**, but they will no longer be able to obtain services from other doctors or medical providers outside our network or under the traditional fee-for-service Medicare and Medi-Cal system.
- **Electing enrollment in any other Medicare or Medi-Cal prepayment plan or optional benefit** after enrolling in myPlace PACE is **considered a voluntary disenrollment from myPlace PACE**.
- Enrollment in myPlace PACE **results in disenrollment from any other Medicare or Medi-Cal pre-payment plan or programs** (e.g., IHSS)
- If participants are not eligible for Medicare when he/she enroll in myPlace PACE and become eligible after enrollment, he/she **will be disenrolled if they elect to obtain Medicare coverage other than from myPlace PACE**.

# “Lock In Provision” Example Implications

## Out of Network Providers / Specialists

- Participants must be comfortable with switching over to our PCP and specialist network when enrolling
- This includes prospects receiving clinical care through the Veterans Association.
- We may be able to accommodate contracts or single-case Letters of Agreements with select providers, but this is highly dependent on the provider’s ability to contract with us.



**Please let us know if contracting with a provider/specialist is a requirement for a referral**

## In-Home Supportive Services (IHSS) & Home Care

- Participants can not be enrolled in both IHSS and PACE since both are administered by Medi-Cal
- Our team works with IHSS to disenroll participants when they join us. We ensure prospects understand this before signing their enrollment agreement.
- This does not mean prospects will lose their home care. Instead, we manage the provision and delivery of home care services as recommended by our care team.
- We can onboard participants’ caregivers and compensate them for hours approved by our IDT team. Our rates are in-line with IHSS rates.



**Please let us know if a referral is currently receiving services through IHSS**

# Care Planning & Services

There are no pre-set limits to care, and participants are always involved in their care plan and have the right to request additional services.

- There are **no limits or restrictions** to the **number of hospital or nursing home days** that are covered if myPlace PACE provider determines that they are necessary.
- **Upon enrolling**, each member of our **IDT meets with the participant** and completes assessments to **determine a care plan**. This is presented to participants for their approval.
- This care plan is updated semi-annually at a minimum and may be updated more frequently upon a change in the participant's health needs or at the request of a participant or caregiver.
- Participants always have a right to request additional services at any point.



# Enrollment and Disenrollment

# We can enroll participants year-round and PACE enrollment and disenrollment is always voluntary



## We can enroll year round

- We can enroll participants on the **first of each month**
- Enrollment is always voluntary, and participants **sign an enrollment agreement in-person** with our team prior to joining. We ensure they are aware of what they are signing.



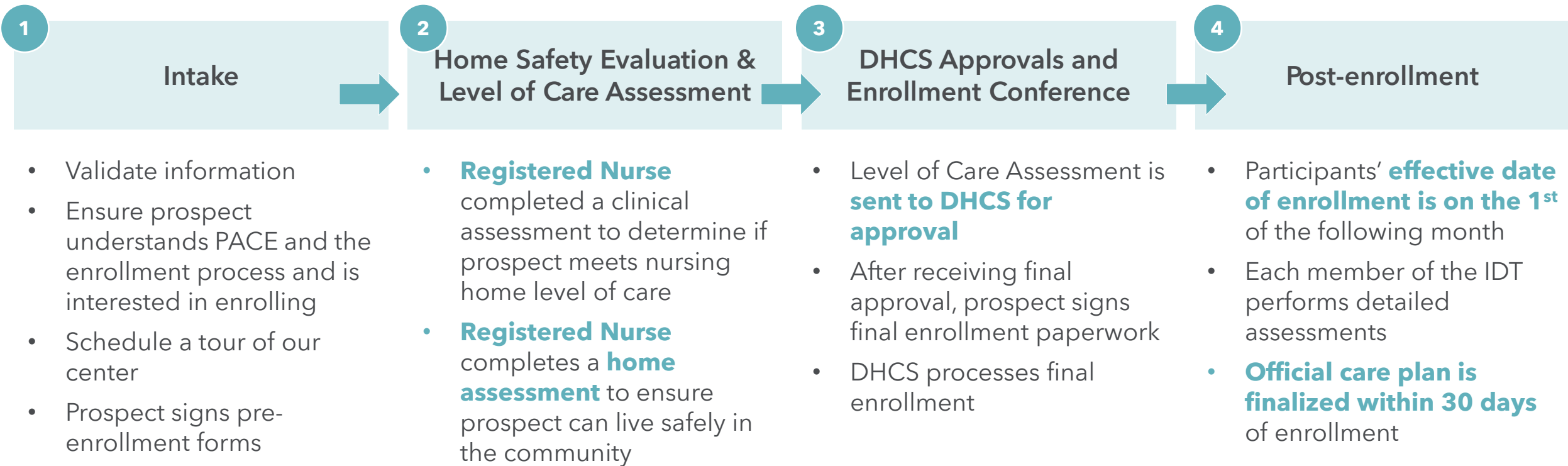
## PACE offers choice

- PACE participants **can disenroll at any time**
- Individuals who disenroll from PACE are granted a **Special Election Period for 2 months** after disenrollment to elect another Medicare Advantage Plan or standalone prescription drug plan
- **We will inform you when your referral is disenrolling** so you may work with them to elect another option







# Enrollment Process

After receiving a qualified referral, our team proceeds with a multi-step process that involves final DHCS Approval. Enrollment generally takes 30-45 days.



# Common reasons enrollment may take longer than 30 days

Topics	Details	Implications for you
<b>Availability</b>	<ul style="list-style-type: none"><li>• Candidate is unresponsive or has limited availability to schedule assessments</li></ul>	 <ul style="list-style-type: none"><li>• Educate your referral about the enrollment process and let them know they will need to be available for in person assessments</li><li>• Help us reach them if we can't get in touch</li></ul>
<b>Contracting</b>	<ul style="list-style-type: none"><li>• Candidate will only enroll if we are able to contract with a specific provider / specialist</li></ul>	 <ul style="list-style-type: none"><li>• Educate your referral about the implications of enrolling in PACE and let us know in the application if the referral will require contracting</li></ul>
<b>Upcoming Appointments /Services</b>	<ul style="list-style-type: none"><li>• Candidate has upcoming medical appointments / services they want or need to finish prior to enrolling</li></ul>	 <ul style="list-style-type: none"><li>• Educate your referral about the implications of enrolling in PACE and let us know in the application if the referral will require contracting</li></ul>
<b>Medical Records Need</b>	<ul style="list-style-type: none"><li>• Candidate has significant behavioral health concerns or a critical conditions that require additional medical records to safely determine PACE fit and plan for a transitions of care</li></ul>	 <ul style="list-style-type: none"><li>• The more background you can provide on your referral's medical (incl. behavioral) needs and history the better. Information on their current specialists or social worker is most helpful.</li><li>• We collect PHI consent and request medical records early in the process. Our clinical team discerns when medical records are necessary for enrollment vs. are not needed.</li></ul>

# Denials during the enrollment process

## Denial Types

If the prospect is 55+, lives in our service area and has Medi-Cal or can private pay, then there are only **two reasons a referral will be denied:**

### ① Health & Safety



Prospect's living conditions are too unsafe, or the prospect is a safety risk to themselves or others

### ② Level of Care



IDT and DHCS determine the prospect does not need nursing home level of care or, alternatively, needs higher acuity care than PACE can safely provide

## Denial Process

- If a participant is denied enrollment because their health or safety would be jeopardized by living in a community setting, **myPlace PACE will do the following:**
  - **Notify them in writing** of the reason for the denial, and of their **right to appeal** the denial through the State Fair Hearing process.
  - **Refer them to alternative services**, as appropriate.
  - Maintain supporting documentation of the reason for the denial.
  - **Notify CMS and the State** administering agency in the form and manner specified by CMS and make the documentation available for review.



## **PACE Level of Care**

# Guidance on PACE level of care and home safety requirements

PACE is meant for individuals who struggle to manage their care independently. If an applicant is too independent or is too sick to safely live at home without 24/7 assistance, they are not a fit for PACE

## Too Independent

- Independent with ADL's
- Independent with IADL's
- Does not require assistance with medication management
- Does not require skilled nursing (example: Would care, Gastric Tube, Tracheotomy, Indwelling catheters, etc.)
- Does not require any supervision
- No incontinence
- No physical or mental limitations

**Note:** If someone meets a few of the above descriptions, they may still qualify for PACE. Please still send them to our team for final determination. If someone meets most of the above, they are not a good fit for PACE.

## Good Fit for PACE


- Has multiple chronic conditions
- Needs assistance with activities of daily living / unable to complete self-care independently
- Has a certain level of cognitive impairment
- Unable to manage medication
- Uses a walker, wheelchair, or cane
- Lacks ability to coordinate medical care independently (e.g., manage appointments)
- Has behavioral health needs that are not supported

## Beyond PACE Scope

- Bedbound
- Required 24 hours assistance / In Skilled Living
- Not safe to live at home or does not have a stable living situation

# What does a typical PACE participant look like?

PACE participants are typically dual-eligible, managing multiple chronic conditions and require assistance with several Activities of Daily Living



**Typical PACE Participant**

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**76 years old**  
**Dual-eligible**  
**3.84 HCCs**

### Top 5 Conditions of PACE Participants

- 1. Vascular disease
- 2. Major depressive and bipolar disorders
- 3. Diabetes with chronic complication
- 4. Congestive heart failure
- 5. Chronic obstructive pulmonary disease



Dressing



Bathing



Transferring



Toileting



Eating



Walking

**82%**

Are dual-eligible  
(Medicaid & Medicare)

**6.1**

Average # of chronic conditions  
per participant

**6**

Average # of prescriptions  
per month per participant

**46%**

Average diagnosed with  
Dementia

# Example of strong PACE profiles



## Prospect A

*Multiple chronic conditions with recent complications, multiple ADLs and IADLs and medications, clear need for coordinated care*

- **About:** 70, Medi-Cal only
- **Living Situation:** House with son and his family. Family struggling to keep up with coordinating multiple medical appointments and navigating follow-through with care plans. No home hazards or indication of unstable housing.
- **ADLs/IADLs:** Bathing, Telephone Usage, Housekeeping
- **Medical Conditions:** History of strokes, covid and pulmonary conditions, diabetes Type 2, history of falls resulting in injuries, incontinence etc.
- **Medications:** 20; can administer independently
- **DMEs & Mobility:** Walker and Cane, Requires supervision during transport
- **Behavioral Health:** Mild cognitive impairment
- **Social Needs:** Desire for more daily interaction and independence



## Prospect B

*Multiple chronic conditions with some untreated, living alone with alcohol use disorder and diagnosed anxiety, struggles to manage grocery shopping and meal preparation, high risk of falling due to unsteady gait*

- **About:** 65, Dual
- **Living Situation:** Newly housed in Section 8 housing, living alone on 3<sup>rd</sup> floor with elevator. Could benefit from a few housing adjustments (rails, shower chair)
- **ADLs/IADLs:** Meal Prep and Grocery Shopping, Light Housekeeping
- **Medical Conditions:** Severe lumbar pain, Hepatitis C (with no treatment to date), hypertension, hypothyroidism, osteoporosis
- **Medications:** 10; can administer independently
- **DMEs & Mobility:** Ambulatory but unsteady
- **Behavioral Health:** Depression and anxiety
- **Social Needs:** Lives alone and not in contact with family. Could benefit from socialization with others.



## Prospect C

*Already enrolled in another PACE program*

- **About:** 75, Dual
- **Living Situation:** Senior Living Facility
- **ADLs/IADLs:** Currently receiving caregiver support weekly through PACE, shopping, cooking, housework, laundry
- **Medical Conditions:** History of falls, incontinence, obesity, hypertension, asthma, history of colon cancer
- **Medications:** 20; can administer independently
- **DMEs & Mobility:** Cane, Walker, Grab Bars
- **Behavioral Health:** Anxiety
- **Social Needs:** N/A



# Appendix



# Core differences between PACE program and Medicare Advantage plans


## PACE Organizations

- Enrolls the most vulnerable Medicare population
- Comprehensive and ongoing services to meet chronic health and long term care needs
- Health care provider and plan
- Directly employ a broad range of health care providers
- Required to ensure the same providers are always coordinating care together
- Not allowed to charge premiums, deductibles or cost-sharing

## Medicare Advantage Plans

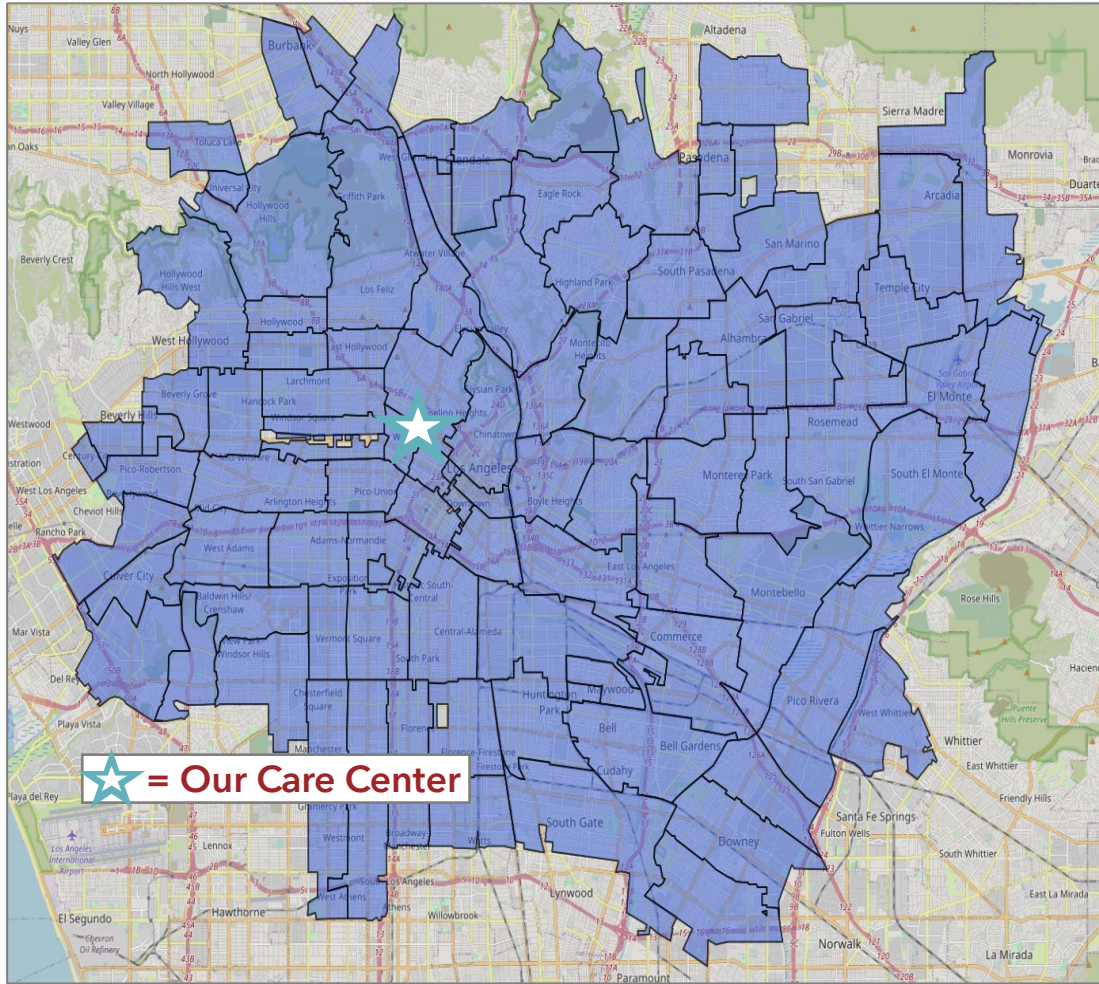
- Enrolls a broader Medicare population
- Does not focus exclusively on beneficiaries with long-term care needs
- Large insurance carriers
- Generally consist of large networks of disparate providers
- Providers may be in the same network but not necessarily functioning in a coordinated system
- Can raise premiums or increase cost sharing amounts

# PACE vs. Special Needs Plans (SNPs)

	MAPD/C-SNP	I/IE-SNP	FIDE-SNP	
Medicare only	✓	✓		
Medi-Cal only				✓
Dual Eligible	✓		✓	✓
Service Area	<ul style="list-style-type: none"> <li>• LA County</li> </ul>	<ul style="list-style-type: none"> <li>• LA County</li> </ul>	<ul style="list-style-type: none"> <li>• LA County</li> </ul>	<ul style="list-style-type: none"> <li>• Selected zip codes in LA</li> </ul>
Eligibility Criteria	<ul style="list-style-type: none"> <li>• Individual MA</li> <li>• C-SNP clinical criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Expected to need &gt;90 days of institutional care</li> </ul>	<ul style="list-style-type: none"> <li>• Age ≥65</li> <li>• NFLOC certified</li> </ul>	<ul style="list-style-type: none"> <li>• Age ≥55</li> <li>• NFLOC certified</li> </ul>
Additional Characteristics	<ul style="list-style-type: none"> <li>• MAPD: less complex than the profiles at right</li> <li>• C-SNP: meets criteria specific to the plan</li> </ul>	<ul style="list-style-type: none"> <li>• I-SNP: resides in a nursing home or ALF</li> <li>• IE-SNP: lives in the community with assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Can thrive with current long term services and social supports</li> <li>• Health needs are relatively well controlled</li> <li>• Already engaged with an in-network PCP</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrent, avoidable medical resource use</li> <li>• Multiple, complex diagnoses</li> <li>• Socially isolated and desires for connection</li> <li>• Unengaged PCP</li> </ul>

# Our current Greater LA Zip Codes

## Our Service Area (95 zip codes in total)



## myPlace PACE: Zip Codes We Serve

90001	90022	90044	90240	91204
90002	90023	90046	90241	91205
90003	90026	90047	90242	91206
90004	90027	90048	90255	91210
90005	90028	90056	90270	91502
90006	90029	90057	90280	91506
90007	90031	90058	90606	91602
90008	90032	90062	90640	91608
90011	90033	90063	90660	91731
90012	90034	90065	91006	91732
90013	90035	90067	91007	91733
90014	90036	90068	91030	91754
90015	90037	90071	91101	91755
90016	90038	90089	91104	91770
90017	90039	90201	91105	91775
90018	90040	90211	91106	91776
90019	90041	90212	91108	91780
90020	90042	90230	91201	91801
90021	90043	90232	91203	91803