

PACE – Program of All-Inclusive Care for the Elderly

What is the purpose of PACE?

Program of All-Inclusive Care for the Elderly (PACE) coordinates and provides all needed preventive, primary health, acute and long term care services so that older adults can continue living in the community while enhancing their quality of life. This program provides services across all care settings on a 24 hour basis each day of the year.

How does the PACE program work?

- As a PACE enrollee, you will be transported to and from the PACE center from your residence to receive needed services.
- PACE providers are responsible for providing all necessary care and services including those which are currently available through Medicare and Medicaid insurances.
- Once you voluntarily enroll in PACE, Medicare and/or Medicaid will no longer pay any other provider for services.

What are some of the services provided by PACE?

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| <ul style="list-style-type: none"> • Primary Care • Personal Care/Supportive Services • Nutritional Counseling • Transportation • Specialty Medical Services • Prescriptions and Biologicals • Adult Day Health Care • Home Health Care • Nursing Facility Care • Inpatient Hospital Care • Emergency and Outpatient Services • Respite care and caregiver education | <ul style="list-style-type: none"> • Assistive Devices, Medical Supplies, Prosthetics, Orthotics, Corrective Vision, Hearing Aids, Dentures (Repair and Maintenance of these items are also covered.) • Social Work Services • Restorative Services (Physical, Occupational and Speech Language-Pathology Therapies) • Recreational Therapy • Laboratory, x-rays and other diagnostic services • Other care and services determined necessary to improve or maintain your overall health status |
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How is PACE paid?

Both Medicare and Medicaid reimburse PACE a payment based on what would have been paid under the fee-for-service system.

- Once you are enrolled in PACE, Medicare and/or Medicaid will no longer pay any other provider for services. All of your care and services will be provided and coordinated by the PACE provider.
- The PACE provider is at full risk; this means your PACE provider is responsible for all care costs, even if it exceeds the monthly capitated payment they receive each month.

Am I eligible for PACE?

- You must be 55 years of age or older
- Live in a PACE provider service area
- You must be certified by the State to need nursing home level of care
- Meet the requirements for Medicaid eligibility
- Individual income of no more than \$2,163 per month, total resources must be less than \$2,000.
- Married couples income of no more than \$4,326 per month , total resources must be less than \$3,000 in resources (when both spouses receive services).

Can I change my mind if I no longer want to be in PACE?

Yes, you can disenroll from PACE and return to your regular benefits in Medicare and Medicaid at any time.

Where are the current PACE providers in Louisiana?

- PACE Greater New Orleans, sponsored by Catholic Charities, can be reached at 504-945-1531.
- PACE Baton Rouge, sponsored by the Franciscan Missionaries of Our Lady Health System (FMOLHS), can be reached at 225-490-0604.

**For more information on PACE, please call the
PACE Greater New Orleans at 504-945-1531 or
PACE Baton Rouge at 225-490-0604**