

Quick Facts: Program of All-Inclusive Care for the Elderly (PACE)

What's PACE and how does it work?

PACE is a Medicare and Medicaid program that helps people meet their health care needs in the community, instead of going to a nursing home or other care facility. The program was created to give you, your family, caregivers, and professional health care providers 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 experts in working with older adults. They'll work with you and your family (as appropriate) to develop an effective plan of care.

You can have either Medicare, Medicaid, or both, to join PACE. The program includes all the care and services Medicare and Medicaid cover, as authorized by your health care team. This may include coverage for prescription drugs, doctor care, transportation, home care, checkups, hospital visits, and nursing home stays when necessary. If your health care team decides you need more care and services that Medicare and Medicaid don't cover, PACE may still cover them.

Who can join PACE?

You can join PACE if you meet all of these conditions:

- You're 55 or older
- You live in a PACE organization's service area
- Your state certifies that you need a nursing home-level of care
- You would be able to live safely in the community with the help of PACE services

What do I need to know about PACE?

PACE provides comprehensive care.

PACE uses Medicare and Medicaid funds to cover all your medically necessary care and services. You can also pay for PACE privately, if you don't have Medicare or Medicaid. PACE services include (but aren't limited to):

- Adult day care
- Dentistry
- Emergency services
- Home care
- Hospital care
- Laboratory/x-ray services
- Recreational therapy
- Meals
- Medical specialty services
- Nursing home care

- Nutritional counseling
- Occupational therapy
- Personal care
- Physical therapy
- Prescription drugs
- Primary care (including doctor and nursing services)
- Social services
- Social work counseling
- Transportation

The focus is on you.

PACE offers a team of health care professionals to help you make health care decisions. Your team usually cares for a small number of people, so they get to know you, your living situation, and your care preferences. You and your family participate as the team develops and updates your plan of care and your program goals. When you join PACE, you may be required to use a PACE-preferred doctor.

PACE covers prescription drugs.

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

Note: If you're in the PACE program, **you don't** need to join a separate Medicare drug plan. If you do, you'll be disenrolled from PACE.

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

PACE supports family caregivers.

PACE organizations support your family members and other caregivers by helping families keep their loved ones in the community.

PACE provides services in the community.

PACE organizations may give care and services in the PACE center, at your home, and in inpatient facilities (like nursing homes).

PACE centers must:

- Meet state and federal safety requirements.
- Include adult day programs, primary care from doctors and nurses, activities, and occupational and physical therapy facilities.

At a PACE center, you'll get care from PACE organization employees or contractors. PACE organizations also 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. They also take care of all medically necessary transportation to 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.
- A monthly premium for Medicare drug coverage.

However, with PACE, there's never a deductible or copayment for any drug, service, or care the PACE team approves.

For more information:

Visit Medicare.gov/pace to find a PACE plan in your area. You can also visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) for more information. 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 Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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