



NPA PACE 2.0 Initiative

Expanding PACE to Serve More Older Americans

Today, at least 7.6 million Medicare beneficiaries and 2.2 million dually eligible (both Medicare and Medicaid) individuals live with complex care needs. These individuals' quality of care and quality of life would be greatly improved if they had access to PACE, or Programs of All-Inclusive Care for the Elderly.

Today, the greatest barrier to PACE enrollment is geography since the program is not available nationwide. At the beginning of 2022, PACE was offered in 30 states, where 143 PACE organizations cared for approximately 60,000 older adults and those living with disabilities. The individuals served by PACE are certified by their state as needing a nursing home level of care and predominately low income. In fact, 99 percent of PACE enrollees are low income and qualify for Medicaid, while 90 percent qualify for Medicare.

With such a great unmet need, the National PACE Association (NPA) launched PACE 2.0 in 2017 to grow access to PACE. With the support of leading health care foundations such as The John A. Harford Foundation, West Health, and the Harry and Jeanette Weinberg Foundation, PACE 2.0 seeks to increase the number of older adults and those with disabilities served by PACE to 200,000 by 2028. To meet this goal, PACE 2.0 identified strategies to increase the spread, scale and scope of PACE.

Why Expand PACE?

The PACE model of care has been shown to greatly improve the quality of life for enrolled individuals and their families. PACE participants live longer, have fewer hospital stays and emergency department visits, are less likely to suffer depression, and are less likely to have unmet needs related to getting around, getting dressed, and managing pain.

PACE is more affordable than institutional alternatives. A recent study found that PACE provides high-quality care at 13 percent less cost, on average, to state Medicaid programs than alternative services and programs. Without PACE, many participants would need to move permanently to a nursing home. More older Americans and those living with disabilities deserve access to this lifeline to independence, and PACE 2.0 will speed the attainment of that goal.

How PACE 2.0 Is Spreading PACE

- » Conducted outreach and support to organizations well positioned to develop new PACE organizations. PACE 2.0 seeks to support PACE development in at least 119 targeted communities.
- » Partnered with the National Area Agency on Aging (N4A) to develop an Area Agency on Aging (AAA) self-assessment tool.
- » Partnered with the National Association of Community Health Centers (NACHC) to create a community health center self-assessment tool and host a **webinar series** focused on community health centers.
- » Provided education through the **Age-Friendly Health Systems** initiative on ways that PACE could enhance the ability to serve older adults in their communities.

How PACE 2.0 Is Scaling PACE

- » Compiled PACE best practice growth strategies.
- » Provided PACE growth education through the PACE 2.0 National Learning Collaborative, the Growth and Learning Community Shared Learning Plan, and the Fast Start Community.
- » Hosted a PACE Growth & Investment Summit to support PACE organizations and prospective PACE providers in understanding PACE capitalization options.
- » Partnered with the National Academy for State Health Policy (NASHP) to convene the **State PACE Action Network**. The network will work with officials in five states to improve access to PACE.
- » Advocated for policy changes to expand the ability of PACE to serve individuals who do not qualify for Medicaid. Currently, PACE is too expensive for many families to consider without Medicaid support.

How PACE 2.0 Is Expanding the Scope of PACE

- » Created two workgroups to develop models that would allow PACE to serve individuals not currently eligible to enroll in PACE (i.e., younger than 55, at risk of needing nursing home care).