A PACE program model proposal for persons with Developmental Disabilities (DD)

- There are an increasing number of clients of number of DD clients aged over 55.
- As clients age, they are at an increased risk of institutionalization due to aging or loss of caregivers.
- Few options are available for clients on the waitlist for DD services.

Advantages of a PACE model to serve individuals with Developmental Disabilities:

- No change needed in State or Federal law to begin this program.
- Centers for Medicare and Medicaid Services (CMS) has indicated support for a waiver for a PACE program dedicated to serving a specific population like DD clients.
- Unlike the DD waivers, PACE enrollment is not capped.
- Program expands health coverage through removing clients from the waitlist or freeing up slots in the waivers.
- Clients could remain on the DD waitlist while enrolled in the PACE program.

Challenges of a PACE model for DD clients:

- Program model and clinical components of this model would be different from traditional PACE program to meet the specific needs of this population.
- Collaboration with agencies experienced in DD care and services would be needed.
- Assistance from DHS and HCPF in identifying the geographic distribution of DD clients.

What is PACE?

"Program of All-inclusive Care for the Elderly"

- Non-profit health care model to care for frail seniors with the goal of keeping them in the community and out of institutions.
- Began in the Chinatown area of San Francisco in 1971.
- Became a Federally-designated (Medicare) provider type in 1997.
 PACE clients must be:
 - 55 years of age or older.
 - Living in a State-assigned PACE service area.
 - Certified as meeting State's criteria for nursing facility level of care.
 - Can be served safely in the community.
- Coordinated, comprehensive service package that integrates primary, acute & long-term care services thru an individualized plan of care.
- Provides all Medicare & Medicaid services plus community long-term care (and other) services.
- No benefit limitations, no co-pays.
- Total Longterm Care currently serves ~ 1,400 clients in the Metro area (3,500 since 1991)
- There are two other providers in Colorado, in Colorado Springs and in the Delta/Montrose area
- Publicly funded: Pooled, capitated financing from Medicare and Medicaid.
 PACE Programs receive approximately 2/3 of their revenue from Medicaid and 1/3 from Medicare.
- PACE exists as a three-way agreement between the PACE "provider", the Centers for Medicare and Medicaid Services and the State Medicaid agency (which acts as the regulator).
- All health care services are covered including primary and specialty care, hospitalizations, adult day care, transportation, home health care, pharmaceuticals and (if needed) nursing home care or assisted living, as well as dental, vision, hearing, therapies, podiatry, meals, home modifications and mental health care.
- PACE providers are "at-risk" for all health-related costs and services.
- Cost savings and quality are well-documented in this model.