

CalPACE

Board of Directors Meeting Via Conference Call

January 14, 2020 | 10:30am – 11:30am
Conference Line (267) 930-4000 | Participant Code 177-134-261

A G E N D A

1. Welcome
2. Approval of minutes from November 06, 2019 board meeting – *discussion and action item*
3. Sutter SeniorCare PACE designation of Julie Erdman as board representative – *discussion and action item*
4. Fresno PACE designation of Phil Tsunoda as board representative – *discussion and action item*
5. Family Health Centers of SD membership application – *discussion and action item*
6. 2020 legislative and policy priorities – *discussion and action item*
7. CalPACE champion award – *discussion and action item*
8. CalPACE retreat updates – *discussion and action item*
9. Other business
10. Adjourn

Attachments

- A. Draft minutes of November 06, 2019 board meeting
- B. Minutes of December 10, 2019 Executive Committee meeting
- C. Sutter SeniorCare PACE letter designating Julie Erdman as board representative
- D. Fresno PACE letter designating Phil Tsunoda as board representative
- E. Family Health Centers of SD CalPACE membership application
- F. CalPACE 2020 legislative and policy priorities options

Board Members

- AltaMed PACE, Maria Zamora
- Brandman Centers for Senior Care Arnold Possick
- CalOptima, Elizabeth Lee
- Center for Elders' Independence, Linda Trowbridge
- Fresno PACE, Patricia Sandoval
- Gary and Mary West PACE, Tim Lash
- On Lok Lifeways, Eileen Kunz
- Redwood Coast PACE, Joyce Hayes
- San Diego PACE, Kevin Mattson
- St. Paul's PACE, Cheryl Wilson
- Stockton PACE, Elizabeth Carty
- Sutter SeniorCare PACE, Pamela Ansley



Minutes of CalPACE Board Meeting

November 06, 2019 | The California Endowment

Attendees

Board members:

Cheryl Wilson, St. Paul's PACE
Eileen Kunz, On Lok Lifeways
Elizabeth Carty, WelbeHealth
Elizabeth Lee, CalOptima PACE
Joyce Hayes, Redwood Coast PACE
Kevin Mattson, San Diego PACE
Linda Trowbridge, Center for Elders' Independence
Maria Zamora, AltaMed PACE
Pamela Ansley, Sutter SeniorCare PACE
Patricia Sandoval, Fresno PACE
Tim Lash, Gary and Mary West PACE

CalPACE staff:

Peter Hansel, Chief Executive Officer
Jennifer Blankenship, Senior Director of Operations
Fred Main, CalPACE Counsel

Other CalPACE Officers:

Bing Isenberg, Center for Elders' Independence

Guests:

Bev Dahan, InnovAge
Carol Hubbard, St. Paul's PACE
Julie Erdmann, Sutter SeniorCare PACE
Maria Lozano, InnovAge
Randall Sanner, St. Paul's PACE
Renata Smith, Gary and Mary West PACE
Rosana Scolari, San Diego PACE
Susie Fishenfeld, Brandman Centers for Senior Care

Board members absent:

Arnold Possick, Brandman Centers for Senior Care

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

Board Chair Linda Trowbridge welcomed members and convened the meeting at 2:20 p.m.

DECISIONS

Minutes of August 28, 2019 board meeting. The minutes of the August 28 2019 board meeting were adopted on an 11 – 0 vote, with amendments to reflect that Elizabeth Lee attended and that Kevin Mattson did not attend. (Mattson/Lee) Joyce Hayes requested that future minutes reflect actual vote outcomes.

2020 Legislator of the Year. Fred Main, CalPACE counsel and advocate, noted that Assemblymember Petrie-Norris has been particularly supportive of PACE since assuming office and recommended that she be designated as CalPACE Legislator of the Year. Following brief discussion, a motion to designate Assembly member Petrie-Norris as CalPACE Legislator of the Year for 2020 was adopted on an 11 – 0 vote (Mattson/Wilson), and to invite her to receive the award at the CalPACE retreat in early February.

Recommendations of Governance, Dues and Bylaws Committee. Chair Trowbridge and CEO Hansel summarized recommendations from the Governance, Dues and Bylaws Committee meeting on October 30, 2019, on the CalPACE committee structure and executive committee charter, board officer elections, and election of board officers. The committee recommends that the Executive Committee’s charter be amended to enable it to provide ongoing guidance to CalPACE staff and board members on CalPACE policies, positions, finances, and initiatives. In response to concerns expressed by Joyce Hayes that the changes not have the effect of reducing the board’s role in making decisions an amendment to clarify the committee’s role to include providing guidance to the board was put forward. Eileen Kunz noted that additional work is needed to develop additional recommendations for committees. In response to concerns expressed by Elizabeth Carty that the language removes current restrictions on the Executive Committee’s ability to act on matters such as election of officers, budget and dues levels, Fred Main explained that the bylaws still restrict the Committee’s powers in these areas. Following discussion a motion to adopt the recommended changes to the Executive Committee’s charter, as amended, was approved on a 10 – 0 vote (Wilson/Ansley; Carty abstaining).

The committee has also recommended the current officers be reelected for new two-year terms and that board members be allowed to put forward other nominations. In responses to questions from board members, Mr. Hansel explained the current process under the bylaws for election of officers and who the current officers are. The floor was opened for nominations from the floor; there were none. Following discussion, a motion was also adopted on an 11 – 0 vote (Mattson/Lee) to elect the current officers to a new two-year term.

Fred Main explained that with the growth in membership and the growing number of areas of the state that are served by more than one PACE organization it is important for CalPACE to better coordinate Day in the Capitol meetings and other advocacy events and to ensure that these activities are focused on advocacy on CalPACES priorities. The Governance, Dues and Bylaws Committee has recommended that the board adopt rules requiring members whose areas are served by the same legislative offices to work together to schedule joint meetings and to have ClearAdvocacy schedule the meetings as needed, and to require members to make CalPACES policy priorities the main focus, with the ability of members to pursue separate meetings to discuss their specific issues and needs. There was consensus among board members to adopt the recommendations.

DISCUSSION

New Strategic Initiatives Update. CEO Peter Hansel and Board Chair Linda Trowbridge provided an update on the status of new strategic initiatives that were adopted by the board as part of the 2019-20 strategic plan. The Stanford Center for Clinical Excellence has expressed interest in conducting a performance data analysis of PACE.

CEI is collecting examples of data that PACE organizations currently develop that could be utilized for this study, which will be shared with members as well as Stanford.

CalPACE staff are searching for PR and social media consultants to assist with development of website, social media and press strategies to boost visibility of PACE. A proposal for PACE brand development work from Cantu Consulting has been presented to CalPACE and six CalPACE members have expressed interest in participating.

CalPACE staff have developed a timeline and plan and obtained the services of a consultant to help continue the PACE 2.0 growth initiative through mid-2020.

CalPACE staff are in the process of convening work groups on quality and staff training to discuss ways CalPACE can promote use of best practices in these areas. Board members provided suggestions for the types of activities that would be helpful in these areas. Eileen Kunz expressed concern that CalPACE not get into providing one on one technical assistance in these areas and that further discussion should be held on the consultant that would be utilized for the staff training work group. Ms. Kunz also noted that with the need to develop comments and input on the CalAIM proposal and Master Plan for Aging, CalPACE may need to reprioritize some of the new initiatives.

Other business. Kevin Mattson noted the passing of Gilbert Fimbres, San Ysidro Health CFO. Maria Zamora noted the passing of AltaMed's interim chief medical officer. Bev Dahan indicated that she would share with board members a letter and fact sheet asking Congressional members to reinstate a risk adjustment factor related to dementia in the PACE Medicare rate model. Cheryl Wilson noted that St. Paul's is planning to include a panel on the master plan for aging in its December legislative awards event and urged CalPACE members to include master plan recommendations in their legislative visits. Chair Trowbridge and Eileen Kunz highlighted the upcoming Bay Area Senior Health Policy Forum, which will include sessions on the master plan for aging and CalAIM proposal.

Adjourned at 3:55.

Respectfully submitted,

Eileen Kunz, Secretary

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



Executive Committee Meeting Minutes

December 10, 2019

Attendees

Committee members: Eileen Kunz, On Lok Lifeways
Linda Trowbridge, Center for Elders' Independence
Maria Zamora, AltaMed
Cheryl Wilson, St. Paul's PACE
Kevin Mattson, San Diego PACE

Other attendees: Bin Isenberg, Center for Elders' Independence

CalPACE staff: Peter Hansel, Chief Executive Officer
Fred Main, Counsel

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Committee Chair Linda Trowbridge welcomed members and convened the meeting at 2:05.

Recommendations

Recognition of Joyce Hayes' Retirement. Committee chair Linda Trowbridge noted that the November 6 & 7 CalPACE meetings were the last for Joyce Hayes, who will be retiring in early 2020 as Executive Director of the Humboldt Senior Resource Center. It is not clear whether she will be able to attend future CalPACE meetings in 2020. Following brief discussion, there was consensus to provide a CalPACE certificate of recognition and gift in recognition of her retirement and to try to set up a video conference to present it to her.

CalPACE 2020 Legislative and Policy Priorities. CEO Peter Hansel provided a general description of the options that staff have developed for CalPACE legislative and policy priorities and noted that several overlap with activities CalPACE has under way to provide comments on the Master Plan for Aging and CalAIM proposals. Linda Trowbridge suggested that the role of the committee should be to review and prioritize options for the board to consider and noted that not all will necessarily result in legislation.

Peter Hansel and Fred Main, CalPACE advocate and counsel, reviewed advocacy options for CalPACE in 11 legislative and policy priority areas, and described the process and activities that would be required to implement them. There was consensus to modify the level of care review process options to include seeking a process similar to what exists for nursing homes, in which level of care is reviewed and

approved quickly and validated after the fact through audits. There was consensus to expand the options involving support for DHCS staffing to include monitoring and providing input to DHCS on its implementation of AB 1128 and establishment of a new dedicated PACE unit. Regarding options to deal with overlapping service areas, there was consensus to strike the option of seeking changes to make the process, data and criteria that DHCS uses to evaluate overlapping service areas be more transparent, since that has not been successful to date, and to seek legislation to improve the review and approval process for overlapping service areas. There was consensus to focus the options for advocacy regarding the PACE application process in COHS counties to seek an AG opinion on whether federal approval of these applications can be provided via something besides individual 1115 waivers, which is a very time consuming process to go through, and to include in CalPACES CalAIM comments a recommendation that the state be given a blanket waiver to approve these applications if they otherwise meet the requirements for PACE.

After discussion, the committee's recommendation was to send a revised copy of the legislative and policy options to committee members and ask each to indicate their priorities for the options. The options and priorities will be presented to the board at its January 14 board meeting.

The meeting was adjourned at 3:02.

Respectfully submitted,

Eileen Kunz
Secretary

Prepared by: Peter Hansel, CEO



November 5, 2019

Peter Hansel
Chief Executive Office
CalPace
1315 I Street, Suite 100
Sacramento, CA 95814

Dear Peter:

I am writing to request the transition of Pamela Ansley, as the Sutter SeniorCare board member on the CalPACE board of directors, to Julie Erdmann, Senior Director, as the individual representing the Sutter SeniorCare PACE program on the CalPACE board of directors.

Should you have any questions or need any additional information, please feel free to contact me via email at stanlc@sutterhealth.org or via phone at (916) 854-6615.

Sincerely,

DocuSigned by:
Christopher Stanley
F8FFF32F7E154B8...

Christopher Stanley MD, MBA
Chief Population Health Officer
Sutter Population Health Services



2042 Kern Street
Fresno, CA 93721
FAX: 1-855-629-6635
PHONE: 1-949-228-5577

12/12/19
CalPACE
1315 I St.
Suite 100
Sacramento, CA 95814


Dear Peter,

I am writing with regards to Innovative Integrated Health's ("IIH") board seat at CalPACE.

I would like to designate Phil Tsunoda as the IIH representative. Phil is our Vice President of Government Relations and will be replacing Patricia Sandoval.

Please let me know if you have any questions.

Sincerely,



Abe Marouf
CEO

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

Company Information



Company Name Family Health Centers of San Diego	Website www/fhcsd.org/PACE
Address 3420 College Ave <i>823 Gateway Center Way San Diego</i>	Suite/Floor
City San Diego	State/Country CA
Main Company Phone (for directory listing) 619-515-2445	Main Company E-mail (for directory listing)
Contact Name Jason Huizinga <i>Fran Butler-Cohen</i>	Contact Title Associate Director OAS and PACE <i>CFO</i>
Contact Email jasonh@fhcsd.org <i>franc@fhcsd.org</i>	Contact Direct Phone 619-269-4387

Executive Staff

CEO Name Fran Butler-Cohen	Email fran@fhcsd.org	Direct Phone 619-515-2311
COO Name Jeff Gering	Email Jeffreyg@fhcsd.org	Direct Phone 619-363-1694
CFO Name Ricardo Roman	Email ricardor@fhcsd.org	Direct Phone 619-515-2304
CMO Name Dr. Chris Gordon	Email chrisg@fhcsd.org	Direct Phone 619-906-4556
PACE Director Name Jason Huizinga	Email jasonh@fhcsd.org	Direct Phone 619-269-4387

Annual Dues and Payment

Annual dues are calculated on a fiscal year, July 1 to June 30.

New Member dues are prorated quarterly.

Membership dues for new PACE Members are a minimum of \$15,000.00. A minimum of \$15,000.00 will be charged during the first year of start-up, until such a time as the organization's share of association expenses would exceed \$15,000.00.

In subsequent years, your Membership fee in CalPACE will be calculated based on your share of projected Association expenses for the next fiscal year. Expenses are divided among the existing PACE Members, based on the number of enrollees as of December 31st the year prior. The larger the number of PACE enrollees in a program, the higher the share of cost for CalPACE Membership fees.

- Please invoice my organization for initial annual Member fee in the amount of \$15,000
- Payment enclosed; check number _____ amount \$ 15,000

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 has been received. Determinations of the board are final.

I certify that the CalPACE Member Applicant:

- Has been designated by the State of California Department of Health Care Services as a Program of All-inclusive Care for the Elderly pursuant to Sections 14590 et seq. of the California Welfare and Institutions Code, and;
- Operates its PACE program within the State of California

Signature *Ricardo Roman* Date *11/19/19*
Ricardo Roman, CFO

Please remit application and payment to:

CalPACE, 1315 I Street, Suite 100, Sacramento, CA 95814

Questions? Please send an email to hello@calpace.org or call (855) 921-PACE

2020 CalPACE Legislative & Policy Priorities -- Options

12-31-19

POLICY AREA	BACKGROUND	COMMENTS	Options for CalPACE POSITION or ACTION
<p>CalAIM proposal</p>	<p>The pending CalAIM proposal would give Medi-Cal managed care plans additional tools to better manage care for complex populations, make plans responsible for institutional LTSS, phase out current demonstrations including the CCI, Cal MediConnect and health homes and whole person care pilots, require mandatory enrollment of duals and seniors and persons with disabilities in all counties and establish annual enrollment in managed care plans.</p> <p>CalPACE was able to get language adopted in the 2017 budget, which allows beneficiaries who are subject to mandatory enrollment in managed care in CCI counties to be informed that they may alternatively request to be assessed for PACE eligibility.</p>	<p>Pursuant to provisions of the enabling legislation for Cal MediConnect, DHCS has included PACE in the choice books and enrollment forms it has developed for Cal MediConnect.</p> <p>For non-duals and duals not eligible for Cal MediConnect, and for SPDs in non-CCI counties, DHCS provides inserts with information about PACE in the managed care enrollment materials they provide to beneficiaries who must enroll in managed care. The inserts that DHCS has developed that go to beneficiaries 55 and older in non-CCI counties are outdated and of limited value to beneficiaries.</p> <p>It is not clear whether duals and SPDs in CCI counties who are not subject to passive enrollment in Cal MediConnect but are subject to MLTSS are receiving information and guidance that they may alternatively be assessed for PACE eligibility.</p>	<p>Seek amendments to CalAIM legislation to:</p> <ul style="list-style-type: none"> • Require PACE to be offered as an enrollment choice and included in all enrollment outreach and materials for dual eligibles and seniors and persons with disabilities in any county in which they are subject to mandatory or passive enrollment. • Establish an auto referral system to refer beneficiaries to PACE organizations who appear to be eligible for PACE, based on age, residence, and prior use of services, such as certain waiver programs or extended nursing home stays. Similar to the process for Cal MediConnect, PACE organizations would have 60 days to conduct assessments and determine eligibility for PACE. Those determined to not be eligible or who decline enroll in PACE would be referred back to Health Care Options for assignment to another plan; • Allow persons who are eligible for PACE to disenroll from health plans and enroll in PACE, or vice versa, on a month-to-month basis, similar to the Special Election Period process that applies to Medicare Advantage; • Develop consistent and up-to-date information and materials about PACE for SPDs and duals who are subject to managed care enrollment. The materials should enable beneficiaries to understand what PACE provides; that, if eligible, they may be assessed for PACE eligibility and enroll in

			<p>PACE; and how they can receive additional information and request to be assessed for PACE eligibility.</p> <ul style="list-style-type: none"> • Require plans and PACE to report data to assess plans (and PACE) performance in traditional areas of hospital and ER utilization and readmissions; success in maintaining beneficiaries in the community such as percentage of nursing home eligible or higher tier beneficiaries living in the community versus nursing homes at a point in time and percentage of nursing home eligible or higher tier beneficiaries admitted to nursing homes for extended stays; and success in managing end of life care needs such as percentage of beneficiaries who die at home versus in other settings. Also collect data reflecting plans' and PACE performance in meeting social determinants of health such as percentage of beneficiaries receiving transportation, meals and medication management. • Require DHCS to seek a blanket waiver or other authority to approve independent PACE applications in COHS counties if they otherwise meet the requirements for PACE and are supported by the COHS plan.
<p>Master Plan for Aging</p>	<p>Executive Order N-14-19 requires the Secretary of HHS in conjunction with affected departments to develop a master plan for aging by October 2020. Several stakeholder workgroups have been established to assist with this process. Several goals have been established, including promoting the ability of persons to live where they</p>	<p>Recommendations supporting the ability of persons to live where they choose and to receive the help they need to do so are expected to include the establishment of a statewide information and referral system to provide person-centered information, assessments, and referrals to services including HCBS, supported housing, assisted living, skilled nursing options.</p>	<p>Advocate for adoption of a goal that the state will provide access to PACE for all older adults and seniors with complex care needs who need it and can benefit from it, supported by the following:</p> <ul style="list-style-type: none"> • Inclusion of PACE among the HCBS programs and services a statewide information and referral system would be linked to and refer persons to;

	choose as they age and have help they and their families need to do so.	Also mapping to identify areas of the state that are underserved in terms of HCBS options, and potentially the creation of a new long-term care financing program.	<ul style="list-style-type: none"> • Inclusion of PACE among HCBS programs for which the state assesses unmet need by region; • Inclusion of PACE as a benefit that persons could use revenues from a long-term care financing program for; • Adoption of benchmarks including: <ul style="list-style-type: none"> --By 2020...PACE enrollment is continuing to grow at current rate; at least 50 percent of eligible beneficiaries have access to PACE --Mid-term: By 2025...PACE enrollment growth and expansion has accelerated from current levels; at least 65 percent of eligible beneficiaries have access to PACE --Long-term: by 2030... All counties that can sustain PACE have PACE operating in them; at least 80 percent of eligible beneficiaries have access to PACE.
Level of Care Review Process	Under the current expedited enrollment process in place, DHCS is required to review and act on level of care requests from POs within five business days. POs submit summary assessment info on a standard assessment form. DHCS approves or denies the requests based on the summary information but reviews a sample of medical records in conjunction with its onsite reviews, to ensure that level of care standards are being met by PACE participants.	POs are encountering increasing numbers of denials or deferrals of level of care requests. In some cases, the reasons are based on judgments that the beneficiary may be better served in another program. Some delays in approvals appear to be related to workload issues within DHCS. These are at odds with the purposes of the expedited enrollment process developed by DHCS. CalPACE is collecting data on the disposition of level of care requests by its members.	Provide recommendations that DHCS can adopt administratively to add additional staff for level of care reviews and to further streamline the level of care review process to make better use of the resources that DHCS has. These recommendations are being developed by a workgroup that CalPACE has established and will reviewed by the board. Include options to create a level of care review process that is more similar to what nursing homes use, in which level of care is approved quickly and reviewed after the fact through audits.
DHCS staffing for oversight of PACE and plans for implementation of AB 1128	Maintaining adequate staffing for oversight of PACE as it grows has been a challenge for DHCS. The department did receive two additional positions in the 2019 – 20 budget to enable ISCD to	DHCS is expected to submit a budget change proposal asking for up to 11 positions to help implement AB 1128, which consolidates PACE licensing functions within DHCS.	Support proposals to increase staffing for PACE oversight functions. Monitor and provide input to DHCS on its plans for implementation of AB 1128 and establishment of a new dedicated PACE unit.

	conduct timely contract, monitoring and oversight, and level of care assessment functions. Delays and deferrals of level of care assessment submissions have become more frequent with the growth in PACE enrollment.		
Overlapping Service Areas	DHCS has established a process and criteria for how it processes and evaluates applications with overlapping service areas. Under the current process, an existing PO that is affected has an opportunity to submit its own market feasibility study by the initial application submission date.	<p>The current process is not transparent with respect to the data, analysis, and criteria that DHCS uses to determine whether it is feasible for more than one PO to operate in overlapping areas. The current process also does not allow enough time to carefully assess the feasibility of overlapping service areas.</p> <p>Michigan has passed legislation requiring the state to determine whether there is unmet need in a designated geographic area already covered by an existing PO and to give the existing PO an opportunity to submit a plan to expand capacity to accommodate need. If the existing PO fails to submit a reasonable plan for expansion within 6 months, the state may allow proposals from other PACE organizations.</p> <p>NPA will be forming a workgroup to develop recommendations or best practices for states.</p>	<p>(1) Seek legislation or administrative changes to require the process, data, and criteria that DHCS uses to be transparent, including the department's findings, conclusions and data that the findings are based on;</p> <p>(2) Seek legislation or administrative changes to require DHCS to make a determination of whether there is unmet need in an existing service area for which a subsequent application has been received and allow an existing PO a reasonable amount of time to submit an expansion plan sufficient to meet any unmet need before additional applications are accepted for the area.</p> <p>Seek legislation or administrative changes to improve the review and approval process for overlapping service areas.</p>
PACE Contract	In June 2019 DHCS released extensive proposed changes to the PACE contract. CalPACE and individual POs submitted extensive comments. Many		If needed, send a formal letter to DHCS requesting additional changes to the contract and ask legislators to send letters to DHCS asking DHCS to reconsider the changes.

	<p>of the proposed changes are taken from requirements that apply to Medi-Cal managed care plans that are not appropriate for PACE or are difficult for PACE to comply with. DHCS is reviewing the comments and will release final contract revisions in 2020. DHCS also intends to propose additional changes that are needed to conform to changes in the federal PACE regulations in 2020.</p>		
PACE Application Process	<p>DHCS has recently revised the application processes for new PACE organizations and PACE expansions to limit PACE start-ups that require rate setting to twice per year. DHCS requires PACE applications in COHS counties to include a letter of support from the COHS plan and to be approved by CMS via Section 1115 waivers.</p>	<p>The requirement for PACE applications in COHS counties to be approved by CMS via Section 1115 waivers is cumbersome and time consuming. Besides the two counties where applications have been received or are pending, additional PACE applications in COHS counties are expected.</p>	<p>(1) Seek an Attorney General opinion on whether Section 1115 waivers are necessary for CMS approval of PACE applications in COHS counties.</p> <p>(2) Include in CalPACES comments on CalAIM a recommendation that the state be given a blanket waiver to approve these applications if they otherwise meet the requirements for PACE.</p> <p>(2) If the opinion determines that Section 1115 waivers are not necessary, seek legislation or administrative changes to provide that PACE applications in COHS counties may be approved by DHCS and submitted to CMS for approval if they have a letter of support from the COHS plan.</p>
PACE Rate Setting	<p>The PACE Modernization Act (PMA) authorizes the use of experience based rate setting for PACE starting in 2017.</p> <p>The PMA recognizes several principles including recognizing unique aspects of PACE, adjusting for geographic disparities, and providing transitional protections and protections for new POs.</p>	<p>CalPACE successfully sponsored budget bill language in 2019 to make further modifications to the rate methodology provisions of the PMA, including allowing DHCS to pay higher in the actuarially sound rate range as needed to mitigate impacts of the rate methodology on an ongoing basis, to require the lower enrollment and higher operating costs associated with new PACE organizations to be taken</p>	<p>If needed based on the proposed 2020 rates, sponsor budget language to further amend the PACE rate methodology provisions in the PMA to reduce downward pressure on rates and ensure that experienced based rates are sustainable.</p> <p>Submit Optumas analysis to state raising concerns with reductions in trending factors used to develop rates.</p>

	DHCS' implementation of the new rate setting provisions has not fully meet these principles, particularly in the areas of recognizing capital costs and level of risk associated with operating PACE.	into account in setting their rates, and to require the rate methodology to provide for all reasonable, appropriate, and attainable costs for each PACE organization within a region.	
New Populations	NPA is seeking support for Congressional proposals to provide POs with greater flexibility to serve Medicare-only beneficiaries, including by being able to enroll in PACE with their own Part D coverage and to be charged flexible premiums linked to their level of need. At least one PO nationally has sought waivers to do this but was rejected.	CMS has turned down wavier requests from Huron Valley PACE to allow Medicare only beneficiaries to bring with them their own Part D coverage in lieu of enrolling in the POs Part D coverage.	Support NPA initiatives to authorize PACE to more easily serve Medicare only beneficiaries.
Senior and Supportive Housing	The Legislature passed three housing finance bills in 2017, which are expected to provide new revenues for development of affordable housing. There is a growing demand for senior housing and supportive housing arrangements, in which residents have access to services to enable them to age in place. However, none of the bills passed by the Legislature direct funds into senior or supportive housing. Several POs have pursued or implemented supportive housing projects with developers including co-location of PACE centers and set asides of units for PACE participants.		Continue to advocate with Leading Age CA for incentives or set asides to steer greater housing resources into senior and supportive housing arrangements. Advocate to ensure that PACE is eligible to provide supportive services under any proposals designed to encourage development of senior and supportive housing.
AB 5 – Employees and Independent Contractors	AB 5, which takes effect January 1, creates a presumption that workers are “employees” and establishes the ABC test and not independent contractors	The California Hospital Association is leading a coalition to gain additional exemptions in the health area. PACE should reach out to them.	Join the CHA coalition and monitor efforts to seek additional exemptions for health professionals impacted by the bill and ruling. Work with a law firm to provide a webinar and information to POs.

	<p>and then provides exemptions from the presumption. PACE organizations may have some exposure to AB 5 through contracting arrangements that are not exempted in the bill. Home health workers, and some licensed medical professionals come to mind. The Dyanamex decision applies a similar test even without the bill. Compliance issues are complicated.</p>	<p>Additionally CalPACE could work with a law firm to provide a seminar and then counseling to PO's. CAADS is also involved in these efforts.</p>	
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DRAFT