

# CalPACE

## Board of Directors Meeting

April 22, 2021 | 1:00 PM- 2:30 PM | Zoom

To join the meeting by smart phone, tablet, or computer, click this link:

<https://calpace.zoom.us/j/98999985044?pwd=eU1yUWJWMkwyK1JUd0o0SUZpZEF0QT09>

To listen by phone call (669) 900-6833 and enter: Meeting ID: 989 9998 5044 | Passcode: 368654

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## AGENDA

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1. Welcome
2. Approval of minutes of March 10, 2021 board meeting – *discussion and action item*
3. AltaMed designation of Joyita Garg as board representative – *discussion and action item*
4. Approval of ConcertoCare Associate membership application – *discussion and action item*
5. Approval of Providence PACE Associate membership application – *discussion and action item*
6. Report on CalPACE sponsored bills, AB 540 and AB 523 – *discussion and action item*
7. Positions on non-CalPACE sponsored bills – *discussion and action item*
8. Supplemental payment using enhanced FMAP funds – *discussion and action item*
9. Draft 2021-22 CalPACE strategic plan – *discussion and action item*
10. Other business
11. Adjourn

## Attachments

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- A. Minutes of March 10, 2021 CalPACE board meeting
- B. Notes from April 14, 2021 Executive Committee meeting
- C. Letter designating board member – AltaMed
- D. Associate Membership Application - ConcertoCare
- E. Associate Membership Application – Providence PACE
- F. AB 540 and AB 523 amendments
- G. CalPACE priority legislation tracking list
- H. PACE Plus Act summary
- I. CalPACE proposal for supplemental payment using enhanced FMAP
- J. Draft 2021-22 CAIPACE strategic plan
- K. Key strategies for consideration – survey results

## Board Members

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| •AltaMed, Castulo de la Rocha                                      | •Innovative Integrated Health, Phil Tsunoda          |
| •Brandman Centers for Senior Care, Susie Fishenfeld                | •North East Medical Services – Diana Kawasaki-Yee    |
| •CalOptima, Jackie Mark  | • <b>On Lok PACE, Eileen Kunz – Chair</b>            |
| • <b>Center for Elders’ Independence, Maria Zamora – Treasurer</b> | •Redwood Coast PACE, Melissa Hooven                  |
| •Central Valley PACE, Tony Weber                                   | • <b>San Diego PACE, Kevin Mattson – Secretary</b>   |
| •Family Health Centers of San Diego, Jeff Gering                   | • <b>St. Paul’s PACE, Cheryl Wilson – Vice Chair</b> |
| •Gary and Mary West PACE, Tim Lash                                 | •Sutter SeniorCare PACE, Julie Erdman                |
|  | •WelbeHealth, Elizabeth Carty                        |



## Minutes of CalPACE Board Meeting

March 10, 2021

Zoom Meeting

### Attendees

#### Board members:

Cheryl Wilson, St. Paul's PACE  
Diana Kawasaki-Yee, NEMS  
Eileen Kunz, On Lok PACE  
Jeff Gering, Family Health Centers of San Diego  
Maria Zamora, Center for Elders' Independence  
Phil Tsunoda, Innovative Integrative Health  
Tim Lash, Gary and Mary West PACE  
Tony Weber, Central Valley PACE  
Elizabeth Carty, WelbeHealth  
Elizabeth Lee, CalOptima PACE  
Susie Fishenfeld, Brandman Centers for Senior Care  
Kevin Mattson, San Diego PACE  
Melissa Hooven, Redwood Coast PACE

#### CalPACE staff:

Peter Hansel, Chief Executive Officer  
Jennifer Blankenship, Vice President of Operations  
Lucas Evensen, Public Policy Analyst  
Fred Main, CalPACE Counsel

#### Other officers:

Bing Isenberg, CalPACE CFO

#### Guests:

Barbara LaHaie, Redwood Coast  
Jackie Mark, CalOptima PACE  
Jason West, Central Valley PACE  
Bev Dahan, InnovAge  
Karli Holkko, WelbeHealth  
Pamela Ansley, Sutter SeniorCare PACE  
Rena Smith, Gary and Mary West PACE  
Sharon Melancon, IIH  
Sharon Raver-Villanueva – NEMS PACE  
Berenice Constant, AltaMed  
Grace Li, On Lok PACE  
Cindy Ward, LeadingAge CA

**Board members/officers absent:** Castulo De La Rocha, AltaMed PACE  
Julie Erdmann, Sutter SeniorCare PACE

**Note: These minutes are confidential and privileged and should not be circulated outside of the CalPACE Board.**

Following roll call, Chair Eileen Kunz, convened the meeting at 1:00 P.M.

## DECISIONS

**Minutes.** Minutes of the January 27, 2021 board meeting were approved on a 13-0 vote (Mattson/Tsunoda).

**CalOptima designation of Jackie Mark as board representative.** CalOptima's request to designate Jackie Mark as its board representative effective March 18, 2021 was approved on a 13-0 vote (Mattson/Fishenfeld).

**Review and approval of six-month financial statements for 2020-21 fiscal year.** Cindy Ward, Leading Age CFO, provided an overview of the six-month financials for the 2020-21 fiscal year. Operating revenues are better than budgeted in several areas, including full membership, associate membership, and affiliate membership dues. Several expenses are below budgeted levels, including salary and fringe benefits, contractual services, strategic planning activities, and travel and training. Overall, CalPACE is showing a net surplus for the year to date of \$111,527. Following the overview, the financial statements were approved on a 13-0 vote (Carty/Zamora).

**Nominations for remainder of terms for CalPACE Treasurer and CFO positions.** Peter Hansel, CalPACE CEO, informed the board that Fred Main, CalPACE counsel, has advised that with the movement of Maria Zamora from AltaMed to CEI, there is a vacancy in the CalPACE Treasurer position. The Executive Committee has recommended that Maria Zamora be reappointed to fill out the remainder of the current term. Mr. Main has also advised that Bing Isenberg's movement from CEI to InnovAge does not produce a vacancy in the CalPACE CFO position. The executive committee has recommended that Bing Isenberg continue to serve out the remainder of the term. Following discussion, the board voted to reappoint Maria Zamora to fill out the remainder of the current term for the Treasurer position (13-0; Wilson/Lee). The board voted to affirm that Bing Isenberg will continue to serve out her term as CFO (13-0; Fishenfeld/Wilson).

**Executive Committee Actions.** Peter Hansel, CalPACE CEO, provided an overview of the actions the Executive Committee has taken to develop board member orientation materials which include a board member responsibility document, code of ethics, conflict of interest policy, antitrust policy, and board manual table of contents. Jennifer Blankenship, VP for Operations, and Fred Main reviewed specific documents for board members. Two board members indicated a need to abstain from approving the documents until they can review the documents with legal counsel. Following discussion, a motion to approve the language in the documents while individual board members review whether they can sign them was approved on a 11-0 vote (Wilson/Mattson) with Elizabeth Carty and Elizabeth Lee abstaining.

## DISCUSSION

**CalPACE sponsored bills.** Fred Main provided an update on the status of the two bills that CalPACE is sponsoring, AB 523 and AB 540. Both bills will be heard in Assembly Aging and Long-Term Care committee on April 6 and later in April in Assembly Health Committee. Mr. Main suggested witnesses to help present each bill. Mr. Main also highlighted areas where CalPACE staff are discussing possible amendments with concerned

groups, including health plans. Following discussion, there was consensus to schedule a follow-up meeting of board members and policy staff with CalPACeS consultants who are assisting with the development of the bills.

The meeting was adjourned at 2:00 P.M.

Respectfully submitted,

Kevin Mattson, Secretary

Prepared by: Peter Hansel, Chief Executive Officer  
Jennifer Blankenship, Vice President of Operations



## CalPACE Executive Committee

April 14, 2021 | Zoom

Meeting Notes

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Attendees: Bing Isenberg, Center for Elders' Independence  
Cheryl Wilson, St. Paul's PACE  
Eileen Kunz, On Lok Lifeways  
Maria Zamora, CEI (incoming)  
Julie Erdman, Sutter SeniorCare

CalPACE Staff: Peter Hansel, CalPACE  
Jennifer Blankenship, CalPACE  
Fred Main, Clear Advocacy

Members absent: Kevin Mattson, San Diego PACE

Committee Chair Eileen Kunz convened the meeting at 4:05 PM.

**Update on CalPACE sponsored bills.** CalPACE advocate Fred Main provided an update on AB 540 dealing with PACE awareness and AB 523 extending regulatory flexibilities. Both bills passed unanimously from the Assembly Aging and Long-Term Care committee and are scheduled to be heard in the Assembly Health Committee. Health Committee staff have asked for additional information about the flexibilities proposed to be extended by AB 523. In response to committee staff, AB 540 will be amended to clarify that DHCS rather than plans will have responsibility for referring beneficiaries to PACE. CalOptima has presented amendments to AB 540 to revise portions of the bill that they believe conflict with their role as a county organized health service plan.

**Positions on non-sponsored bills.** Mr. Main presented recommended positions on ten pending bills in the Legislature dealing with new requirements for health care providers to provide hero pay to health care workers, barriers to practice in underserved areas by international medical graduates, Medi-Cal eligibility, long-term care insurance and continuing education requirements for physicians in the area of dementia. Following discussion, there was consensus to recommend to the board that the recommended positions be adopted.

Peter Hansel, CEO, presented a summary of the PACE Plus Act, a proposed federal bill to enhance access and availability of PACE in several ways, including by establishing a grant program for new and expanding PACE organizations, giving states an option to allow enrollment in PACE to occur throughout the month, and creating flexibilities to enable PACE to more readily serve Medicare-only and other populations. Following discussion there was consensus to recommend that the board adopt a position of support on this bill.

**Supplemental payment using enhanced FMAP funds.** Mr. Hansel presented a draft proposal for supplemental payments to PACE using enhanced FMAP funding available under the American Rescue Plan. The proposal

identifies adaptations and enhanced services that PACE organizations have made and will continue to need to make during and beyond the public health emergency. The proposal calls for supplemental payments to PACE organizations for increased spending on services and activities that enable them to better, more effectively and more safely serve beneficiaries in several areas. Staff will make additional changes to the proposal in response to committee members' comments, which will be presented to the board at its next meeting.

**Executive committee workplan.** Mr. Hansel and Chair Kunz reviewed elements of the committee's workplan. Progress has been made on elements of the workplan dealing with organizational governance. A make-up board orientation session will be provided for board members who missed the initial orientation session. A revised dues methodology will be brought to the Executive committee at its May meeting. The board chair and staff recommend that additional outreach be made to newer organizations to get their input on the dues methodology before it is brought to the full board in June.

**Agenda items for next board meeting.** Mr. Hansel reviewed agenda items for the April 22 board meeting, which will include several administrative matters, action on recommended positions on legislation, review of the proposal for supplemental payments to PACE, and review and discussion of a draft strategic plan for 2021 – 22. Ms. Kunz asked committee members to send any suggested changes to the notes of the last Executive committee meeting to staff before the next board meeting.

**Adjournment.** Chair Kunz adjourned the meeting at 5:00 PM.

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### Committee Members

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Chair: Eileen Kunz, On Lok  
Vice Chair: Cheryl Wilson, St. Paul's PACE  
Treasurer: Maria Zamora, Center for Elders Independence (incoming)  
Secretary: Kevin Mattson, San Diego PACE  
At Large Member: Julie Erdman, Sutter SeniorCare  
CFO: Bing Isenberg, InnovAge  
At Large Member: Vacant



# JOYITA GARG

joyitagarg@gmail.com • (305) 799-8931

## Health care leader with proven record of building high-performing teams to deliver customer-centered care and profitable growth.

- General / P&L Management
- Team development
- Results-driven
- Business Development
- Cross-functional Leadership
- Customer-oriented
- Operational Excellence
- Community Relations
- Collaborative

### EXPERIENCE

#### ALTAMED HEALTH SERVICES – Los Angeles, CA

**Assistant Vice President, Senior Care Services** – August 2019 to Present

*General management and development of AltaMed PACE (Program for All-Inclusive Care for the Elderly): 8 locations, 2900+ participants, 700+ full-time employees and annual revenues over \$250+ million.*

#### MIAMI JEWISH HEALTH SYSTEMS – Miami, Florida

**Vice President, PACE (Program for All-Inclusive Care for the Elderly)** – December 2016 to March 2019

*General management and development of Florida PACE Centers for Miami Jewish Health: 4 locations, 900+ participants, 170+ full-time employees and annual revenues over \$60+ million.*

#### Profitable Growth

- Spearheaded the rapid growth and expansion of the program in South Florida. Delivered 2x customers, revenue and operating profit over a 3-year period, expanding the program to a new county.
- Strengthened partnerships with a network of 250+ ALF systems, contributing to reduced hospitalizations, improved medication management, and increased day center attendance for participants.

#### Quality of Care

- Launched a new behavioral health initiative within the program that led to improved psychiatric and overall care.
- Launched a patient-centered at-home nurse-visit program to proactively manage care and reduce hospitalization.
- Invested in a fall prevention program involving enhanced occupational and physical therapy services.
- Expanded onsite specialty consultations such as GI, dentistry, and optometry, leading to proactive continuous care.

#### People and Culture Management

- Grew staff by over 50% while maintaining high job-satisfaction and low turnover.
- Built a more patient-centered work culture with clear goals and performance metrics.
- Improved quality of monthly and quarterly reviews by using fact-base and metrics to drive improved decision-making.
- Improved financial transparency and discipline by linking initiatives with their financial impact.
- Executed several cross-functional initiatives incl. logistics management, back-office efficiency, and employee engagement.

#### Operational Excellence and Compliance

- Implemented a proactive care model focused on high-risk participants, in collaboration with the Chief Medical Officer and Chief Clinical Officers. Reduced hospital admissions and readmissions well below the national average.
- Instituted processes for timely documentation in the EMR system.
- Maintained positive record with state and national regulatory agencies.

#### Advocacy

- Collaborated with the VP Government Affairs to secure state government support for program expansion.

#### Executive Director, PACE – October 2015 to November 2016

- Oversaw the construction and launch of a new location, covering 36 additional zip codes in a new county.
- Continued growth in number of participants, revenue, and operating profit.
- Refocused the culture to become customer-centered and data-driven.

#### Site Director, PACE – November 2013 to October 2015

- Grew number of participants by 31%.
- Achieved operating profit growth of 84% for the PACE Hialeah site.

# JOYITA GARG

joyitagarg@gmail.com • (305) 799-8931

## **NEWPOYNT PARTNERS – Miami, Florida**

Management consulting and advisory services

**Healthcare Business Consultant** – January 2013 to October 2013

*Provided strategic advisory and business development services to healthcare providers.*

- Advised Miami's first health focused accelerator on partnerships with academic & insurance organizations.
- Developed partnerships with 14 public schools, resulting in improved brand awareness and patient growth for a client.

## **SOUTH FLORIDA HOSPITAL & HEALTHCARE ASSOCIATION (SFHHA) – Hollywood, Florida**

**Project Director** – September 2009 to April 2012

*Healthcare association with over 150 members, including 38 hospitals, 12 academic institutions, three insurance networks.*

- Led and managed partnership contracts in public health, information technology, and workforce development.
- Increased the association's project portfolio from \$50,000 to \$705,000 in a span of 2.5 years.
- Launched the Baby-Friendly Hospital Initiative in South Florida, with CEO approvals and staff support at 14 hospitals.
- Established a Health Information Technology Committee, enrolling CIO's from over 20 hospitals to share best practices.

## **SAKAR PAPERS INC. – New York and Miami, Florida**

*Supplier of wood-free, handmade, recycled specialty paper products to wholesale buyers and retailers*

**Director** – June 2003 to June 2010

- Generated 200+ new business customers in the US, Canada, and Latin America. Grew revenue 20x over 7 years.
- Launched an innovative wholesale distribution model, increasing revenues by 28%, reducing order lead times by 40%.

## **AMERICAN EXPRESS – New Delhi, India**

**Senior Team Member** – April 1997 to September 2001

*Responsible for managing risk and operational efficiency for a \$500 million portfolio across four Asian countries and establishing American Express Correspondent Banking services (services to smaller banks) in North India.*

- Established correspondent banking operations for American Express in North India, increasing sales by 50+% in one year.
- Launched an initiative with the 25 most valuable business partners, generating a 20% increase in same branch sales.

## **EDUCATION**

### **STANFORD UNIVERSITY**

The Innovative Health Care Leader Executive Program

**May 2018**

### **UNIVERSITY OF MIAMI SCHOOL OF BUSINESS**

Master of Business Administration, Healthcare Management & Policy  
Green Scholarship Award for academic excellence

**December 2010**

### **SYMBIOSIS INSTITUTE OF MANAGEMENT STUDIES**

Post Graduate Degree in Business Administration, Marketing

**June 2002**

### **UNIVERSITY OF DELHI**

Bachelor of Science, Chemistry

**June 1996**

## **ADDITIONAL INFORMATION**

### **Community Leadership:**

- **Women's Fund of Miami-Dade (2015)** - Member of grant assessment & review team for 2015 funding projects.
- **Women's Fund of Miami-Dade (2014)** - Member of grant assessment & review team for 2014 funding projects.
- **South Florida Women's Conference (2012, 2013)** - Conference Co-chair.
- **Women's Fund of Miami-Dade (2008, 2009)** - Chair, 'Purse Committee' for "Power of the Purse" fundraiser.

**Languages:** English (fluent), Hindi (fluent), Bengali (fluent), Spanish (beginner).

# California Program of All-Inclusive Care for the Elderly (CalPACE) Associate Member Application



## Company Information

Company Name		Website	
Address		Suite/Floor	
City	State/Country	ZIP	
Main Company Phone <i>(for directory listing)</i>		Main Company E-mail <i>(for directory listing)</i>	
Contact Name		Contact Title	
Contact Email		Contact Direct Phone	

## Associate Membership Categories

CalPACE offers two Associate membership categories: "Application Approved by DHCS" and "Exploring PACE". Please select the appropriate category.

### Application Approved by DHCS

- DHCS has certified application for CMS approval.
- Application is under review by CMS.

### Exploring PACE

- Submitted Letter of Intent to become a PACE provider to DHCS.
- Actively working on PACE application.

## Annual Dues

Annual dues are calculated on a fiscal year, July to June. New Associate member dues are prorated quarterly, per the tables below.

### Application Approved by DHCS

July 1 to September 30.....	\$12,500
October 1 to December 31.....	\$ 9,375
January 1 to March 31.....	\$ 6,250
April 1 to June 30.....	\$12,500*

### Exploring PACE

July 1 to September 30.....	\$3,750
October 1 to December 31.....	\$2,813
January 1 to March 31.....	\$1,875
April 1 to June 30.....	\$ 3,750

**\*15 for 12 Promotion! New Affiliate members can receive free membership benefits in April, May, and June! Join today and receive up to 15 months of membership for the cost of 12 (membership valid April 01, 2021 through June 30, 2022).**

## Payment

Please invoice my organization for membership fee in the amount of \$ \_\_\_\_\_

Payment enclosed; check number \_\_\_\_\_ amount \$ \_\_\_\_\_

## Terms & Conditions

Dues are non-refundable and non-transferable. Membership in CalPACE will commence when CalPACE Board of Directors approves the application and the membership dues payment have been received. Determinations of the board are final.

I certify that the organization requesting membership approval meets the criteria for membership in the category to which it has applied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Please remit application and payment to:

CalPACE, 1315 I Street, Suite 100, Sacramento, CA 95814  
Questions? Please send an email to [hello@calpace.org](mailto:hello@calpace.org) or call (855) 921-PACE



AMENDED IN ASSEMBLY MARCH 29, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

**ASSEMBLY BILL**

**No. 523**

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**Introduced by Assembly Member Nazarian**

February 10, 2021

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An act to add Section 14593.3 to the Welfare and Institutions Code, relating to the elderly.

LEGISLATIVE COUNSEL'S DIGEST

AB 523, as amended, Nazarian. Program of All-Inclusive Care for the Elderly.

Existing federal law establishes the Program of All-Inclusive Care for the Elderly (PACE), which provides specified services for older individuals at a PACE center, as defined, in part, as a facility that includes a primary care clinic, so that they may continue living in the community. Federal law authorizes states to implement the PACE program as a Medicaid state option.

Existing state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program), to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal State Plan, as specified. *Plan, and authorizes the State Department of Health Care Services to implement the PACE program by various means, including letters, or other similar instructions, without taking regulatory action. Under this authority, the department implemented various guidance on the PACE program in response to the state of emergency caused by the 2019 novel coronavirus (COVID-19).* Existing law authorizes the ~~State Department of Health Care Services~~ department to enter into contracts with various entities ~~for the purpose of implementing~~ *to implement* the PACE program and

fully ~~implementing~~ *implement* the single state agency responsibilities assumed by the department pursuant to those contracts, as specified.

This bill would require the department to make permanent the specified PACE program flexibilities instituted, on or before January 1, 2021, in response to the state of emergency caused by the 2019 novel coronavirus (COVID-19) ~~through all-facility letters~~, *COVID-19 by means of all-facility letters* or other similar instructions taken without regulatory action. The bill would require the department to work with the federal Centers for Medicare and Medicaid Services to determine how to extend PACE *program* flexibilities approved during the COVID-19 emergency.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 14593.3 is added to the Welfare and  
2 Institutions Code, to read:

3 14593.3. (a) The department shall make permanent the changes  
4 in the California Program of All-Inclusive Care for the Elderly  
5 (PACE) program the department instituted, on or before January  
6 1, 2021, in response to the state of emergency caused by the 2019  
7 novel coronavirus (COVID-19) ~~through~~ *by means of* all-facility  
8 letters, or other similar ~~instructions taken without regulatory action,~~  
9 ~~in the following areas:~~ *instructions, which were taken without*  
10 *regulatory action, in the areas described under paragraphs (1) to*  
11 *(7), inclusive.*

12 (1) (A) Telehealth.

13 (B) *Medically necessary services may be delivered by a PACE*  
14 *organization via an in-person visit or telehealth, as deemed*  
15 *appropriate by the PACE organization. A PACE organization*  
16 *shall seek to implement any telehealth method that would provide*  
17 *remote consultation as an alternate means of providing critical,*  
18 *medically necessary services.*

19 (2) (A) PACE enrollment agreements.

20 (B) *A PACE organization shall be approved to collect and*  
21 *document a verbal agreement of enrollment in lieu of the*  
22 *participant signature normally required to complete the enrollment*  
23 *agreement for the PACE program. A PACE organization shall*  
24 *document the conversation of the verbal agreement.*

1 (3) (A) Adult Day Health Care (ADHC) services provided in  
2 the home.

3 (B) A PACE organization shall not be required to provide all  
4 services at the center, and shall have flexibility to determine how  
5 to provide basic services to participants. Services may be provided  
6 via telehealth or other remote methods, including, but not limited  
7 to, check-in calls, health screening calls, video conferencing, and  
8 meal delivery.

9 (C) For purposes of subparagraph (B), “basic services”  
10 includes all of the following:

- 11 (i) Medical services.
- 12 (ii) Nursing services.
- 13 (iii) Nutrition services.
- 14 (iv) Occupational therapy.
- 15 (v) Physical therapy.
- 16 (vi) Psychiatric or psychological services.
- 17 (vii) Recreation or planned social activities.
- 18 (viii) Social services.
- 19 (ix) Speech therapy.

20 (4) (A) Involuntary disenrollments – Out of Service Area.

21 (B) A PACE organization shall not be required to submit a  
22 involuntary disenrollment request for a participant that has  
23 temporarily moved out of service area. A PACE participant shall  
24 not be required to update their address with the county Medi-Cal  
25 office to ensure their continued enrollment in the PACE  
26 organization. A PACE organization shall retain responsibility for  
27 coordination of care and services and full financial risk.

28 (5) (A) Facility beds.

29 (B) A PACE organization shall have the flexibility to place a  
30 participant in a facility that is out of their approved service area  
31 if there is a lack of available beds in the PACE organization’s  
32 service area. A PACE organization shall retain responsibility for  
33 coordination of care and services and full financial risk.

34 (6) (A) Marketing.

35 (B) A PACE organization shall have the flexibility to use a  
36 broker for marketing purposes as provided by the federal  
37 regulations on PACE. A PACE organization may use individuals  
38 and entities to market on their behalf, if the individuals or entities  
39 have been appropriately trained on PACE program requirements,

1 *and, specifically, participant rights, and requirements on*  
2 *participant enrollment and disenrollment.*  
3 ~~(7) Marketing exams.~~  
4 (7) (A) *Discharge planning.*  
5 (B) *If a discharge planner at a PACE referral source, including,*  
6 *but not limited to, a hospital, emergency room, nursing home, or*  
7 *health plan, determines that a PACE plan would be an appropriate*  
8 *program to facilitate the patient’s discharge and serve the patient’s*  
9 *needs in their home or community, the discharge planner may ask*  
10 *the patient or the patient’s representative if they would prefer to*  
11 *be contacted by a PACE organization. If the patient affirmatively*  
12 *answers, then all of the following apply:*  
13 (i) *The discharge planner shall document in the patient’s record*  
14 *that the patient or authorized representative consented to be*  
15 *contacted by a PACE organization.*  
16 (ii) *The discharge planner may inform the PACE organization*  
17 *that the patient consented to being contacted by a PACE*  
18 *organization, and may provide information on how the patient or*  
19 *representative stated they wish to be contacted.*  
20 (iii) *The PACE organization may directly contact the patient*  
21 *or representative in the manner chosen by the patient or*  
22 *representative. The PACE organization may make one attempt to*  
23 *contact the patient or their representative by various means,*  
24 *including a phone call, email, or mail. If the individual or their*  
25 *representative indicates that the patient is uninterested in the PACE*  
26 *program or does not respond, the PACE organization shall not*  
27 *make further direct contact.*  
28 (b) *The department shall work with the federal Centers for*  
29 *Medicare and Medicaid Services to determine how to extend PACE*  
30 *program flexibilities approved during the COVID-19 emergency.*

O

Proposed Amendment to AB 540 (Petrie-Norris)

**Section 14595.**

(a) A beneficiary who is enrolled in a PACE organization with a contract with the department pursuant to this chapter is exempt from mandatory or passive enrollment in a Medi-Cal managed care plan.

(b) **(1)** In areas where a PACE plan is available, the PACE plan shall be presented as an enrollment option in the same manner as other managed care plan options, included in all enrollment materials, enrollment assistance programs, and outreach programs, and made available to beneficiaries whenever enrollment choices and options are presented. Outreach and enrollment materials shall enable beneficiaries to understand what PACE provides, that, if eligible, they may be assessed for PACE eligibility and enroll in PACE, and how they can receive additional information and request to be assessed for PACE eligibility. Persons meeting the age qualifications for PACE and who choose PACE shall not be assigned to a managed care health plan for the lesser of 60 days or until they are assessed for eligibility for PACE and determined not to be eligible for a PACE plan.

**(2) In areas of the state where there is not a managed care plan options presentation, the department, or its contracted vendor, shall provide outreach and enrollment materials to enable beneficiaries to understand what PACE provides, that, if eligible, they may be assessed for PACE eligibility and enroll in PACE, and how they can receive additional information and request to be assessed for PACE eligibility.**

**(3)** Persons enrolled in a PACE plan shall receive all Medicare and Medi-Cal services from the PACE program pursuant to the three-way agreement between the PACE program, the department, and the federal Centers for Medicare and Medicaid Services.

~~(c) As part of the managed care enrollment process for dual eligible beneficiaries, seniors, and persons with disabilities, the department shall establish an autoreferral system to refer to PACE organizations beneficiaries who appear to be eligible for PACE based on age, residence, and prior use of services. Persons meeting the age qualifications for PACE who are auto referred to PACE shall not be assigned to a managed care plan for the lesser of 60 days or until they are assessed for eligibility for PACE and determined not be eligible for a PACE plan.~~

**(1) As part of the managed care enrollment process for dual eligible beneficiaries and seniors and persons with disabilities, the department shall establish a system to identify beneficiaries who appear to be eligible for PACE based on age, residence, and prior use of services and shall conduct outreach to them via the state's enrollment broker and provide for referral to PACE those who indicate interest in being assessed for PACE eligibility.**

**Beneficiaries identified as potentially meeting the eligibility requirements for PACE who indicate interest in being assessed for PACE eligibility who are referred to PACE shall not be assigned to a managed care plan for the lesser of 60 days or until they are assessed for eligibility for PACE and determined not be eligible of a PACE plan.**

**(2) In areas of the state where there is not a managed care enrollment process, the department shall establish a system to identify beneficiaries who appear to be eligible for PACE based on age, residence, and prior use of services and shall conduct outreach to them directly or via the state's enrollment broker and provide for referral to PACE those who indicate interest in being assessed for PACE eligibility.**

(d) Health plan risk stratification and health risk assessment processes completed by Medi-Cal managed care plans shall include criteria to identify ~~and refer to~~ **PACE**-beneficiaries who appear to be eligible for PACE based on age, condition, functional impairment, and use of services **and provide them with the option to be assessed for PACE.**

(e) In areas where a PACE plan is available, PACE shall be identified and presented as a Medicare plan option in any mailings or notices to dual eligible beneficiaries regarding their options to enroll in a Medicare plan and shall provide information about how they can receive additional information and be assessed for PACE eligibility.



Legislative Tracking Grid – California

Bill No./Author	Description	Company Position	Organizations in Support/Oppose	Status	Similar Legislation
<a href="#">AB 443 Carrillo</a> D	<p><b>Office of Statewide Health Planning and Development: international medical graduates.</b>  <b>Would require the Office of Statewide Health Planning and Development to establish an international medical graduates assistance program to address barriers to practice and facilitate pathways to assist immigrant international medical graduates to integrate into the California health care delivery system, with the goal of increasing access to primary care in rural and underserved areas of the state. The bill would require the office to enter into an agreement with another state agency as the office determines to be appropriate, based on prescribed criteria, to operate as the managing agency of the program. The bill would require the agreement to include a requirement that, by June 30, 2022, the managing agency shall provide dedicated staffing for the planning and management of the program and that the governing body of the managing agency shall be the entity responsible for the supervision of programmatic operations.</b></p>	Possible Support		3/15/2021 - Re-referred to Com. on B. & P.	
<a href="#">AB 470 Carrillo</a> D	<p><b>Medi-Cal: eligibility.</b>  <b>Would prohibit the use of resources, including property or other assets, to determine eligibility under the Medi-Cal program to the extent permitted by federal law, and would require the department to seek federal authority to disregard all resources as authorized by the flexibilities provided pursuant to federal law. The bill would authorize the State Department of Health Care Services to implement this prohibition by various means, including provider</b></p>	Recommend Support		4/14/2021 - Re-referred to Com. on APPR.	

	bulletins, without taking regulatory authority. By January 1, 2023, the bill would require the department to adopt, amend, or repeal regulations on the prohibition, and to update its notices and forms to delete any reference to limitations on resources or assets.				
<a href="#">AB 523</a> <a href="#">Nazarian</a> D	<p><b>Program of All-Inclusive Care for the Elderly.</b>  Current state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program), to provide community-based, risk-based, and capitated long-term care services as optional services under the state’s Medi-Cal State Plan, and authorizes the State Department of Health Care Services to implement the PACE program by various means, including letters, or other similar instructions, without taking regulatory action. Under this authority, the department implemented various guidance on the PACE program in response to the state of emergency caused by the 2019 novel coronavirus (COVID-19). Current law authorizes the to enter into contracts with various entities to implement the PACE program and fully implement the single state agency responsibilities assumed by the department pursuant to those contracts, as specified. This bill would require the department to make permanent the specified PACE program flexibilities instituted, on or before January 1, 2021, in response to the state of emergency caused by COVID-19 by means of all-facility letters or other similar instructions taken without regulatory action</p>	Support		<p>4/7/2021 - From committee: Do pass and re-refer to Com. on HEALTH. (Ayes 6. Noes 0.) (April 6). Re-referred to Com. on HEALTH.  4/27/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair</p>	
<a href="#">AB 540</a> <a href="#">Petrie-Norris</a> D	<p><b>Program of All-Inclusive Care for the Elderly.</b>  Current state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state’s Medi-Cal State Plan, as specified. Current law authorizes the State Department of Health Care Services to enter into contracts with various entities for the purpose of implementing the PACE program and fully implementing the single-state agency responsibilities assumed by the department in those contracts, as specified. This bill would exempt a beneficiary who is enrolled in a PACE organization with a contract with the department from mandatory or passive enrollment in a Medi-Cal managed care plan.</p>	Support		<p>4/7/2021 - From committee: Do pass and re-refer to Com. on HEALTH. (Ayes 7. Noes 0.) (April 6). Re-referred to Com. on HEALTH.  4/20/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair</p>	
<a href="#">AB 650</a> <a href="#">Muratsuchi</a> D	Employer-provided benefits: health care workers: COVID-19: hazard pay retention bonuses.	Recommend Oppose		4/13/2021 - Re-referred to Com. on	

	<p>The Healthy Workplaces, Healthy Families Act of 2014 requires employers to provide an employee, who works in California for 30 or more days within a year from the commencement of employment, with paid sick days for prescribed purposes, to be accrued at a rate of no less than one hour for every 30 hours worked. Existing law authorizes an employer to limit an employee's use of paid sick days to 24 hours or 3 days in each year of employment. Current law charges the Labor Commissioner, who is the Chief of the Division of Labor Standards Enforcement, with enforcement of various labor laws. This bill, the Health Care Workers Recognition and Retention Act, would require a covered employer, as defined, to pay hazard pay retention bonuses in the prescribed amounts on January 1, 2022, April 1, 2022, July 1, 2022, and October 1, 2022, to each covered health care worker, as defined, that it employs.</p>			<p>L. &amp; E. 4/22/2021 10:30 a.m. - State Capitol, Room 437 ASSEMBLY L ABOR AND EMPLOYMENT, KALRA, Chair</p>	
<p><a href="#">AB 848</a> <a href="#">Calderon D</a></p>	<p>Medi-Cal: monthly maintenance amount: personal and incidental needs. Current law requires the State Department of Health Care Services to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than \$35 per month while a patient. Current law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs. This bill would increase the monthly maintenance amount for personal and incidental needs from \$35 to \$80, and would require the department to annually adjust that amount by the same percentage as the Consumer Price Index.</p>	<p>Recommend Support</p>		<p>3/24/2021 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (March 23). Re-referred to Com. on APPR.</p>	
<p><a href="#">AB 911</a> <a href="#">Nazarian D</a></p>	<p>Long-Term Services and Supports (LTSS) Benefit Task Force. Current law, contingent upon the appropriation of funds for that purpose by the Legislature, establishes the Aging and Disability Resource Connection (ADRC) program, to be administered by the California Department of Aging, to provide information to consumers and their families on available long-term services and</p>	<p>Recommend Support</p>		<p>4/13/2021 - Re-referred to Com. on AGING &amp; L.T.C. 4/20/2021 9 a.m. - State Capitol, Room</p>	

	<p>supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. This bill would require the department to establish an LTSS Benefit Task Force, or utilize an existing board, commission, committee, or task force, to focus on LTSS benefit needs in the State of California. The bill would require the department to report to the Legislature by July 1, 2023, on the specified findings and recommendations of the LTSS Benefit Task Force.</p>			<p>437 ASSEMBLY AGING AND LONG TERM CARE, NAZARIAN, Chair</p>	
<p><a href="#">AB 1217</a> <a href="#">Rodriguez</a> D</p>	<p>Personal protective equipment: stockpile. Would authorize the State Department of Public Health to rotate PPE in the stockpile by selling the PPE to a nonprofit agency, local government, or provider, and by contracting to purchase PPE on behalf of a local government or provider. The bill would require a nonprofit agency, local government, or provider that obtains PPE pursuant to these provisions to reimburse the department for the costs of the PPE. The bill would also make a technical change to the date in these provisions.</p>	<p>Watch</p>		<p>4/12/2021 - Re-referred to Com. on E.M. 4/19/2021 2:30 p.m. - State Capitol, Room 437 ASSEMBLY EMERGENCY MANAGEMENT, RODRIGUEZ, Chair</p>	
<p><a href="#">SB 48</a> <a href="#">Limón</a> D</p>	<p>Dementia and Alzheimer's disease. Would require all general internists and family physicians to complete at least 4 hours of mandatory continuing education on the special care needs of patients with dementia.</p>	<p>Support</p>		<p>3/23/2021 - Read second time. Ordered to third reading. 4/15/2021 #24 SENATE SENATE BILLS -THIRD READING FILE</p>	
<p><a href="#">SB 515</a> <a href="#">Pan</a> D</p>	<p>Long-Term Services and Supports (LTSS) Benefit Task Force. Current law, contingent upon the appropriation of funds for that purpose by the Legislature, establishes the Aging and Disability Resource Connection (ADRC) program, to be administered by the California Department of Aging, to provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. This bill would require the department to establish an LTSS Benefit Task Force, or utilize an existing board, commission, committee, or task force, to focus on LTSS benefit needs in the State of California. The bill would require the department to report to the</p>	<p>Recommend Support</p>		<p>4/12/2021 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HUMAN S. 4/20/2021 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE H</p>	

	<b>Legislature by July 1, 2023, on the specified findings and recommendations of the LTSS Benefit Task Force.</b>			<b>UMAN SERVICES, HURT ADO, Chair</b>	
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**Total Measures: 10**

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## **Program of All-Inclusive Care for the Elderly Plus Act (PACE Plus Act, S.XXX)**

### **SECTION 1. SHORT TITLE.**

This Act may be cited as the “Program of All-Inclusive Care for the Elderly Plus Act” or the “PACE Plus Act”.

### **SECTION 2. PACE EXPANSION GRANT PROGRAM.**

- (a) Definitions
- (b) Establishes eligibility and use of funds criteria on a grant program for new or expanding PACE programs in rural or underserved urban areas with an award amount to not exceed \$1 million per site for a maximum of 30 awards.
- (c) Not later than 60 months after enactment the Secretary shall submit to Congress a report containing the evaluation of the experience of grant recipients
- (d) Establishes eligibility and use of funds criteria on a grant program to States seeking to establish PACE programs with an award amount not to exceed \$100,000 per State.

### **SECTION 3. TWO-WAY PACE AGREEMENTS.**

- (a) Codifies the ability of PACE programs to operate in a State that has not elected PACE as a State Medicaid benefit.
- (b,1) For a PACE provider operating in a State that has not elected PACE as a State Medicaid benefit, the Secretary shall administer provisions with which the State would normally oversee.
- (b,2) For a PACE provider operating in a State that has not elected PACE as a State Medicaid benefit, the assessment of whether an individual requires the level of care equivalent to that of a nursing facility shall be made by an independent entity based on a level of care assessment tool used by the State.

### **SECTION 4. ANYTIME ENROLLMENT IN PACE.**

- (a,1) Ensures a PACE program eligible individual is, under Medicare, eligible to enroll in PACE effective on the date the PACE provider receives the eligible individual’s signed enrollment agreement. Clarifies that in the case of a dual eligible beneficiary, anytime enrollment shall only apply if the State in which the individual resides has elected to institute anytime enrollment.
- (a,2) Specifies that if a PACE program eligible individual is enrolled in PACE on an effective date that is not the first day of a month, the Medicare capitation amount received by the PACE program shall be prorated.

- (b,1) Permits States to elect anytime enrollment under Medicaid and ensures that if a State elects anytime enrollment the eligible individual is able to enroll in PACE effective on the date the PACE provider receives the eligible individual's signed enrollment agreement.
- (b,2/3) Specifies that if a State elects anytime enrollment under Medicaid and the PACE program eligible individual is enrolled in PACE on an effective date that is not the first day of the month, the Medicaid capitation amount received by the PACE program shall be prorated.

**SECTION 5. IMPROVING ACCESS TO AND AFFORDABILITY OF PACE PROGRAMS FOR MEDICARE BENEFICIARIES WHO ARE NOT DUAL ELIGIBLE BENEFICIARIES THROUGH FLEXIBILITY IN RATE SETTING FOR SERVICES NOT COVERED BY MEDICARE.**

- (a,1) Codifies that in the case of a Medicare-only PACE program eligible individual, the PACE provider may charge the participant a monthly capitation payment for Medicaid long-term services and supports
- (a,2) Outlines that a Medicare-only PACE program participant's monthly capitation payment for Medicaid long-term services and supports shall be determined by the PACE provider based on an assessment and based on the level of care needs of the participant and that the monthly capitation amount may be adjusted not more frequently than once a quarter based on the participant's needs.
- (a,3) Clarifies participant protections, including that a provider shall disclose to the PACE program eligible individual the capitation payment amounts that may be charged and the assessment tool that will be used. Also outlines PACE program participants rights to seek clarification on their level of care determination.

**SECTION 6. PACE SITE APPROVAL AND EXPANSION.**

- (a) Establishes that PACE providers may submit new provider and service area expansion applications to the Centers for Medicare and Medicaid services at any time. Clarifies that the PACE provider must have their interdisciplinary team in place at the time the center becomes operational and provide assurances that personnel will commensurate with enrollment to full projected census. All applications are deemed approved within 45 days unless the Secretary denies the application or seeks further clarification.

**SECTION 7. PACE PILOT.**

- (1) Establishes the testing of a national PACE pilot on expanded eligibility for high-need and high-cost populations that are not otherwise eligible to participate in PACE.
- (2) Outlines the parameters of such pilot to improve health and reduce cost, including that PACE providers shall receive fixed monthly capitated rates through both Medicare and State Medicaid programs for all services provided and that PACE providers shall partner with non-PACE providers such as Area Agencies on Aging, Centers for Independent Living, local hospitals and non-hospital providers to effectively reach the targeted population. Further requires PACE providers interested in participating in such pilot to conduct a survey or needs assessment of their service area to determine the most appropriate high-need high-cost population with which to expand eligibility and ensures technical assistance will be available to PACE providers interested in said pilot.

## **SECTION 8. STATE OPTION TO EXPAND ELIGIBILITY FOR PACE PROGRAM.**

- (l,1) Provides State Medicaid agencies the option to expand the definition of PAE program eligible individuals
- (l,2) Defines eligibility as an individual who is aged 55 and older and resides in the service area of the PACE program and then expands upon the traditional definition of nursing home level of care to include an individual that is unable to perform at least two (or such higher number as the State may establish) activities of daily living and with an income that does not exceed 150 percent federal poverty.
- (l,3) Clarifies that a State is only eligible to participate if they have agreed to offer PACE as a Medicaid benefit
- (l,4) Provides States a 90 percent FMAP to cover such expanded eligibility.

## **SECTION 9. COORDINATION WITH THE FEDERAL COORDINATED HEALTH CARE OFFICE.**

- (m) Codifies the role of the Federal Coordinated Health Care Office as a point of contact between State Medicaid agencies and the federal government, including staff and offices at CMS for the purposes of implementing and operating PACE programs. The office shall submit a report to congress on the demographics of populations served under PACE annually.

# CalPACE Proposal for Supplemental Payment Using Enhanced FMAP Funding

## Background

The American Rescue Plan Act (ARP), the COVID-19 relief package recently signed into law by President Biden, includes a provision to temporarily increase Medicaid's federal medical assistance percentage (FMAP) for spending on Medicaid home and community-based services (HCBS) by 10 percentage points from April 1, 2021 through March 31, 2022, provided states maintain state spending levels as of April 1, 2021. To receive this enhanced matching rate states must use additional funds to "implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen" Medicaid HCBS. The ARP specifically defines the Program of All-Inclusive Care for the Elderly (PACE) as an HCBS option.

PACE organizations have adapted their services as a result of the COVID-19 pandemic to offer at risk seniors a safe alternative to nursing home placement. PACE organizations have made extensive use of telehealth to enable timely participant assessments, monitoring and communication, and have retrained and redeployed staff to continue to monitor and respond to the health care needs of participants, as well as to ensure their safety and overcome social isolation. Among the costs PACE organizations are incurring as a result of this transition, and can expect to incur for some time, are higher costs for screening, personal protective equipment; recruitment and retention of staff; home delivered meals; home care; telehealth, including remote patient visits and monitoring using smart tablets in participants' homes; contracted services; and increased costs for hospitalization of participants and restricted options for placement of participants in long-term care facilities upon discharge.

## Proposal

Provide supplemental funding to PACE organizations that increase spending on services and activities provided between April 1 2021 and March 31 2022 for services and activities that enable them to better, more effectively and more safely serve participants and to enable them to remain in the community. These services and activities can include, but are not limited to:

- Workforce recruitment, retention and training;
- Technology enhancements that improve access to services;
- Technologies and services that reduce social isolation and address mental health needs.

Supplemental funding would be provided in the form of grants or supplemental payments and could not exceed five percent of payments the PACE organization would otherwise receive during the time period the enhanced FMAP is available.

# Strategic Plan

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2021 -- 2022

- I. CalPACE Mission
- II. Environmental Landscape Facing PACE in California
- III. Strengths, Weaknesses, Opportunities and Threats
- IV. Major Goals, Strategies, and Benchmarks

DRAFT

## **I. CalPACE Mission**

- To promote expansion of comprehensive home and community-based health care services for the frail elderly in the State of California through the Program of All-inclusive Care for the Elderly (PACE).
- To support, maintain, safeguard and promote through education and advocacy the PACE Model of Care and to promote quality health care services for the elderly in the State of California.

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## II. Environmental Landscape Facing PACE in California

1. Continued realignment of health care system towards models of care that promote prevention, provide medical homes, and achieve the triple aims of improving the experience of care, producing better outcomes, and reducing costs.
2. Continued pressure on reimbursement rates with payers increasingly focused on outcomes and value and, in the case of public payers, needing to achieve budget savings to deal with chronic budget deficits.
3. Additional pressure on reimbursement rates due to budget uncertainties brought about by state and federal funding changes.
4. Increasing competition for beneficiaries in more areas of the state that PACE serves as health plans enter the market and expand their roles serving duals under Medi-Cal and Medicare and contract with increasingly sophisticated medical groups with expertise in serving older beneficiaries with chronic conditions.
5. Growing numbers of providers and services targeting Medicare only seniors with higher needs for whom hospitals, health plans, medical groups and hospitals are at risk.
6. Continued upward pressures on costs of serving beneficiaries due to costs of new regulatory requirements and shortages of providers.
7. Continued regulatory environment for PACE that constrains growth.
8. Growing workforce shortages and challenges in attracting and retaining professional staff.
9. Increasing offerings of supplemental benefits by Medicare Advantage plans, blurring the distinction between MA plans and PACE.

### III. Strengths, Weaknesses, Opportunities and Threats

#### Strengths:

- PACE organizations have highly skilled, experienced and specialized staff
- PACE organizations are culturally competent
- The reputation of PACE programs is universally good
- PACE has broad political support and influence
- PACE has a strong market position by virtue of its staff, quality, and reputation
- PACE has longevity and experience serving very hard to serve populations
- PACE programs achieve high rates of satisfaction and quality
- CalPACE provides platform for implementing common vision
- PACE is beginning to produce standardized quality data to prove its value

#### Weaknesses:

- Burdensome regulatory environment leads to lost opportunities
- Small size and scalability constraints facing PACE cause policymakers to discount value of PACE
- PACE organizations have been slow to adapt to market changes
- PACE organizations face slow speed to market in new programs and expansions
- Competitors are catching up with PACE
- PACE organizations conduct limited PR and face limited brand recognition
- PACE is a capital intensive model
- PACE is complex and difficult to explain to policymakers and the public

#### Opportunities:

- New payers and external opportunities provide options for PACE programs to offer PACE-like products and services
- Changing market and regulatory conditions are creating opportunities to look at changes in the PACE model
- Move towards testing new models of integrated care is causing people to pay more attention to PACE
- The current environment creates opportunities to use PR, messaging, and quality benchmarking to demonstrate the value of PACE
- The market for PACE services is growing
- Medicare and Medicaid initiatives as well as payment and policy changes are creating opportunities for PACE organizations to serve populations not traditionally served by PACE, including Medicare-only, under 55, and at risk of nursing home placement
- Use of monitoring, telehealth, and other aging technologies is expanding rapidly, creating growing opportunities for PACE organizations to enhance the outcomes, value and visibility of the services they provide through use of technology.

#### Threats:

- Rates will likely be inadequate to justify expansion of PACE under the model it has historically operated under
- Regulatory burdens, while easing, will continue to place PACE at a disadvantage relative to health plans
- PACE faces a challenge to grow fast enough to justify its existence
- Shortages of specialized providers with elder care and other clinical resources will hamper expansion of PACE
- Despite greater exposure and visibility, people may continue to misunderstand PACE
- Competition for enrollment, e.g. through the Coordinated Care Initiative and agreements between housing providers and health care plans and medical groups, could dry up the pipeline for PACE

## Major Goals, Strategies, and Tasks for 2021-22

CalPACEs overarching goals are to improve the lives of frail seniors in California and their families by promoting the expansion of PACE and increasing access to PACE, particularly in underserved areas of the state, and by supporting the viability and sustainability of the PACE model over time. It will work to achieve these overarching goals by developing and carrying out strategies related to the following goals:

- A. Demonstrate the value of and need for PACE
- B. Promote awareness and visibility of PACE
- C. Advocate for PACE growth, stability and sustainability
- D. Promote best practices and innovation

### **A. Demonstrate the Value of and Need for PACE**

#### **Strategies:**

Develop and disseminate data and information that showcase PACE, demonstrate its cost effectiveness and differentiate it from other types of plans and programs offering integrated care to older adults and seniors with higher needs.

#### **Tasks:**

1. Collect and update quality and outcome measures that project the value of PACE relative to other providers of integrated care and are feasible to collect and report.
2. Develop and update maps showing areas of the state that are served, unserved and underserved by PACE.
3. Collect and update information on the size of the potential PACE population and percent of eligible beneficiaries with access to PACE at the state and regional level.

### **B. Promote Awareness and Visibility of PACE**

#### **Strategies:**

Conduct ongoing communications and public relations efforts to disseminate data, information and stories to increase awareness of and support for PACE and what it does.

#### **Tasks:**

1. Collect, update, and showcase participant profiles showcasing the impact of PACE, including videos showcasing participants' experiences and improvements.
2. Develop and update easy to understand fact sheets and material that showcase what PACE does, who it serves and the outcomes it achieves.
3. Carry out website and social media strategies that boost visibility for PACE and use of the CalPACE website.

4. Issue press releases and place feature stories showcasing PACE growth and expansion, outcomes, and accomplishments.
5. Expand partnerships and links with other aging and disability organizations.

### **C. Advocate for PACE growth, stability and sustainability**

#### **Strategies:**

Advocate for policy changes at the state and federal level that support PACE growth and stability, promote regulatory flexibility, and facilitate expansion of PACE to new populations.

#### **Tasks:**

1. Advocate for policies to elevate awareness of PACE as a Medi-Cal managed care and Medicare plan choice.
2. Advocate for continuation of regulatory flexibilities established during the public health emergency to enable PACE to better and more effectively serve participants.
3. Advocate for inclusion of and recognition of PACE in all aspects of the state's implementation of Master Plan for Aging implementation
4. Establish a work group to research and propose modifications to or supplements to the PACE rate methodology at the state level.
5. Advocate for parity with managed care plans in the authorities and flexibilities provided in the state's implementation of CalAIM.
6. Advocate for inclusion of PACE in COVID relief funding and payments.
7. Advance policies and demonstrations to enable PACE to better reach and serve Medicare-only beneficiaries and private pay individuals.
8. Advocate for addition of DHCS staff dedicated to PACE and better training of staff to facilitate projected enrollment growth.
9. Support NPAs federal policy agenda and also advocate for specific federal PACE application and policy changes needed to facilitate growth in California.
10. Work with Leading Age CA to advance policies to increase access to and resources committed to senior and affordable housing.

## **D Promote PACE best practices and innovation**

### **Strategies:**

Conduct technical assistance and member education to highlight best practices.

### **Tasks:**

1. Develop and share webinars and case studies for members highlighting best practices in the area of recruiting and retention of staff, including use of former IHSS workers.
2. Develop and share webinars and case studies highlighting best practices in the area of developing supportive housing partnerships with senior and affordable housing providers and serving formerly homeless older adults.
3. Develop and share webinars and case studies highlighting best practices in the area of developing contracts and referral relationships with Medi-Cal managed care plans and Medicare Advantage plans.
4. Continue the West Coast PACE 2.0 learning collaborative and extend it to PACE organizations with one year or more of operational experience.

# CalPACE

## CalPACE Key Strategies for Consideration for Inclusion in CalPACE's Next Strategic Plan Survey Results

April 2021

<b>Key Strategies for Consideration</b>	<b>% who believe it should be a highest priority</b>
Advocating for policies to elevate awareness of PACE as a Medi-Cal managed care choice	72.73%
Advocating for post-pandemic regulatory flexibility to enable PACE to better and more effectively serve participants	54.55%
Establishing a work group to research and propose modifications to or supplements to the PACE rate methodology at the state level	45.45%
Strengthening DHCS staff support for PACE and better training of staff	36.36%
Facilitating development of best practices in area of recruiting and retaining staff, including use of former IHSS providers	27.27%
Developing best practices in the area of developing contracts and referral relationships with Medi-Cal managed care plans and Medicare Advantage plans	18.18%
Developing best practices in area of working with senior and affordable housing providers and in serving formerly homeless older adults	18.18%
Advocating for CMS and DHCS to develop guidance to enable POs to utilize enrollment brokers	18.18%
Painting a picture for policymakers of what PACE will look like moving forward beyond the end of the pandemic if it is allowed to continue the use of regulatory flexibilities	18.18%
Tracking more closely PACE market penetration rates statewide and regionally as a benchmark of PACE success	9.09%
Advancing policies to enable PACE to better reach and serve Medicare-only beneficiaries and private pay populations	9.09%
Developing new tools and methods to improve CalPACE governance and transparency	9.09%

<b>Key Strategies for Consideration</b>	<b>% who believe it should be a highest or very high priority</b>
Advocating for policies to elevate awareness of PACE as a Medi-Cal managed care choice	90.91%
Establishing a work group to research and propose modifications to or supplements to the PACE rate methodology at the state level	90.91%
Developing best practices in area of working with senior and affordable housing providers and in serving formerly homeless older adults	72.73%
Advocating for post-pandemic regulatory flexibility to enable PACE to better and more effectively serve participants	72.73%
Strengthening DHCS staff support for PACE and better training of staff	72.73%
Facilitating development of best practices in area of recruiting and retaining staff, including use of former IHSS providers	63.64%
Developing best practices in the area of developing contracts and referral relationships with Medi-Cal managed care plans and Medicare Advantage plans	54.55%
Advocating for CMS and DHCS to develop guidance to enable POs to utilize enrollment brokers	54.55%
Painting a picture for policymakers of what PACE will look like moving forward beyond the end of the pandemic if it is allowed to continue the use of regulatory flexibilities	54.55%
Advancing policies to enable PACE to better reach and serve Medicare-only beneficiaries and private pay populations	45.45%
Developing new tools and methods to improve CalPACE governance and transparency	45.45%
Tracking more closely PACE market penetration rates statewide and regionally as a benchmark of PACE success	36.36%