



**CalPACE Public Policy Conference Call**  
July 24, 2018 10:00am – 11:00am  
Phone: (267) 930-4000; Participant Code: 759-479-640#

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**A G E N D A**

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1. Welcome
2. State Budget and Legislative Update
3. State and Federal Policy Update
  - DHCS PACE application process
  - PACE rate setting
  - CMS PACE regulation and PACE pilots
4. CA PACE 2.0 Initiative
5. California Aging and Disability Alliance
6. Adjourn

**Attachments:**

- A – PACE Policy Letter 18-01
- B – NPA 2018 Congressional Requests
- C – PACE Regulation Timeline
- D – Congressional Sign-on Letter – PACE Regulation
- E – CA PACE 2.0 Collaborative Participation Form
- F – California Aging and Disability Alliance Briefing Document



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

Date: June 1, 2018

**Policy Letter 18-01**  
*Supersedes PACE Policy Letter 17-03*

To: Program for All-Inclusive Care for the Elderly (PACE) Organizations

Subject: PACE Application Process

### **Purpose**

The purpose of this Policy Letter is to inform Program of All-Inclusive Care for the Elderly (PACE) Organizations (POs) and potential applicant organizations of the updated Department of Health Care Services (DHCS) application review process and timeline for new PO applications and PACE Expansion applications.

### **Background**

In 2016, the California Legislature passed the PACE Modernization Act Trailer Bill (Sections 31-36 of SB 833, Chapter 30, Statutes of 2016) including updates to the payment and regulatory structure of PACE. The updated California PACE statutes, in part, removed the cap on the number of POs that could operate in the state, and allowed for-profit entities to become POs. As a result, DHCS has seen renewed interest in PACE and an increase in new/expansion applications submitted to DHCS for review. Therefore, DHCS is issuing revised guidance to clarify the Department's expectations with respect to the competitive nature of the review process.

The Centers for Medicare & Medicaid Services (CMS) releases annual updates to its PACE Application Guidance to address its electronic PACE application submission timelines, requirements, and review process. Applicants should review this guidance and be aware of CMS requirements for accessing HPMS. The downloadable PDF of the application and additional information can be found at:

<https://www.cms.gov/Medicare/Health-Plans/PACE/Overview.html>

### **State Application Review Process**

All new and expansion PACE applications must go through an initial review process by DHCS in order to move forward with submission to CMS via HPMS. The initial submission components are detailed in this letter, which aims to provide DHCS with key organizational background and financial viability documentation. This information is

necessary for the State to complete/sign the State Assurance pages and authorize the submission of the full application to DHCS and CMS via HPMS.

Upon submission of the full application to CMS, the State will align its review of the remaining application with the CMS initial 45/90-day clock cycle, dependent on type of application, to create a concurrent review process. The initial CMS 45/90-day clock review begins upon receipt of the completed full application in HPMS, which must include the signed State Assurance pages.

DHCS will review the application according to state and federal laws and regulations. Prior to entering into a contract for the provision of Medi-Cal managed health care services, DHCS may consider any factor it determines to be necessary for consideration (Welfare & Institutions Code §§ 14095 and 14592(b)). This includes considering any information relevant to the issue of whether the application could result in unnecessary duplication of services or impair the financial or service viability of an existing program (42 USCA § 1395eee(e)(2)(B)).

Initial State Review

All new and expansion applications received by DHCS will follow the below initial state review timeframes for application submission:

Action	Due Date	Documents for Submission	Reviewer	Review Timeframe
Notification of Intent to DHCS	30 days prior to Initial Application Submission to DHCS	<ul style="list-style-type: none"> <li>Letter of Intent</li> <li>Letter for Support from COHS (if applicable)</li> </ul>	DHCS	N/A
Initial Application Submission to DHCS	60 days prior to CMS application submission deadline	<ul style="list-style-type: none"> <li>Market Feasibility Study</li> <li>Letters of Support</li> <li>Application sections (see Attachment 1)</li> </ul>	DHCS	60 Calendar Days
Full Application Submission in HPMS	Align with CMS PACE Application Submission Deadline	<ul style="list-style-type: none"> <li>Remaining application sections</li> <li>State Assurance Page</li> </ul>	DHCS/CMS	Align with CMS 45/90 day review clock

Concurrent Federal and State Review

The CMS review process of the PACE Application will include a series of attestations and uploads based on the type of application received, (Initial Application or Service Area Expansion).

Upon completion of the initial CMS 45/90-day clock review of the full application, CMS and/or DHCS may issue a Request for Additional Information (RAI) to the applicant. In the event a RAI is issued, the application is taken off the review clock during this period while the applicant responds to either the CMS and/or DHCS RAI. DHCS will align its remaining review and RAI (if necessary) with CMS timelines and ensure that any necessary changes are communicated to CMS. It is also during this period that DHCS conducts the Readiness Review (RR) onsite survey of the applicant PACE Center, as required. All initial applications and any Service Area Expansion (SAE) application that includes the addition of a new PACE center requires a RR of the new center. All deficiencies that may be identified during the DHCS Readiness Review onsite survey of the applicant PACE Center must be addressed through a corrective action plan submitted and accepted by DHCS.

Once CMS and/or DHCS have accepted the applicant's RAI response and the Readiness Review onsite survey has been completed by DHCS and the applicant and accepted by CMS, CMS will reinitiate the final 45/90-day clock review cycle. Conclusion of this cycle results in CMS notification to the applicant of final approval or denial.

### **PACE Growth and Expansion**

All PACE growth and expansion falls into one of the below categories:

#### New PACE Organization – New entity applying to establish a PO

- Entity must identify specific zip codes to be served in one or more counties
- Entity must be able to serve all requested zip codes from PACE Center (subject to 60-minute one way travel time adult day health center (ADHC) requirement)
- Rate development required for each county requested

Existing PO Expansion (Existing County) – PO adding additional zip codes within existing county service area, opening a new PACE Center within existing county service area, or both

- Entity must be able to serve all requested zip codes from PACE Center(s) (subject to 60-minute one way travel time ADHC requirement)
- POs can add zip codes and use Alternative Care Settings (ACS) and Community-based physician waiver as an interim step before building new PACE Center
- Consider rate development/adjustment to account for expansion within the county and account for potential variance and/or changes in utilization
- Zip code only expansions subject to shorter CMS review period

Existing PO Expansion (New County) – PO adding zip codes in a new county of operation

- Usually requires a new PACE Center unless the zip codes requested fall within the required radius to be served by existing PACE Center and interdisciplinary team (IDT)
- Requires new rate development

### **Program Start Date**

To align with state budget and rate development processes, all new PO applications and expansion applications requiring new rate development will only be able to begin operations on either January 1 or July 1 of a given year following receipt of final approval from CMS and DHCS. Prospective POs and expansion applicants requiring new rate development should take the available start dates into consideration when preparing to submit an application. Any delays in the application submission or review process may result in the program start getting pushed back to the next available program start date of either January 1 or July 1.

### **Initial Application Submission Components**

#### Letter of Intent

All applicants must submit a Letter of Intent (LOI) to DHCS indicating their plans to submit a PACE application. The LOI should identify the applicant; the proposed service area, including a listing of proposed zip codes and a service area map; and the proposed site location for the applicant's PACE center. New applicants proposing to serve an area with an existing or pending PACE plan must identify the overlapping zip codes in their LOI. If an applicant has any questions about whether there is an existing or pending PO operating in its proposed service area it can refer to the DHCS PACE website for a listing of all zip codes by county that POs currently operate in at: <http://www.dhcs.ca.gov/individuals/Pages/PACEPlans.aspx>. Pending applications for new or expansion POs will also be posted to the DHCS website.

CMS application submission deadlines can be found under the application training guide here: <https://www.cms.gov/Medicare/Health-Plans/PACE/Overview.html>. The LOI to DHCS must be submitted at least 90 days prior to the proposed CMS submission date and the initial application must be submitted at least 60 days prior to the proposed CMS submission date.

#### Letters of Support

All PACE applicants must submit letters of support from local entities in the area that the applicant proposes to serve. These may include but are not limited to County Board of Supervisors, County Health and Human Services (HHS) Director, local hospitals, Medi-

Cal managed care plans, Independent Physician Associations (IPAs), Commission on Aging, Area Agencies on Aging (AAA), local Multipurpose Senior Services Program (MSSP) Waiver sites, etc. Letters of support should be attached to the LOI. The minimum requirements for letters of support in County Organized Health System counties is provided below.

Market Feasibility Study

All PACE applicants must submit a market analysis of the area that they propose to serve. The feasibility study should include the following:

- Estimate of the number of PACE-eligible individuals
- Description of the methodology/assumptions used to determine potential membership
- Identify all competitive factors impacting the market, such as:
  - Existing POs
  - Managed care plans (MCPs)
  - Demonstration County MCPs (Cal MediConnect and Managed Long-Term Services and Supports (LTSS))
  - Medi-Cal Waiver Programs
  - In-Home Supportive Services (IHSS)
- Identify projected market capture/saturation rates
- Demonstrate that there is an unmet need for PACE in the proposed service area
  - Please note that when multiple applications are received for the same county/zip code service area the order of submission and number of pre-existing plans may have an impact on the decision to approve / deny an application.

State Application Narrative

The following PACE application sections must be submitted to DHCS for initial review (see Attachment 1):

New PACE Application	Service Area Expansion (Existing and New County)
<ul style="list-style-type: none"> <li>• 3.1 – Service Area</li> <li>• 3.2 – Legal Entity and Organization Structure</li> <li>• 3.3 – Governing Body</li> <li>• 3.4 – Fiscal Soundness</li> </ul>	<ul style="list-style-type: none"> <li>• 3.1 – Service Area</li> <li>• 3.4 – Fiscal Soundness</li> <li>• 3.5 – Marketing</li> <li>• 3.13 – Contracted Services</li> <li>• 3.23 – Transportation Services</li> </ul>

In addition to the attestations and documents required in the PACE application, DHCS requires detailed narrative in each of these sections to better understand the organizational background and financial standing of the applicant.

### **Additional Considerations and Limitations**

#### Overlapping service area

New applicants proposing to enter an area already served by an existing PO must identify the overlapping zip codes in their LOI. DHCS will immediately notify any existing and/or pending POs of the new applicant's intent, and the existing and/or pending PO(s) will have an opportunity to submit their own market analysis in response. The counter-analysis must be submitted to DHCS by the initial application submission date. Overlapping service areas are determined at the zip code level. Therefore, if a PO is only servicing a portion of a county and a new or expansion application is requesting a zip code not in the POs service area, by zip code, then the new or expansion application would not trigger notification to the existing/pending PO for an overlapping service area competing market analysis.

DHCS will conduct its own analysis using Medi-Cal data to verify the market feasibility studies that applicants/POs submit. DHCS will evaluate actual numbers of Medi-Cal beneficiaries by age and aid code and will use historical trends of clinical eligibility and market capture to compare against market analyses submitted by applicants/existing POs.

DHCS, in consultation with other State Administering Agencies, has developed a review tool to assist in considering prospective PO applications and the overlapping service area they propose to enter. The review tool is included as Attachment II (Service Area Overlap Review Criteria) to this letter. DHCS will take all factors into consideration and ultimately decide whether to move forward with signing the State Assurance page.

#### Restrictions on Delegation

DHCS is using this PACE Policy Letter to provide explicit clarification to its policy on the use of delegation in the PACE model. DHCS prohibits existing and applicant POs from delegating a separate entity to operate existing and/or additional (expansion) PACE Centers and IDTs. POs are responsible for coordinating and delivering the medical and long term care of frail and vulnerable elderly Californians so that they can remain living safely in their community rather than receiving institutional care. Because of the complexity of this responsibility, the Department has serious concerns with arrangements to delegate the administration of a PACE Center or PACE IDT to third parties. DHCS intends to amend its PACE contracts to include this prohibition. The validity of the DHCS concerns regarding delegation in the PACE model are reflected in the Responses of CMS to Comments presented in the Federal Register, Volume 71, No. 236, pages 71247 to 71263, and 71270 to 71272, regarding Title 42, Code of Federal Regulations, parts 460.60, 460.70, and 460.71.

There is one existing delegated delivery model within PACE in California. The On Lok delegation contract with the Institute of Aging was originally established on August 1, 1996. This model was identified as a contractual arrangement in place on or before July 1, 2000, and was confirmed as “grandfathered” in by CMS in a January 15, 2002, letter. Grandfathering was necessary as the arrangement was not explicitly allowed under the PACE permanent provider regulations at that time.

While DHCS explicitly prohibits full delegation of the fundamental program elements of operation of the PACE Center and IDT, POs have the ability to subcontract for any service(s), as determined necessary by the IDT, to ensure that all services necessary to maintain a participant in their home/community are accessible by the PO. POs may enter into subcontracting agreements using the PACE Subcontract Boilerplate template provided by DHCS. Any amendments to the boilerplate template require the Department’s prior written approval.

Please note that DHCS’ prohibition on the use of delegation in PACE does not impact POs option to utilize alternative care settings (ACS). An ACS is any physical location in the POs approved service area other than the participant’s home, an inpatient facility, or PACE Center. A PACE participant receives some (but not all) PACE Center services at an ACS on a fixed basis during usual and customary PACE center hours of operation. An ACS cannot replace a PACE Center and all PACE participants receiving services at an ACS must be assigned to a PACE Center and IDT.

#### POs in County Organized Health System Counties

Counties that provide Medi-Cal services through a County Organized Health System (COHS) are the sole source for Medi-Cal services in that county. Specifically, Welfare & Institutions code §14087.5 et seq. provides that counties that elect to organize as COHS hold the exclusive right to contract for Medi-Cal services in those counties. DHCS will only consider the operation of a third party PO in a COHS county if the applicant includes a COHS’ letter of support that includes the following:

- The COHS’s support for the establishment of the independent PO in the county, and;
- The COHS request that DHCS submit an amendment to the 1115 Waiver to allow the independent operation of a specified PO in the county.

The COHS letter of support should be included with the LOI submitted by the applicant organization signifying its intent to expand into a COHS county or to start a new PO in a COHS county. DHCS will ultimately decide whether to move forward with a PACE applicant in a COHS and recommend an 1115 Waiver amendment. Any recommendation from DHCS will be subject to CMS review and approval. In the instance that independent operation of a third party PO is approved, the third party PO must contract directly with the State (DHCS) and CMS as the PACE entity in the three-way program agreement. It is not acceptable for the COHS to contract with DHCS and CMS as the PACE entity in the three-way program agreement and delegate operation of the PO to a separate entity.

This policy reflects the process that was utilized to approve the operation of Redwood Coast PACE in Humboldt County. Redwood Coast PACE was approved to operate independently from the COHS because its PACE application was submitted and accepted prior to the launch of the rural Medi-Cal managed care expansion. The COHS (Partnership Health Plan) endorsed the Redwood Coast PACE application and the exception was made possible by an amendment to California's existing 1115(a)(1) Bridge to Reform Demonstration Waiver.

### Licensing

PACE Centers must maintain both a Primary Care Clinic License and an ADHC License. POs must also choose to either maintain a Home Health Agency (HHA) License or contract with a licensed HHA for home health services. Assembly bills 847 (Chapter 315 of 2005) and 577 (Chapter 456 of 2009) established the authority for CDPH/DHCS to authorize exemptions to a PO from licensing and regulatory requirements applicable to clinics, adult day health care services, and home health agencies. If requesting exemption from licensure, a PO must maintain at least one of the PACE Center required licenses (Clinic or ADHC) for each PACE Center. Applicants should consult with the California Department of Public Health (CDPH) to verify licensing requirements. CMS will not accept State Readiness Review until all required licenses are secured. Licensure applications can be found at: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ApplyForLicensure.aspx> .

### Replacement PACE Centers

Existing POs may move locations or consolidate PACE Center sites by constructing a replacement PACE Center. This scenario is distinct from the construction of a new PACE Center, which requires the submission of a service area expansion application. Replacement Centers require the following transition planning items:

- Administrative Notifications: Notify CMS and DHCS at least 120 days prior to projected transition date.
- Transition Plan: PO's must submit a detailed transition plan that outlines the occupancy timeline, replacement center capacity, contingency planning, transportation plan, notification to participants, and details of any changes in staffing, policies and procedures, etc.

POs seeking to replace its PACE Center(s) should refer to CMS guidance released on October 21, 2016 that provides further detail on the requirements for transition. Replacement Centers are not subject to the January 1 or July 1 start dates.

If you have any questions regarding the requirements of this Policy Letter, please contact your Integrated Systems of Care contract manager.

Sincerely,

Sarah Eberhardt-Rios, Division Chief  
Integrated System of Care Division

Enclosures

Attachment 1  
Attachment 2

Attachment I - PACE Application Required Attestations and Uploads

<b>Attestation Topic</b>	<b>Section #</b>	<b>Initial</b>	<b>SAE</b>	<b>Upload Required (Initial)</b>	<b>Upload Required (SAE)</b>
Service Area	3.1	X	X	X	X
Legal Entity and Organizational	3.2	X	X	X	X
Governing Body	3.3	X	X	X	X
Fiscal Soundness	3.4	X	X	X	X
Marketing	3.5	X	X	X	X
Explanation of Rights	3.6	X	X	X	X
Grievance	3.7	X	X	X	X
Appeals	3.8	X	X	X	X
Enrollment	3.9	X	X	X	X
Disenrollment	3.10	X	X	X	X
Personnel Compliance	3.11	X	X		
Program Integrity	3.12	X	X		
Contracted Services	3.13	X	X		
Required Services	3.14	X	X		
Service Delivery	3.15	X	X		
Infection Control	3.16	X	X		
Interdisciplinary Team	3.17	X	X		
Participant Assessment	3.18	X	X		
Plan of Care	3.19	X	X		
Restraints	3.20	X	X		
Physical Environment	3.21	X	X		
Emergency and Disaster	3.22	X	X		
Transportation Services	3.23	X	X		
Dietary Services	3.24	X	X		
Termination	3.25	X	X	X	X
Maintenance of Records &	3.26	X	X		
Medical Records	3.27	X	X		
Quality Assessment Performance Improvement	3.28	X	X	X	X
State Attestations	3.29	X	X	X	X
Waivers	3.30	X	X	X (as applicable)	
Application Attestations	3.31	X	X	X	X
State Readiness Review	3.32	X	X (as applicable)	X	X (as applicable)

Attachment II: Service Area Overlap Review Criteria

This tool identifies criteria that DHCS will take into consideration when evaluating applications requesting overlap of existing PACE service areas. DHCS is not limited to the use of only this criteria and will take under consideration additional factors as it determines appropriate to fully assess the application. DHCS will take all factors into consideration and ultimately decide whether to move forward with signing the State Assurance page.

Category	Subcategory	Criteria
Service Area Overlap with Existing PACE Operator	Service Area Overlap	Overlap includes less than 25% of potential participants in existing service area
		Overlap includes between 25% and 50% of potential participants in existing service area
		Overlap includes between 50% and 75% of potential participants in existing service area
		Overlap includes over 75% of potential participants in existing service area
	Facility Overlap	Proposed service area includes existing PACE facility or alternative care setting
		Proposed service area does not include existing PACE facility or alternative care setting
Level of Success & Investment of Existing PACE Operators/ Applicants	Market Penetration of Existing Operators in Proposed Service Area	Market penetration under 10%
		Market penetration between 10% and 30%
		Market penetration over 30%
	Recent Investments by Existing PACE Operator(s) and Recent Applicant(s) in Proposed Service Area	Facility investment over \$5M in the past year
		Facility investment over \$5M between 1 and 2 years
		Facility investment over \$5M between 2 and 3 years
No facility investments over \$5M in last 3 years		
Local Support	Local Government Support	Formal vote of city council or comparable body in support of new applicant
		Letter of support from city council member or comparable official
		No written support from local government official
	Local Service Provider Involvement	Lead applicant is a services provider in proposed service area
		Supporting applicant is a services provider in proposed service area
		No part of applying entity is services provider in proposed service area

March 19-20



Washington, DC

## 2018 Congressional Requests

### 1. Contact CMS in Support of Issuing PACE Final Rule

The Centers for Medicare & Medicaid Services (CMS) released a proposed rule (CMS 4168-P) on Aug. 16, 2016, but has yet to release the final rule. The proposed rule's revisions to the PACE program would be the first updates since the original regulation was issued in 2006. Until a final rule is issued, PACE organizations continue to function under decade-old regulations that constrain growth, increase operating costs, and limit beneficiary access to this proven model of care. Please contact CMS to support the swift release of the updated PACE regulations.

### 2. Enhance PACE Affordability and Access for Medicare-Only Beneficiaries

NPA requests that Medicare-only beneficiaries have access to PACE in all states, at a private-pay premium rate that reflects their specific level of need, and with a choice of affordable Part D plans for their prescription drug needs. Please contact CMS to support regulatory action that would enhance PACE access and affordability for all Medicare beneficiaries.

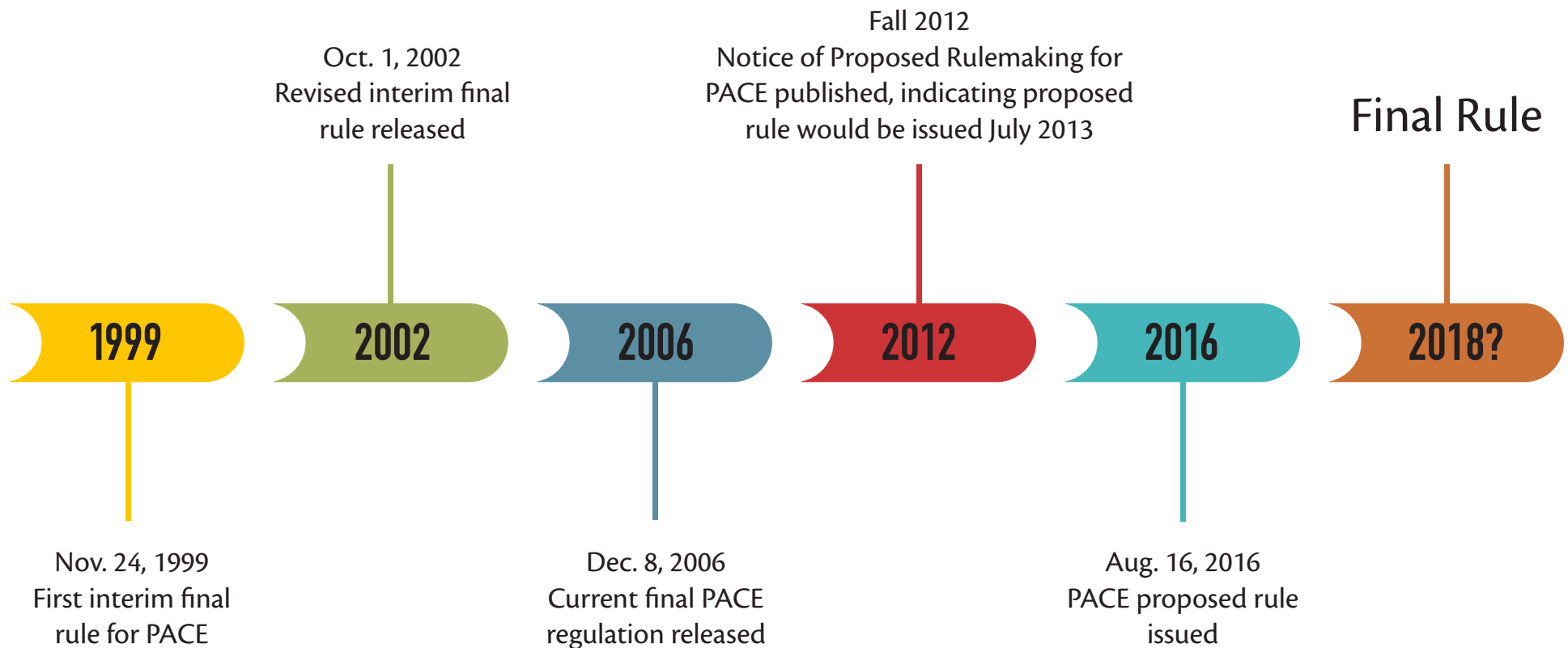
### 3. Support PACE Pilots Serving New Populations

The PACE Innovation Act provided CMS with the authority to conduct PACE pilots that would serve new populations. Please contact CMS to support the timely implementation of the PACE pilots, as unanimously authorized by Congress in 2015.

# Fact Sheet



## PACE Regulation Timeline



**Until the final rule is issued, PACE organizations are forced to function under outdated regulations that constrain growth, increase operating costs, and limit beneficiary access to this proven model of care.**

*The National PACE Association advances the efforts of PACE programs across the country.*

Congress of the United States  
Washington, DC 20515

June 20, 2018

Administrator Seema Verma  
U.S. Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Verma:

We write in strong support of Programs of All-Inclusive Care for the Elderly (PACE) and to inquire about the status of the proposed rule issued by the Centers for Medicare and Medicaid Services (CMS) on August 2016 (CMS-4168-P), that would revise and update current PACE requirements.

As you know, PACE is a proven care model delivering high-quality, comprehensive, integrated and coordinated community-based care to both Medicare and Medicaid beneficiaries 55 years of age or older, who meet the criteria for a nursing home level of care, but wish to live at home. At present, there are 123 PACE organizations operating with 250 centers in 31 states, serving over 45,000 elders and those living with disabilities every day. Multiple studies show that people receiving care from PACE organizations live longer, experience better health, have fewer hospitalizations and spend more time living at home than those receiving care through other programs. Additionally, PACE has already incorporated many of the reforms promoted by Medicare, including coordinated care and integrated financing, and has proven to be a good value to taxpayers, while increasing the quality of life for many of our nation's elders, persons living with disabilities, and their families.

However, the existing regulatory framework for PACE is over a decade old and in need of reform to allow for maximum program efficiencies. The necessary changes include: (1) allowing PACE organizations to include community physicians as part of their hallmark interdisciplinary teams (IDT); (2) using nurse practitioners and physician assistants as primary care providers, which would be cost saving and improve quality of care; (3) providing services in settings other than the PACE Center, and; (4) configuring the IDT to meet the needs of individual participants. The proposed rule would provide PACE with badly needed operational flexibility. We strongly urge CMS to prioritize promulgating a final rule soon so that PACE programs may be afforded the operational flexibility needed to expand and serve more frail seniors and those living with disabilities.

Thank you in advance for your timely response to our concerns.

Sincerely,



Earl Blumenauer  
Member of Congress



Lynn Jenkins  
Member of Congress



Ron Kind  
Member of Congress



Christopher H. Smith  
Member of Congress



Brian Higgins  
Member of Congress



Nydia M. Velázquez  
Member of Congress



Yvette D. Clarke  
Member of Congress



David E. Price  
Members of Congress



Kurt Schrader  
Member of Congress



Judy Chu  
Member of Congress



John Garamendi  
Member of Congress



Linda T. Sánchez  
Member of Congress



André Carson  
Member of Congress



Albio Sires  
Member of Congress



Gus M. Bilirakis  
Member of Congress



Ron Estes  
Member of Congress

Doris Matsui

Doris Matsui  
Member of Congress

Duncan Hunter

Duncan Hunter  
Member of Congress

Frederica S. Wilson

Frederica S. Wilson  
Member of Congress

Stephen F. Lynch

Stephen F. Lynch  
Member of Congress

James R. Langevin

James R. Langevin  
Member of Congress

Lucille Roybal-Allard

Lucille Roybal-Allard  
Member of Congress

Ileana Ros-Lehtinen

Ileana Ros-Lehtinen  
Member of Congress

Jackie Speier

Jackie Speier  
Member of Congress

Edward R. Royce

Edward R. Royce  
Member of Congress

Lou Barletta

Lou Barletta  
Member of Congress

Peter J. Visclosky

Peter J. Visclosky  
Member of Congress

Jan Schakowsky

Jan Schakowsky  
Member of Congress

Bill Pascrell, Jr.

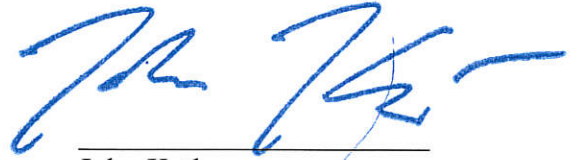
Bill Pascrell, Jr.  
Member of Congress

Paul D. Tonko

Paul D. Tonko  
Member of Congress



Scott Peters  
Member of Congress



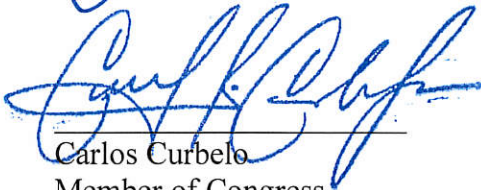
John Katko  
Member of Congress



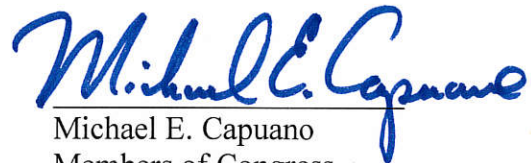
Zoe Lofgren  
Member of Congress



Matt Cartwright  
Member of Congress



Carlos Curbelo  
Member of Congress



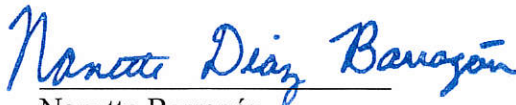
Michael E. Capuano  
Members of Congress



Mike Kelly  
Member of Congress



Seth Moulton  
Member of Congress



Nanette Barragán  
Member of Congress



Leonard Lance  
Member of Congress



Brenda L. Lawrence  
Member of Congress



Frank A. LoBiondo  
Member of Congress



Niki Tsongas  
Member of Congress



Bob Goodlatte  
Member of Congress



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Mario Diaz-Balart  
Member of Congress



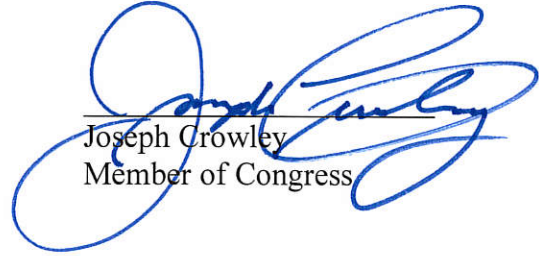
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Steve Russell  
Member of Congress



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Dan Newhouse  
Member of Congress




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Joseph Crowley  
Member of Congress



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Michelle Lujan Grisham  
Member of Congress



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Debbie Wasserman Schultz  
Member of Congress



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Bradley Byrne  
Member of Congress



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Grace F. Napolitano  
Member of Congress



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Alan Lowenthal  
Member of Congress



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Eric Swalwell  
Member of Congress



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Brian Fitzpatrick  
Member of Congress



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Debbie Dingell  
Member of Congress



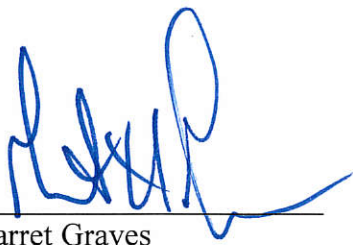
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J. Luis Correa  
Member of Congress



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Katherine Clark  
Member of Congress



Garret Graves  
Member of Congress



Suzanne Bonamici  
Member of Congress



Mark DeSaulnier  
Member of Congress



Jim Renacci  
Member of Congress



Mike Bishop  
Member of Congress



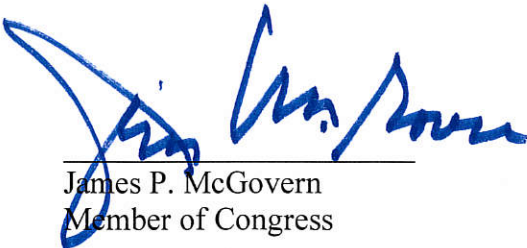
Jackie Walorski  
Member of Congress




Daniel T. Kildee  
Member of Congress



Joseph P. Kennedy  
Member of Congress



James P. McGovern  
Member of Congress



Juan Vargas  
Member of Congress



Adriano Espaillat  
Member of Congress



## CA-PACE 2.0 Invitation to Participate and Letter of Commitment

As a currently operating PACE organization and member in good standing of CalPACE and the National PACE Association, you are invited to participate in the California-PACE 2.0 Learning Collaborative. This exciting collaborative will bring PACE organizations together to achieve exponential growth through the use of a shared set of strategies and a proven implementation method. Please see the attachment to this invitation for additional information about the collaborative. We will also be providing a webinar discussion of the collaborative and **Q&A opportunity next Thursday, July 26 from 11:30 am – 12:30 pm PST**. The webinar will feature an overview of how the learning collaborative will be structured, along with what resources and time commitments you will need to plan for participation in the collaborative.

### TO SIGN UP

To sign up for the CA-PACE 2.0 learning collaborative, please review the participation requirements below and **return this form by August 3, 2018** to Anita Gibson, at the National PACE Association at [anitag@npaonline.org](mailto:anitag@npaonline.org). If you have any questions concerning the project, please contact Anita as well at [anitag@npaonline.org](mailto:anitag@npaonline.org) or call her at (703)535-1535.

### PARTICIPATION REQUIREMENTS

To be successful, your PACE organization's leadership and staff will need to commit time and resources to engage fully in the Improvement Collaborative. This includes:

#### Staffing

- One ½ time coordinator
- 3 - 4 staff to work on the project who have the support of the executive team

#### Learning Activities

- Full team attendance and prepared engagement in four in-person, 2-day Learning Sessions in California
- Active participation in biweekly web-based Collaborative learning calls
- Testing, adapting, and implementing the growth strategy model at your PACE organization
- Regularly collecting and sharing data monthly with other collaborative participants, NPA, CalPACE and the Billions Institute on the results of growth model testing and application



## PARTICIPATION SIGNATURE

I hereby certify that \_\_\_\_\_  
PACE Organization Name  
wishes to participate in the CA-PACE 2.0 project and will commit staff and resources  
and undertake the activities as outlined above.

\_\_\_\_\_  
CEO or duly authorized senior executive

\_\_\_\_\_  
Date



## CA-PACE 2.0 Net Enrollment Improvement Collaborative: *Scaling PACE to Support Community Living for Seniors*

### Background and Rational

The National PACE Association (NPA) and the California PACE Association (CalPACE) share the goal of improving the lives of frail elders by exponentially expanding access to the Program for All-Inclusive Care of the Elderly.<sup>1</sup> In support of this goal, our two organizations are partnering with experts in large-scale change, the Billions Institute, to disseminate a growth strategy model for PACE in California. This growth model is being developed through [PACE 2.0](#), a national initiative launched by NPA in 2017 with support from The John A. Hartford Foundation and West Health.

PACE organizations in California will have the opportunity to be the first sites to use the growth strategy model in a California PACE 2.0 learning collaborative (CA-PACE 2.0). Collaborative participants will apply and refine the model at their PACE organization to achieve increases in net enrollment and market penetration towards a combined goal of exponentially increasing access to and use of PACE.

### HOW IT WILL WORK

#### Collaborative Model

Modeled on the Institute for Healthcare Improvement's Breakthrough Series Collaborative method, the CA-PACE 2.0 Collaborative will ask each participating organization to commit to a shared aim of significantly increasing net enrollment and market penetration. Participating sites will actively make changes in service of the aim.

This will require participating organizations to:

- Set improvement aims and goals to contribute to the overall PACE 2.0 enrollment goals
- Develop an operating culture that supports learning and change
- Apply and adapt the PACE 2.0 growth strategy model by testing a range of tactics
- Routinely share key learnings and report data

#### Learning and Improvement Activities and Supports

NPA, CalPACE, and the Billions Institute will advise and support each organization throughout the year-long learning collaborative. The year will be anchored with in-person meetings and group webinars. Between these activities, participating

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<sup>1</sup> PACE 2.0 aims to increase PACE enrollment from 45,000 individuals to 100,000 individuals by August 2021. With the addition of new PACE organizations and of new populations that could enroll in PACE, the goal is to achieve 200,000 people enrolled in PACE by August 2028.



**PACE 2.0**



organizations will apply what they are learning at their PACE organization and collect data to rapidly assess the changes. Each organization will be supported by its peers and expert faculty who have experience in growing PACE, applying quality improvement strategies, and enhancing operational efficiencies.

Specific collaborative supports will involve a number of key components:

**In-Person Learning Sessions:** Through four in-person interactive workshops, participating organizations will have the opportunity to connect to one another, to the meaning of their work, and to experts in the field. Meetings will be a vehicle to provide just-in-time information, a time for PACE organizations to share results and progress, and a space to constructively plan their work and learn new skills. The meetings will be scheduled to take place throughout California between October 2018 and June 2019.

**Collaborative Web-based Calls:** Every other week, participating organizations will learn from each other, and technical and improvement expert faculty about how to apply the concepts to their individual organizations. The calls will also provide opportunities for peer-to-peer support and data sharing.

**Expert Faculty:** Teams will engage with PACE “bright spots” faculty (PACE leaders who have exponentially grown their programs) throughout the collaborative, including presentations during collaborative learning calls, during in-person meetings, and through as-needed one-on-one assistance.

**Aim/Goal Setting and Data Reporting:** Teams will set their own improvement aims and goals to contribute to the overall PACE 2.0 Enrollment goals. Regular sharing of qualitative and quantitative data with each other, NPA, CalPACE, and the Billions Institute is fundamental to the Improvement Collaborative. Data will be used for improvement, not judgement. Data reporting will help organizations assess if changes are leading to improvement and to further refine growth tactics.

**Participation and Team Composition:** Participation in the PACE 2.0 California collaborative is open to currently operating PACE organizations in California, that are members in good standing of CalPACE and the National PACE Association. Each organization will form a team of three to four people (your “CA-PACE 2.0 improvement team”) who have the written support of their executive leadership. Each organization will also identify an executive sponsor who will be asked to commit to providing support in removing barriers to progress.

CA-PACE 2.0 team members will need sufficient time both to participate in the activities described above, and to routinely manage and assess changes at their organization. CA-PACE 2.0 team members should expect to become change agents in their organizations.



**PACE 2.0**



## Value of Participation

Through participation in the learning collaborative, each PACE organizations team will develop and implement system changes that support exponential growth. Collectively, participating PACE organizations will contribute to the expansion of PACE in California, and, nationally by refining the Growth Model for future use by additional PACE organizations.

The costs of the learning collaborative’s advisors and in-person learning sessions are being funded by the Gordon and Betty Moore Foundation. This grant represents a significant value to participating organizations, including:

- Learning and improvement collaborative support - Fees associated with similar initiatives range from \$5,000 -\$10,000 per organization. There is no fee to your PACE organization to participate in the collaborative, because of the funding support provided by the Foundation.
- Group based and one-on-one technical assistance (TA) – TA support provided by subject matter and improvement science experts ranges in cost between \$200 - \$1000/hour. These costs will be funded by the grant.
- Travel to in-person learning sessions - The grant is providing travel support of \$500/participant from each PACE organization for 4 in-person Learning Sessions

## Key Dates

Date	Activity	Location
26 July	Collaborative Informational Call	Web-based
3 August	Letter of Commitment due	Via email to NPA
September (TBA)	2 Pre-work Calls	Web-based
September (TBA)	1:1 meeting with PACE team & Collaborative team	Web-based
3-4 October	Learning Session 1	In-person in Oakland, CA (Hotel room block TBA)
January 2019	Learning Session 2	In-person in California TBA
April 2019	Learning Session 3	In-person in California TBA
June 2019	Learning Session 4	In-person in California TBA

## **CALIFORNIA AGING AND DISABILITY ALLIANCE:** *Creating financing solutions to promote access & choice*

- **The demographic imperative:** California's population of older adults and people with disabilities stands at about 8 million – including older adults who are either age 65 and over as well as individuals under age 65 who are living with disabilities, developmental disabilities and traumatic brain injuries. With a two-fold increase anticipated over the next several decades, population growth will bring increased demand for services and supports, which the state is not prepared to meet.
- **Voters want solutions:** Recent statewide polling data found that 83% percent of likely voters would support a gubernatorial candidate with a vision and long-term investment plan for California's older adults. In addition, more than two thirds of likely voters feel the state is not prepared to meet the needs of this population, while nearly two thirds believe that these services should be a high priority for increased public investment.
- **Challenges:** California confronts a number of challenges in how to finance, develop and organize services for the population. For individuals and families, the unanticipated costs can lead to impoverishment and lack of care options. For the state, the issues are many, including lack of a sound financing structure, confusing and complicated systems of care, a shortage of available services and supports, a dearth of affordable and accessible housing, and need for a culturally competent workforce.
- **Critical Next Steps:** The Alliance initiated and succeeded in securing \$3 million in the 2018-19 state budget to incorporate key Long-Term Services and Supports (LTSS) screening questions on the California Health Interview Survey (CHIS), the largest population-based state health survey in the United States. This lays the foundation for further action already in progress:
  - Evaluating feasibility and developing strategies to explore new LTSS financing mechanisms – including pursuit of a statewide ballot initiative.
  - Advising Gubernatorial candidates on emerging issues, informing the incoming Administration on public priorities and proactively assisting through the transition and beyond.
- **What is LTSS?** Long-Term Services and Supports (LTSS), also referred to as Long-Term Care (LTC), consists of a broad range of day-to-day tasks that include personal care (bathing, dressing, toileting); complex care (medications, wound care); help with housekeeping, transportation, paying bills, and meals; and other ongoing social services. LTSS may be provided in the home, in assisted living and other supportive housing settings, in nursing facilities, and in integrated settings that provide both health care and supportive services.

- **Who uses LTSS?** Generally, individuals who need LTSS include but are not limited to those with chronic conditions, disabilities, behavioral health needs, and/or cognitive impairment. Unpaid caregivers, including family members and friends, can also receive supportive services or respite to help in the care of their loved ones. The LTSS system seeks to empower consumers to self-direct their care, as desired by the individual.
- **About the Alliance:** The California Aging and Disability Alliance (CADA) – formerly referred to as the LTSS Exploratory Coalition – is comprised of 21 diverse organizations sharing a common commitment to creating affordable financing solutions to address the needs of our population now and into the future.
  - Organizations include a broad cross section of stakeholders, including statewide representatives of aging, consumer, disability, labor and provider groups.
- **Alliance efforts:** The Alliance began its work in 2017 with the goal of developing thoughtful budget, financing, and policy solutions to strengthen the LTSS system today and prepare California for tomorrow.
  - Member organizations engage with policy makers at all levels to raise awareness, build momentum and develop solutions to meet the needs of this population.
- **The Policy Platform:** The Alliance’s platform centers on creating solutions for LTSS system financing to create affordable and accessible LTSS for all Californians. The platform envisions a three-pronged solution to meet the needs of older adults, people with disabilities, and family caregivers, now and into the future: 1) linking people to care, 2) promoting access, and 3) ensuring affordability.

### **Participating Organizations Include:**

- AARP
- Alzheimer’s Association
- California Association for Adult Day Services
- California Association of Area Agencies on Aging
- California Collaborative for LTSS
- California Commission on Aging
- California Domestic Workers Coalition
- California Foundation for Independent Living Centers
- California LTC Ombudsman Association
- CalPACE
- Caring Across Generations
- Congress of California Seniors
- Disability Rights California
- Disability Rights Education and Defense Fund
- Hand in Hand: The Domestic Employers Network
- Justice in Aging
- LeadingAge California
- Service Employees International Union
- State Independent Living Council
- The Arc of California
- UDW/AFSCME Local 3930