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Quick Facts about Programs of All-Inclusive Care for the Elderly (PACE)

What are Programs of All-inclusive Care for the Elderly (PACE)?

PACE is a Medicare program and Medicaid state option that gives community-based care and services to people 55 or older who otherwise would need a nursing home level of care. PACE was created as a way to give you, your family, caregivers, and professional health care providers the flexibility to meet your health care needs and help you continue living in the community.

With PACE, a team of health care professionals will give you the coordinated care you need. These professionals are also experts in working with older people. They'll work together with you and your family (as appropriate) to develop an effective plan of care.

PACE provides all the care and services covered by Medicare and Medicaid, as authorized by the health care team. They also cover additional medically necessary care and services not covered by Medicare and Medicaid that the team may decide you need. PACE provides coverage for prescription drugs, doctor care, transportation, home care, checkups, hospital visits, and nursing home stays when necessary.

Who can join PACE?

You can join PACE if you meet these conditions:

- You're 55 or older
- You live in the service area of a PACE organization
- You're certified by the state in which you live as needing a nursing home level of care
- You would be able to live safely in the community if you get PACE services

Note: You can leave a PACE program at any time.

PACE services include (but aren't limited to):

- Adult Day Care
- Recreational Therapy
- Meals
- Dentistry
- Nutritional Counseling
- Social Services
- Laboratory/X-ray Services
- Social Work Counseling
- Transportation
- Primary Care (including doctor and nursing services)
- Hospital Care
- Medical Specialty Services
- Prescription Drugs
- Nursing Home Care
- Emergency Services
- Home Care
- Physical Therapy
- Occupational Therapy

PACE also includes all other services that are available in your area and determined necessary by your team of health care professionals to improve and maintain your overall health.

What do I need to know about PACE?

PACE provides comprehensive care

PACE uses Medicare and Medicaid funds to cover all of your medically necessary care and services. You can have either Medicare or Medicaid, or both, to join PACE. You can also pay for PACE privately, if you don't have Medicare or Medicaid.

The focus is on you

PACE offers a team of health care professionals to help you make health care decisions. Your team is experienced in caring for people like you. Usually they care for a small number of people. That way, they get to know you, what your living situation is, and your preferences. You and your family participate as the team develops and updates your plan of care and your goals in the program. When you enroll in PACE, you're required to use PACE physicians. These physicians are best suited to help you make health care decisions.

PACE covers prescription drugs

PACE organizations offer Medicare prescription drug coverage (Part D). If you join a PACE program, you'll get your Part D-covered drugs and all other necessary medication from the PACE program.

Note: If you're in a PACE program, you don't need to join a separate Medicare Prescription Drug Plan. If you do, you'll be disenrolled from your PACE health and prescription drug benefits.

What do I need to know about PACE? (continued)

PACE supports family caregivers

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

PACE provides services in the community

PACE organizations provide care and services in the PACE center, the home and in the community. PACE participants get their care from staff employed by the PACE organization in the PACE center. PACE centers must meet state and federal safety requirements. They also must include adult day programs, primary care from physicians and nurses, activities, and occupational and physical therapy facilities. Also, PACE organizations have contracts with many specialists and other providers in the community to make sure you get the care you need.

Preventive care is covered and encouraged

Every PACE organization is focused on helping you live in the community for as long as possible. To meet this goal, PACE organizations focus on preventive care.

PACE provides medical transportation

PACE organizations provide all medically necessary transportation to the PACE center for activities or medical appointments. You may also be able to get transportation to some medical appointments in the community.

What you pay for PACE depends on your financial situation

If you have Medicaid, you won't have to pay a monthly premium for the long-term care portion of the PACE benefit. If you don't qualify for Medicaid but you have Medicare, you'll be charged a monthly premium to cover the long-term care portion of the PACE benefit and a premium for Medicare prescription drug coverage. However, in PACE, there's never a deductible or copayment for any drug, service, or care approved by the PACE team.

For more information:

Visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

