



## HOW PACE DELIVERS SERVICES

### PACE provides comprehensive care

PACE uses Medicare and Medicaid funds to cover all medically-necessary care and services. An individual can have either Medicare or Medicaid, or both, to join PACE.

### The focus is on the participant

Our participants have a team of health care professionals to help make health care decisions. These teams are made up of health care experts who are experienced in the chronic illnesses and conditions of seniors. In addition to daily care, our participants receive a comprehensive medical assessment every six months so our team members know the participant, their living situation, and their preferences.

### PACE covers prescription drugs

PACE programs offer Medicare Part D prescription drug coverage. When an individual joins PACE, they receive their Part D-covered drugs and all other necessary medication from the PACE program.

**Note:** PACE participants may not join a separate Medicare drug plan. If they do they will lose their PACE health and prescription drug benefits.

### PACE is sponsored by the health professionals who treat the participant

PACE programs are provider sponsored health plans. This means the PACE doctor and other care providers are also the people who work with the individuals to make care decisions. No higher authorities will overrule what the participant, the doctor, and other care providers agree on. If a participant disagrees with the interdisciplinary team about their care plan, the senior has the right to file an appeal.

### PACE provides medical transportation

PACE programs provide all medically-necessary transportation to and from the PACE Center for activities or medical appointments. We also provide transportation to medical appointments in the community and emergency transportation at no additional cost.

### PACE supports family caregivers

PACE programs support family members and other caregivers with care giving training, support groups, and respite care to help families keep their loved ones in the community.

### Preventive care is covered and encouraged

The focus of every PACE programs is to help our participants live in the community for as long as possible. To meet this goal, PACE programs focus on preventive care such as physical and occupational therapy and the installation of durable medical equipment in the home to reduce the risk of falls. Although all people enrolled in PACE are eligible for nursing home care, only 7% on average are living in nursing homes at any point in time.

### PACE provides services in the community

PACE programs provide care and services in the home, the community, and the PACE Center. They have contracts with many different specialists and providers in the community to make sure their participants get the care they need. PACE participants get most of their care from PACE staff in the PACE Center. PACE Centers meet State and Federal safety requirements and include adult day programs, medical clinics, activities, and occupational and physical therapy facilities.

### PACE is covered by Medicare and Medicaid

If a individual is eligible for Medicare and Medicaid, all PACE services are covered at no cost to the participant. Medi-Cal beneficiaries who have a share-of-cost remain responsible for their individual share-of-cost.

PACE programs also accept Medicaid only and private-pay individuals. Individuals who have Medicare only (do not have Medicaid) will be charged a monthly premium to cover the long-term care portion and a premium for Medicare Part D drugs.

**For participants with Medicare and Medicaid with no share-of-cost, PACE services are free. There is never a deductible or co-payment for any drug, service, or care approved by the PACE interdisciplinary team.**