

**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**
- You **MUST live** in a PACE provider service area:
 - **Baton Rouge area parishes:** East Baton Rouge (EBR) or West Baton Rouge (WBR)
 - **New Orleans area zip codes:** 70001, 70002, 70003, 70005, 70006, 70032, 70043, 70053, 70112, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70121, 70122, 70123, 70124, 70125, 70126, 70127, 70128, 70129, 70130, 70131, 70037, 70056, 70058, 70062, 70065, 70067, 70072, and 70094.
 - **Lafayette area zip codes:** 70501, 70503, 70506, 70507, 70508, 70517, 70518, 70520, 70529, 70578, 70583, 70584 or 70592
- 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 \$2,250 per month, total resources must be \$2,000 or less
- Couples income of no more than \$4,500 per month, total resources must be \$3,000 or less (when both spouses receive services)
- Married couples can have up to \$120,900 in resources, as long as one spouse at home DOES NOT receive long-term care 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.

For more information on PACE, please call:

- **PACE Greater New Orleans** (sponsored by Catholic Charities) at **504-945-1531**
- **PACE Baton Rouge** (sponsored by the Franciscan Missionaries of Our Lady Health System) at **225-490-0604**
- **PACE Lafayette** (sponsored by the Franciscan Missionaries of Our Lady Health System) at **337-470-4500**