



Model Policy: Presenting PACE as a Clear Alternative to Managed Care

Overview

PACE plays a significant role in supporting the goals of state and federal policy-makers to serve individuals who need long term services and supports (LTSS) in capitated and integrated care models. PACE offers consumers a provider-based alternative to larger, insurer-based managed care plans while helping policy-makers achieve their goals for more effective and efficient care. As more states consider using managed care organizations to care for individuals needing LTSS, it is important that PACE is clearly presented as a voluntary alternative.

Model Policy

A. Beneficiary Communications

- a. In areas of the state where PACE is available, all communications about LTSS options will include PACE as a voluntary alternative presented alongside the state's managed care program.
- b. In materials about the state's managed care program specifically, information about PACE will be clearly presented as an enrollment alternative. These materials include, but are not limited to:
 - i. Background information about the managed care program;
 - ii. Enrollment materials;
 - iii. Enrollment assistance programs; and
 - iv. Outreach programs.
- c. Current PACE participants will be excluded from standard mailings that are sent to beneficiaries eligible to enroll in managed care.
- d. PACE will be a visible option during the initial roll-out of the state's managed care program
- e. PACE will be a visible option during "open enrollment" when members of Medicaid managed care plans can change options or plans.
- f. Medicaid beneficiaries who as a result of becoming nursing home level of care are newly eligible to enroll in PACE will be notified of this option upon their change in status.

B. Enrollment and Disenrollment

- a. PACE participants will be exempted from mandatory enrollment in MCOs.
- b. PACE participants will not be included in any passive enrollment processes as they are already enrolled in a managed care option.
- c. Unless a PACE participant actively indicates a desire to enroll in an alternative managed care plan, enrollment in PACE will continue uninterrupted.
- d. Beneficiaries can disenroll from a managed care plan any time to enroll into PACE.

C. Options Counseling

- a. Individuals eligible for managed care will receive comprehensive information about the full range of health and LTSS options available to them.
- b. To ensure options counselors are knowledgeable and experienced with regard to PACE, the state will evaluate the entire system during the initial rollout period of MLTSS and periodically thereafter to assess whether individuals' needs are being met. This evaluation shall include:
 - i. Analysis of referral and enrollment patterns to address any lack of awareness or potential conflicts of interest
 - ii. Assessment of options counselors ability to advise consumers with regard to the PACE program's benefits and features
 - iii. Accuracy of options counseling information regarding access to PACE by service area, services provided, costs, and any PACE-waiver features (e.g. community based primary care)