



NC Department of Health and Human Services

Program of All-Inclusive Care for the Elderly (PACE)

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Agenda

- Basic State PACE Operations and Policy Updates
- Federal Level PACE Policy Changes
- Expenditures and Growth
- Health Equity
- Best Practices/NC PACE Association

Reporting Requirements

- Monthly Census Report due by the 5th of month
 - Includes information on enrollments and disenrollments for the month.
- e-PACE Data for the Operations and Finance Indicator Dashboards
 - All reports shall be completed by the 15th of each reporting month.
 - Includes quality outcome measures data such as hospitalizations, ER visits, inpatient days readmissions.
- Level II Reporting Requirements apply specifically to unusual incidents that result in serious adverse participant outcomes or negative media coverage related to the PACE program.
 - POs are required to report incidents within three working days to CMS and SAA.

Medicaid PACE Monitoring Activities

Remote Monitoring Implemented During the PHE Includes:

- 100% Review of all initial Enrollment Health and Safety Assessments.
- 100% Review of all initial Plans of Care for new enrollees.
- Quarterly random sample reviews of PO's grievances, appeals, SDR's, voluntary disenrollments.
- Quarterly random sample reviews of PO's annual attestation reviews, semi-annual plan of care reviews, and home care provision of service.
- Quarterly random sample reviews of other CFRs as deemed necessary.

Medicaid PACE Monitoring Activities

- On-site Monitoring Activities (resumed Sept.2022) include:
 - Quarterly on-site visits to the PACE centers to monitor for compliance with selected PACE CFR elements.
 - Option for unannounced on-site visits to the PACE centers to monitor for compliance.
 - Participant/caregiver grievance investigations (remote or on-site).
 - Assist with CMS on-site audits as scheduled (none scheduled since 2019).

Medicaid Actions for Findings of Non-Compliance

- Technical guidance is usually the first action for low scope and severity findings.
- Request for Action Plans from the PO is an option when the above has been provided previously or moderate scope and severity.
- Issue a deficiency with a request for a corrective action plan or immediate corrective action plan.

Additional State Actions per 42 CFR 460.48

- Condition the continuation of the PACE program agreement upon timely execution of a corrective action plan.
- Withhold some or all payments under the PACE program agreement until the organization corrects the deficiency.
- Terminate the PACE program agreement. Includes termination due to uncorrected deficiencies.

2022 Deficiencies Issued

Date of NOD	Summary of NOD
2/16/2022	42CFR 460.98 Service Delivery-460.98(a) Access to services. 42CFR 460.102 Interdisciplinary team-460.102(d)(1)(i) Responsibilities of interdisciplinary team. 42CFR 460.104 Participant Assessment-460.104(d)(1) A change in participant status
4/4/2022	460.98(a) Access to services, 460.102(d)(1)(i) Responsibilities of interdisciplinary team, 460.106(c)(2) Implementation of the plan of care
6/22/2022	42CFR 460.76 Transportation services. 460.76(a) Safety, accessibility, and equipment. 460.76(b)(1) Maintenance of vehicles
9/16/2022	42CFR 460.76 Transportation services. 460.76(a) Safety, accessibility, and equipment. 460.76(b)(1) Maintenance of vehicles
9/26/2022	460.98 Service Delivery, 460.106 Plan of Care (implementation), 460.200, Records request
12/5/2022	42CFR 460.76 Transportation services. 460.76(a) Safety, accessibility, and equipment. 460.76(b)(1) Maintenance of vehicles

2023/2024 Deficiencies Issued

Date of NOD	Summary of NOD
2/16/2023	42CFR 460.162 Voluntary disenrollment-460.162 (c) Responsibilities of PACE organization
6/8/2023	42CFR 460.98 Service Delivery (a), (b)5, 42CFR 460.106 Plan of Care, (C)2
10/24/2023	42CFR 460.98 Service Delivery(a)(b)(4), 42CFR 460.106 Plan of Care(c)(1)(2)(e), 42CFR 460.121 Service determination process(k)(I)
10/31/2023	42CFR 460.98 Service Delivery(a)(b)(4), 42CFR 460.106 Plan of Care(c)(1)(2)(e), 42CFR 460.121 Service determination process(k)(I)
2/8/2024	42CFR 460.76 Transportation services. 42CFR 460.102 Interdisciplinary team-460.102(d)(1)(i) Responsibilities of Interdisciplinary team. 42CFR 460.104 Participant Assessment-460.104(b)(1)Development of plan of care. 42CFR 460.106 Plan of Care-460.106(b) Content of plan of care.
2/19/2024	42CFR 460.98 Service Delivery(a)(b)(5), 42CFR 460.106 Plan of Care(c)(2)
2/19/2024	42CFR 460.98 Service Delivery(a)(b)(2)(4), 42CFR 460.106 Plan of Care(c)(1)(2)(e), 42CFR 460.121 Service determination process(k)(I), 42CFR 460.122 PO appeals process(e)(1)(i)(ii)(h)

Local Contact Agency (LCA)

- Section Q of the Minimum Data Set (MDS) Assessment identifies beneficiaries currently residing in nursing facilities who may be interested in talking with someone about transitioning back into the community.
- Acentra was awarded the contract as the Comprehensive Independent Assessment Entity (CIAE) for NC Medicaid, which includes the dispensation of Section Q referrals.
- Beginning Nov. 6, 2023, Section Q referrals began being made to the Acentra Call Center at 833-522-5429.
- Acentra will notify PO's and NC Medicaid when a resident/RP requests a referral to PACE.
- PO should follow similar procedures as Money Follows the Person when processing the referral.
- Enrollments as a result do not count towards slot allotments.
- Note these participants on the monthly census report.

DHB-5106 Referral Form

- DHB-5106 is used for communication between DSS and the PACE organization
 - Page 1 is used by DSS to refer Medicaid A/Bs to PACE or report the information contained on the form to the PACE organization
 - Page 2 is used by PACE to refer PACE applicants to DSS to apply for Medicaid or report the information contained on the form to the DSS.
- Communication is key to the success of the PACE program
- This form does **not** serve as an authorized representative form
 - Authorized representative form is required for the PACE organization to act as the authorized representative

Notices for PACE Services

The PACE organization is entitled to receive copies of the following notices:

- DHB-5002 Approval Notice
- DSS-8110 Notice of Modification, Termination or Continuation

Federal PACE Program Policy Updates

- Use of caregivers in PACE:
 - POs cannot **require** informal/unpaid caregivers to provide any level of necessary care.
 - Caregivers may provide some care if they are **willing** and **able**, and if the IDT determines it is safe for the participant to receive care from that caregiver.
 - POs are required to provide all necessary services, 24 hours a day as needed, through employees or contractors.

Federal PACE Program Policy Updates

- Restrictions on Medicare and Medicaid Services:
 - PACE organizations cannot restrict the PACE benefit inappropriately, and must provide all Medicare covered services, all Medicaid covered services, and any other service determined necessary by the IDT.
 - POs cannot limit or restrict the services they provide using blanket restrictions.

Federal PACE Program Policy Updates

- To ensure effective coordination of CMS and state oversight activities, states should send the following to the PACE audit mailbox:
 - State 2024 PACE audit schedules.
 - Audit protocols or methodologies used by the state.
 - Timelines for conducting state audits.
 - Notices/reports regarding state planned activities, findings or actions.
 - Any notifications or reports issued to PACE organizations that mention CMS oversight or enforcement activities, findings audits, or actions must be submitted for CMS review in advance.

Federal PACE Program Policy Updates

- Additional CMS Guidance From CMS/SAA February Meeting
- Do audit state specific requirements (CCP 3B).
- Don't interpret federal regulations to apply a stricter standard or requirement than is explicitly stated in regulation.
- Don't conduct SAA audits or oversight activities during CMS audits.
- Do share compliance concerns discovered during SAA audits with CMS through Account Manger (AM).
- Do share audit findings and reports with CMS.
- Do develop own audit tools and Don't use CMS audit tools.
- Don't include terminology, language, acronyms, etc. specific to CMS (ICAR, CAR, condition number).

Final Rule 2024

Effective June 3, 2024, applicable Jan. 1, 2025

- **CFR § 460.98:** PACE organizations to arrange or schedule the delivery of IDT-approved services, other than medications, as identified in paragraph § 460.98(c)(2)(i), as expeditiously as the participant's health condition requires, but no later than **seven calendar days** after the date the IDT or member of the IDT first approves the service without modification.
- **CFR § 460.102(d)(1)(ii)** to require coordination and **implementation** of 24-hour care delivery that meets participant needs across all care settings.

Final Rule 2024

- **CFR § 460.106**

Defined change in status and **content updates**. IDT must complete a reevaluation, and if necessary, revisions of the plan of care within 14 calendar days after the PACE organization determines, or should have determined, that there has been a change in the participant's health or psychosocial status or more expeditiously if the participant's condition requires.

- **CFR § 460.106(b)(2)**

Clarified the required timeline for the care plan reevaluation is 180 days from the date when the previous care plan was finalized.

Federal PACE Program Policy Updates

The Delivering Unified Access to Lifesaving Services (DUALS) Act of 2024.

- Proposes to expand PACE coverage by requiring each state to establish PACE programs, allowing enrollment at any time during the month, and expanding coverage to individuals under the age of 55.
- Removes the quarterly restrictions on applications.

Federal PACE Program Policy Updates

Allows enrollment at any time during the month.

- Potentially requires states and PACE organizations to update their program agreements, enrollment agreements, policies and procedures to reflect mid-month enrollments.
- It would likely require coordination within the Medicaid management information system to update payments to pro-rated capitation payments based on the number of days of eligibility within the given month.

Federal PACE Program Policy Updates

Opening this new eligibility group could potentially have significant ramifications for the PACE program.

- This section would potentially require states and PACE organizations to update their program agreements, enrollment agreements, policies and procedures to reflect eligibility for those younger than 55.
- Could have broad impacts on the PACE organizations to shift focus from only an elderly population to a much wider participant group.
 - This could significantly increase PACE enrollment.
- Could substantially impact calculation of capitation rates due to the variables involved in calculating amount that would otherwise be paid (AWOP) changing to a broader member base.

State PACE Program Policy Updates

NC PACE Association presented White Paper in 2022.

- Propose waiving ADHC certification requirement if a facility serves an exclusive PACE population or no other certified or licensed entities share common space of the PACE center.
- Propose the ability to use Assisted living for individuals in PACE who need housing.
- Propose a reduction of the PML. PACE eligibility follows Long Term Care rules which require an individual to be responsible for a portion of their care. PACE participants already receive the full maintenance amount which is 100% of the FPL.

Expenditures and Growth

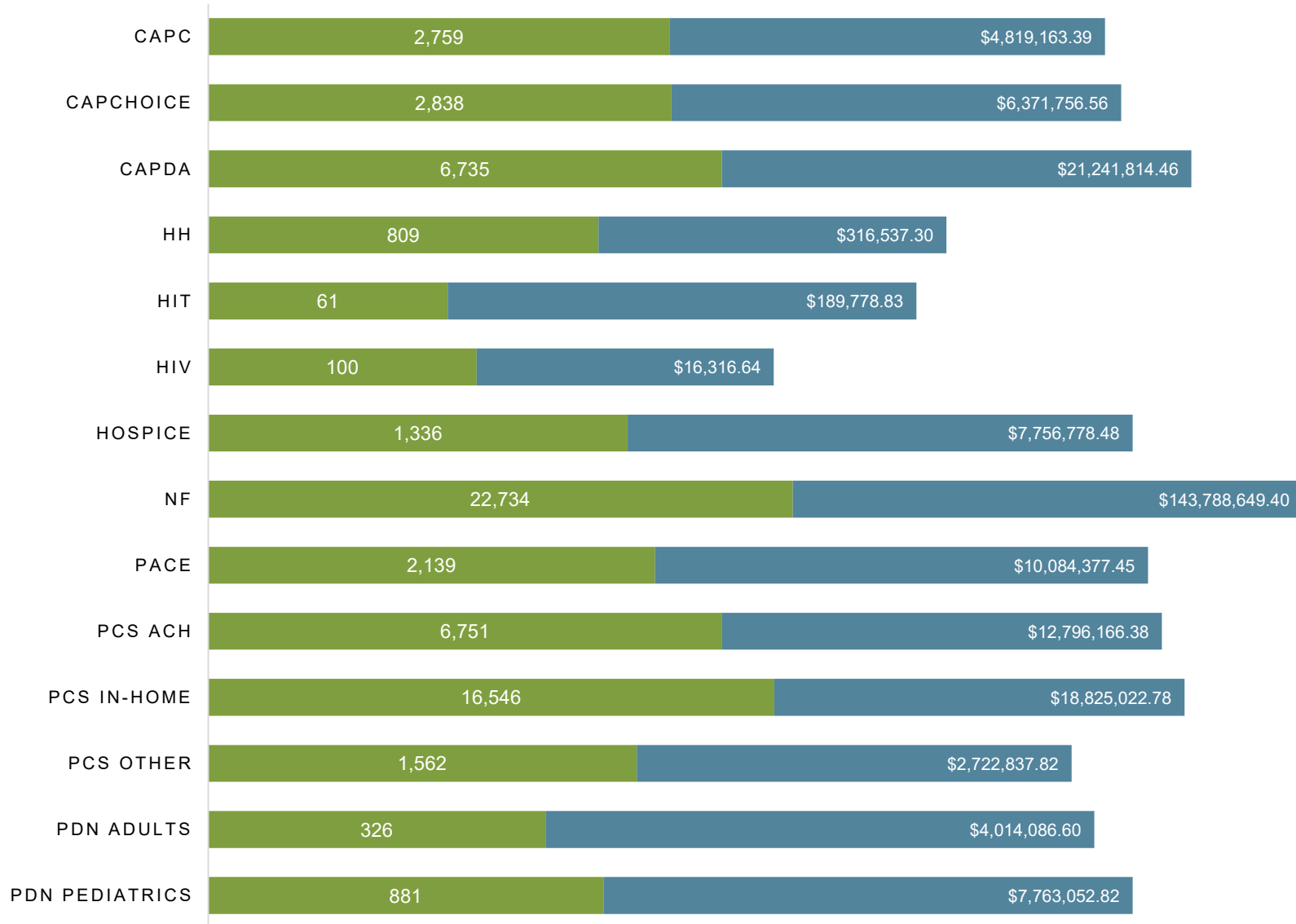
- Approved proposals of six existing PACE Organization to expand their service areas
 - Carolina Senior Care
 - PACE at Home
 - CarePartners
 - PACE of the Southern Piedmont
 - PACE of the Triad
 - Senior Total Life Care
- LOI process
- Expansion window

PACE Service Area Expansion Status

<u>Pace Organization</u>	<u>New Center Planned</u>	<u>New Zip Codes</u>	<u>New Counties covered</u>	<u>Status</u>
Pace @ Home	No	Yes	No	Completed 1/1/22
Carolina Senior Care	Yes (New Bern)	Yes	Beaufort, Carteret, Craven, Jones, Lenoir, Onslow, Pamlico	Est. Sept 2024
Sr. TLC	Yes (Shelby)	Yes	Rutherford	Est. Aug 2024
Pace of the Triad	Yes (Winston-Salem)	Yes	Forsyth, Stokes, Surry	Est. Mar 2025
<u>SAE Awards 2023-24</u>				
PACE of the Southern Piedmont	Yes (Kannapolis)	Yes	No, adding zip codes to complete Stanly	Est. Mar 2025
CarePartners	No	Yes	Transylvania, McDowell	Completed 4/1/24

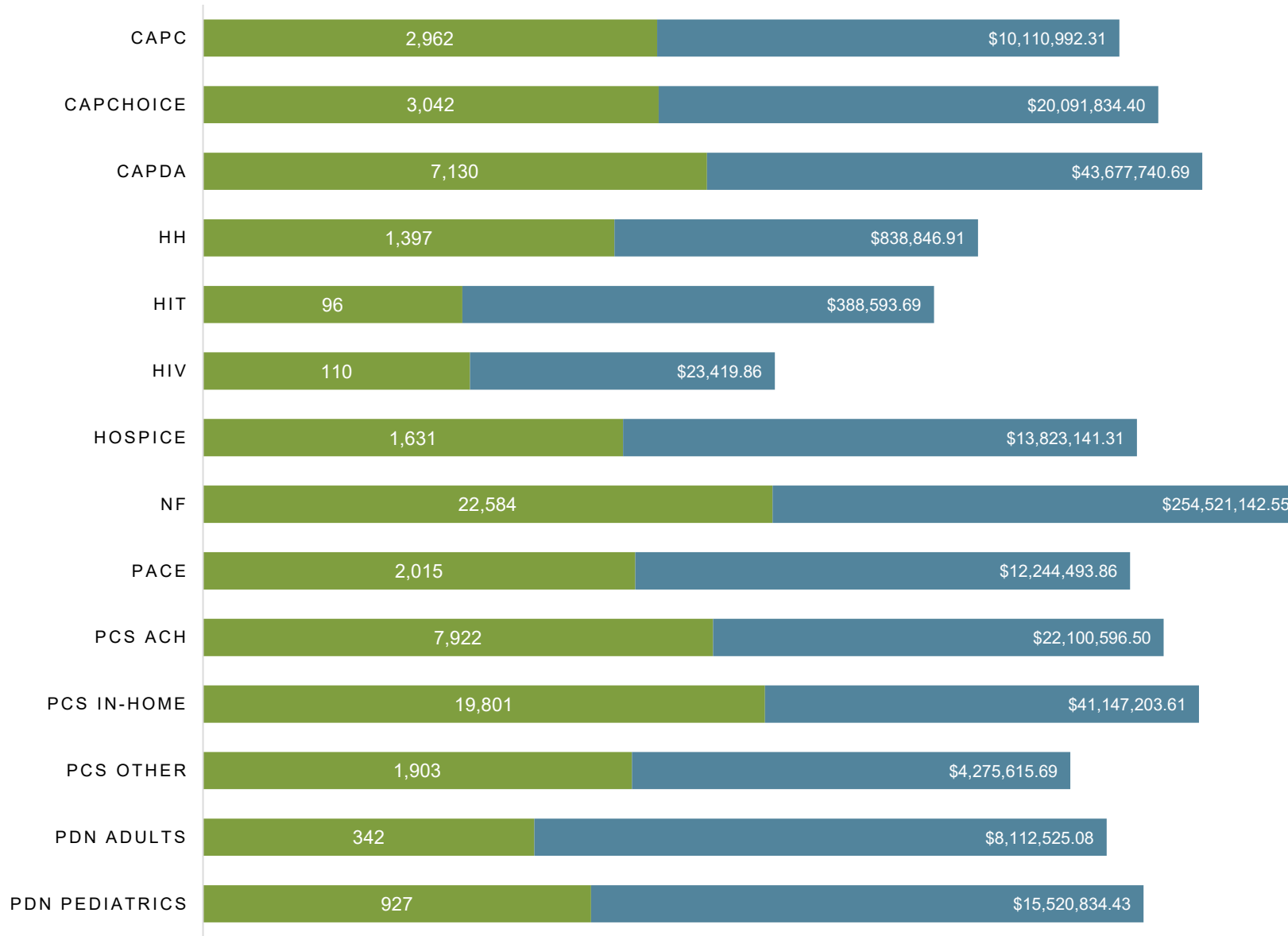
LTSS EXPENDITURES - DECEMBER 2023

■ Total Receptients ■ Total Amount Paid



LTSS EXPENDITURES- JANUARY 2024

■ Total Receptients ■ Total Amount Paid



LTSS Total Expenditures SFY 2024

07/01/2023-04/30/2024

LTSS Programs	Total Recipients	Amount Paid
CAPC	28,893	\$94,911,254.22
CAPCHOICE	29,357	\$142,674,540.23
CAPDA	68,252	\$291,109,265.03
HH	13,400	\$6,286,877.17
HIT	901	\$3,093,015.56
HIV	1,044	\$199,441.45
HOSPICE	16,637	\$117,742,637.89
NF	216,338	\$1,889,415,745.09
PACE	20,766	\$110,632,871.57
PCS ACH	71,338	\$168,739,698.70
PCS In-Home	177,995	\$285,833,513.98
PCS OTHER	16,735	\$34,451,897.37
PDN ADULTS	3,352	\$56,514,965.39
PDN PEDIATRICS	9,161	\$114,560,134.05
Grand Total	674,169	\$3,316,165,857.70

PACE RATE INCREASES

	Dual	Non-Dual	Percentage Increase KBO
CY 2024 PACE Rates	\$6,224.42	\$8,199.38	26.7% and 3.2% for duals and non-duals respectively
CY 2023	\$4,912.82	\$7,944.53	5%, -.2%
CY 2022 July 1, 2022, through Dec. 31, 2022	\$4,661.34	\$7,965.13	40%, 123%
CY 2022 Jan. 1, 2022, through June 30, 2022	\$3,310.02	\$3,561.86	0%
CY 2021	\$3,310.02	\$3,561.86	

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PACE PROVIDER PAYMENTS BY MONTH (Date of Payment Analysis)

Jan 2022	Sept 2022	Dec 2022	Jan 2023	Dec 2023	Jan 2024
\$6,090,011.23	\$9,248,309.12	\$9,608,173.97	\$10,661,776.57	\$10,084,377.45	\$12,244,493.86

Future of PACE in NC

- Continue the growth of PACE so it is steady, organized and sustainable.
- Grow interest in the development of PACE programs that serve not only urban areas, but rural areas where feasible.
- Increase name recognition for PACE in NC along with more communities who recognize and value PACE services as a vital part of LTSS services.