

**H-3600 PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY****H-3610 GENERAL INFORMATION**

The Program of All-inclusive Care for the Elderly (PACE) organization must provide preventative, primary health, acute and long-term care services to people age 55 or older who are certified to require nursing home care. The program enables frail, older adults to live in their homes while enhancing their quality of life.

The PACE organization must provide all Medicaid and Medicare services. The PACE organization provides primary care, adult day health care and therapy services. They must have a provider network for all other services (physicians, therapists of all kinds, pharmacies, hospitals, hospice, nursing homes, home health agencies, medical supplies, and personal care services, etc.).

Emergency services may be provided outside the PACE network, but non-emergency services must be authorized and paid by the PACE provider. Medicare and Medicaid will not reimburse any other provider for covered services when the beneficiary is linked to a PACE organization.

A participant's enrollment in PACE is effective on the first day of the calendar month following the date the PACE organization receives the signed enrollment agreement.

To be eligible to enroll in PACE, an individual must:

- Be 55 years of age or older;
- Reside in the PACE organization's service area;
- Meet nursing home level of care requirements; and
- Be able to live safely in the community at the time of enrollment.

**Note:**

PACE organizations are located in the Greater New Orleans, East and West Baton Rouge, and Lafayette areas.

**H-3610.1 Coverage**

Medicaid eligible PACE participants shall be eligible for payment of the monthly PACE premium. The PACE premium is paid directly to the PACE organization. No retroactive capitated payments shall be made.

The participant, while enrolled in a PACE program, must receive Medicare and Medicaid benefits solely through the PACE organization.

**H-3610.2 Medical Certification**

Medical approval requires that the PACE applicant meet the medical criteria for placement in a nursing facility. An assessment of the individual is completed by the PACE provider and forwarded to the Office of Aging and Adult Services (OAAS) for review. OAAS determines whether s/he needs the level of care required for coverage of nursing facility services.

OAAS will issue the medical certification form (BHSF Form 142).

The BHSF Form 142 documents the:

- Approval or disapproval for enrollment in PACE; and
- Effective date of medical certification approval.

**H-3610.3 Special Income Limit (SIL)**

Countable income must be equal to or below the SIL.

Income eligibility is based on the individual's gross income (excluding VA Aid and Attendance).

The individual's gross income is compared to the the special income limit used for individuals receiving home and community-based services. The SIL is three times the SSI Federal Benefit Rate (FBR) for an individual. The SIL for a couple is double the individual SIL. Refer to [Z-700, LTC/HCBS SIL Rate, Resource Limits and Personal Care Needs Allowance](#).

**H-3610.4 Post-Eligibility Determination**

Post-eligibility treatment of income rules do not apply.

PACE participants do not owe a patient liability while being cared for in the community.

When a PACE participant can no longer be cared for in the community, they may be placed in a nursing facility. As long as the participant resides in a nursing facility and remains enrolled in PACE, the PACE provider will continue to pay for all of their care.

**H-3610.5 SSI Beneficiaries**

SSI beneficiaries who enter PACE remain eligible for Medicaid if they continue to receive SSI payments while enrolled in PACE.

There are two circumstances under which payment to the PACE organization may be denied due to resource ineligibility for an individual who receives SSI and has been medically certified for PACE. They are:

- A Medicaid Qualifying Trust exists; or
- An OBRA '93 Trust exists.

Refer to [I-1700 Trust](#) to determine if the Trust is a countable resource to the SSI beneficiary.

**Note:**

Transfer of resources for less than FMV does not apply when determining eligibility for PACE.

**H-3620 ELIGIBILITY DETERMINATION PROCESS**

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

**H-3621.1 Determine Assistance/Benefit Unit**

The assistance/benefit unit consists of the applicant/beneficiary.

**H-3621.2 Establish Categorical Requirement**

Verify that the applicant/beneficiary is:

- Aged;
- Blind; or
- Disabled.

Refer to [E-0000 Category](#).

**H-3621.3 Establish Non-Financial Eligibility**

Verify eligibility for the applicant/beneficiary with regard to the following factors:

- [Assignment of Third Party Rights](#) I-200
- [Citizenship/Identity and Qualified Non-Citizen Status](#) I-300
- [Continuity of Stay \(LTC Only, Except HCBS\)](#) I-400
- [Enumeration](#) I-600
- [Medical Certification \(LTC and HCBS Only\)](#) I-1000
- [Residence](#) I-1900

**H-3621.4 Establish Need**

Verify that the applicant/beneficiary is receiving or plans to receive PACE services from a Medicaid-enrolled PACE provider.

**A. Determine Composition of the Income Unit**

The income unit consists of:

- The applicant/beneficiary; or
- Applicants/beneficiaries who are a couple (legally\_married)

and both enrolled in PACE.

**Note:**

Never consider the income of the legal spouse and/or dependent(s) living in the home when determining eligibility for the PACE participant.

**B. Determine Need/Income**

**Individual**

Determine the gross income of the applicant. Refer to [I-1530 Need - SSI-Related Income](#).

The applicant/beneficiary must be income eligible based on gross income.

**Note:**

Exclude any income received from VA Aid and Attendance from the gross income computation.

Add the gross earned and unearned income. Compare the total income to the SIL. If the applicant/beneficiary is an individual, use the individual SIL. Refer to [Z-700 LTC/HCBS SIL Rate, Resource Limits & Personal Care Needs Allowance](#).

If the total gross income of the applicant/beneficiary is greater than the SIL, the applicant/beneficiary is income ineligible.

If the total gross income is equal to or less than the SIL, the applicant/beneficiary is income eligible. Continue the determination of need.

**Couples enrolled in PACE**

Beginning with the month that both the applicant and legal spouse enroll in PACE, determine whether it is to their advantage to have need considered:

- As a couple; or
- As individuals.

First, consider eligibility for each member of the couple as an individual. If one member of the couple has gross countable

income greater than the SIL, consider eligibility as a couple.

If need is considered for the applicants/beneficiaries as a couple, use the couple SIL.

If the combined total gross income of the couple is equal to or less than the couple SIL, the applicants/beneficiaries are income eligible. Continue the determination of need using the couple resource limit.

If the combined gross income of the couple exceeds the couple SIL, the couple is income ineligible. Re-evaluate the eligibility of each member as an individual using the individual's income and comparing it to the individual SIL.

If need is considered for the applicants/beneficiaries as a couple, consider eligibility for Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB) using the couple QMB or SLMB standard.

### **C. Determine Composition of the Resource Unit**

The resource unit consists of:

- The applicant/beneficiary;
- The applicant/beneficiary and the legal spouse living in the home; or
- Applicants/beneficiaries who are a couple (legally married) and both enrolled in PACE.

### **D. Determine Countable Resources**

Determine total countable resources of the applicant/beneficiary. Refer to [I-1630, Need - SSI-Related Resources](#).

If the individual's home equity exceeds the limit, the individual will be totally ineligible for PACE. However, eligibility should be considered in other non-waiver programs.

If the applicant/beneficiary enrolled in PACE has a legal spouse living in the home, refer to [I-1660 Spousal Impoverishment Resource Provisions \(LTC/HCBS\)](#).

Compare total countable resources to the SSI resource limit for an individual (or couple). Refer to [Z-900 Resource Limits by Program](#).

If resources are greater than the resource limit, the applicant/beneficiary is resource ineligible for PACE.

If resources are equal to or less than the resource limit, the applicant/beneficiary is resource eligible for PACE.

If the resources of a couple are greater than the couple resource limit, consider eligibility for each spouse as an individual.

### **H-3621.5 Eligibility Decision**

Evaluate all eligibility requirements and verification received to make the eligibility decision.

Medicaid eligibility may begin on the first day of the calendar month following the date the PACE organization receives the signed enrollment agreement.

Consider QMB or SLMB eligibility for all PACE applicants. Refer to [H-1121, QMB Eligibility Determination Process](#) or [H-1321, SLMB Eligibility Determination Process](#).

### **H-3621.6 Certification Period**

The certification period cannot exceed twelve months beginning with the first day of the first month of eligibility for the PACE program.

### **H-3621.7 Notice of Decision**

Send the notice of decision to the applicant/beneficiary.

Send a copy of the decision notice to the PACE organization.

### **H-3621.8 Post Certification**

Refer potentially eligible beneficiaries for SSI.