AGENDA

1. Welcome

2. Approval of minutes from March 13, March 28, and April 09 board meetings – discussion and action item (5 minutes)

3. NPA charter issues – discussion and action item (20 minutes)

4. PACE 2.0 update – discussion and action item (20 minutes)

5. Policy on non-board member participation in board meetings – discussion and action item (15 minutes)

6. Draft legislation on direct employment of physicians by PACE (InnovAge) – discussion and action item (20 minutes)

7. 2019 retreat update – discussion and action item (10 minutes)

8. Other business (5 minutes)

9. Adjourn

Attachments

• Draft minutes of March 13, 2018, March 28, 2018, April 09, 2018 board meetings
• NPA charter agreement
• Fred Main memo re: CalPACE board membership and member categories
• CalPACE membership categories and benefits chart
• CA PACE 2.0 funding proposal
• Draft legislation on direct employment of physicians by PACE

Board Members

• AltaMed PACE, Maria Zamora
• Brandman Centers for Senior Care, Molly Forrest
• CalOptima, Arif Shaikh
• Center for Elders’ Independence, Linda Trowbridge
• Fresno PACE, Patricia Sandoval
• InnovAge, Maria Lozzano
• On Lok Lifeways, Eileen Kunz
• Redwood Coast PACE, Joyce Hayes
• San Diego PACE, Kevin Mattson
• St. Paul’s PACE, Cheryl Wilson
• Sutter SeniorCare PACE, Christie Brown O’Hanlon
Minutes of CalPACE Board Meeting
March 13, 2018
Capitol Event Center, Sacramento, CA

Attendees
Board members:  Arif Shaikh, CalOptima
                Beverley Dahan, InnovAge
                Cheryl Wilson, St. Paul's PACE
                Eileen Kunz, On Lok Lifeways
                Joyce Hayes, Redwood Coast PACE
                Linda Trowbridge, Center for Elders’ Independence
                Maria Zamora, AltaMed
                Patricia Sandoval, Fresno PACE

Other officers:  Bing Isenberg, CEI, CalPACE CFO

CalPACE staff:  Peter Hansel, Chief Executive Officer
                Fred Main, Counsel
                Jennifer Blankenship, Director of Operations

Guests:        Carol Hubbard, St. Paul's PACE
                Gary Campanella, On Lok Lifeways
                Robin Jensen, St. Paul's PACE
                Cindy Ward, LeadingAge California
                Phil Chuang, Sutter SeniorCare PACE

Board members absent:  Christie Brown O’Hanlon, Sutter SeniorCare PACE
                       Kevin Mattson, San Diego PACE
                       Molly Forrest, Brandman Centers for Senior Care

Note:  These minutes are confidential and privileged and should not be circulated outside of the CalPACE Board.

Board Chair Linda Trowbridge welcomed members and convened the meeting at 2:30 p.m.

DECISIONS
Minutes of Previous Meeting. The Board unanimously approved the March 05, 2018 meeting minutes (Wilson/Dahan).

Approval of Maria Lozzano as InnovAge Board Representative. The board unanimously approved InnovAge’s Maria Lozzano to serve as its CalPACE board representative (Kunz/Shaikh; Dahan abstaining).

CalPACE Financials as of 12/31/17. LeadingAge California VP for Finance Cindy Ward presented a review of the 2017-2018 Statement of Financial Position as of December 31, 2017; noting that net assets are $186,180 - which is an increase of $34,362 from June 30, 2017. Ms. Ward further provided a Statement of Revenue & Functional Expenses for July 1, 2017 through December 31, 2017; revenues were 17 percent above budget overall and expenses were 2 percent under budget for the year. The Board unanimously approved the financial statements as presented. (Wilson/Zamora)

Rate Setting. Fred Main, CalPACE Counsel, read a statement advising the board of the actions it must not engage in pertaining to discussion and sharing of information about rates and advised board members that as an association, CalPACE can be subject to federal antitrust provisions if it engages in these activities or discussions. Board members discussed the appropriate role for CalPACE vis-à-vis DHCS’ application of the new experience based rate methodology. There was consensus that CalPACE should send a letter to DHCS Chief Deputy Director Marie Cantwell outlining areas where the application of the methodology does not meet the principles of the PACE Modernization Act (PMA) which were discussed and agreed to during the development of the rate methodology. Board members discussed and received advice from Fred Main on the feasibility and prospects for making legislative changes to the PMA in the current year, and also on whether CalPACE should make legislative changes to the PMA a higher priority than the pending CalPACE budget proposal to continue month to month start-up for new POs and expansions. After discussion, a motion was approved to have CalPACE send a letter to DHCS after incorporating changes from board members, to have Fred Main get feedback from the budget committees on the prospects for moving forward with a budget request to amend the PMA in the current year, and to reconvene the board to consider further actions (Kunz/Zamora; Wilson voting no). Mr. Main also outlined other options that are available to members who wish to challenge their proposed rates, including the notice of dispute process.

2018 Legislative Positions. Fred Main reviewed several bills that staff have been tracking that potentially affect PACE. Mr. Main recommended that the board take positions on eight of the bills and continue to monitor several others. After discussion, the board approved a motion to take positions on the bills as follows (Sandoval/Shaikh):

Support: AB 1955 – Alzheimer’s disease; AB 2180 long-term care insurance; AB 2203 – Medi-Cal primary care services; AB 2204 – clinic licensure; AB2233 – Medi-Cal assisted living waiver; AB 2430 – Medi-Cal aged, blind and disabled income eligibility; AB 3200 – SSI/SSP cost of living adjustment.
Oppose: SB 562 --- Healthy California Act
Monitor: AB 2025 – facilities for the elderly; SB 974 – Medi-Cal eligibility: immigration status

Retreat 2019 Ms. Blankenship shared survey feedback from the 2018 retreat and reviewed various property options for the Board’s consideration in relation to the 2019 board retreat. The Board provided direction to pursue properties identified by Ms. Blankenship.

DISCUSSION

Other Business Ms. Blankenship updated the board on the Affiliate program, a category of membership launched in 2017 for allied organizations as a way to eventually reduce PACE member dues. Ms. Blankenship informed the board that as of March 13, 2018 the Affiliate program has 16 members and has generated more than $35,000 in revenue for FY17-18. She further noted that the inaugural Affiliate Meet & Greet event held in November 2017 was well-received by Affiliates and PACE members and generated a net profit of approximately $11,500. Looking forward, retention plans are in place to encourage Affiliate membership renewal for FY18-19. This includes a carefully selected timeline for Affiliate networking opportunities that coincide with the annual renewal process, as well as the encouragement of renewals in the first quarter of FY18-19 with the timed-release
and early bird registration rates for the 2018 Affiliate Meet & Greet, which requires current membership to participate.

The meeting was adjourned at 4:15 p.m.

Respectfully submitted,

Eileen Kunz, Secretary

Prepared by: Peter Hansel, Chief Executive Officer
Jennifer Blankenship, Director of Operations
Attendees
Board members:       Arif Shaikh, CalOptima
                      Cheryl Wilson, St. Paul’s PACE
                      Christie Brown O’Hanlon, Sutter SeniorCare PACE
                      Eileen Kunz, On Lok Lifeways
                      Joyce Hayes, Redwood Coast PACE
                      Linda Trowbridge, Center for Elders’ Independence
                      Maria Lozzano, InnovAge
                      Maria Zamora, AltaMed
                      Molly Forrest, Brandman Centers for Senior Care
                      Patricia Sandoval, Fresno PACE

Other officers:       Bing Isenberg, CEI, CalPACE CFO

CalPACE staff:        Peter Hansel, Chief Executive Officer
                      Jennifer Blankenship, Director of Operations

Guests:               Gary Campanella, On Lok Lifeways
                      Robin Jensen, St. Paul’s PACE
                      Susie Fishenfeld, Brandman Centers for Senior Care

Board members absent: Kevin Mattson, San Diego PACE

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Board Chair Linda Trowbridge welcomed members and convened the meeting at 1:00 p.m.

DECISIONS

PACE rate methodology
Peter Hansel provided an update on activities CalPACE staff have been undertaking in response to the new rate methodology. Fred Main is checking with the budget committees to determine the feasibility of sponsoring budget language to make modifications to the PACE Modernization Act. Staff have incorporated comments from board members on the draft letter to DHCS, which outlines concerns with the methodology. The state plan amendment with the revised methodology has been submitted to CMS and is available for review. Linda Trowbridge summarized discussions held with CMS Baltimore staff at the recent NPA Spring Policy Forum. CMS’ principal focus is assuring that rates are below the amount that otherwise would be paid (AWOP) and generally defers to states on how they set the rates.

Board members discussed and considered revisions to the draft letter to DHCS. After discussion, a motion to approve sending the letter as is was adopted on an 8 – 2 vote; Kunz and Shaikh voting no.
Board members discussed additional advocacy activities concerning the rate methodology, including meeting with CMS Region 9 staff. Ms. Wilson shared that St. Paul’s has asked its congressional representatives to urge CMS to not approve St. Paul’s rates as developed without additional review of the methodology. Board members discussed whether CalPACE should additionally request that CMS not approve the rate methodology. After discussion, the consensus of the board was to move ahead with sending the letter to DHCS and to meet again in two weeks to consider additional steps on the rate methodology. Ms. Wilson will share St. Paul’s letter to CMS with individual members who can consider whether to send similar letters from their organizations. Linda Trowbridge and Peter Hansel will meet with CMS Region 9 staff to present the concerns.

The meeting was adjourned at 1:45 p.m.

Respectfully submitted,

Eileen Kunz, Secretary

Prepared by: Peter Hansel, Chief Executive Officer
      Jennifer Blankenship, Director of Operations
Minutes of CalPACE Board Meeting  
April 09, 2018 | Conference Call

Attendees
Board members:
Arif Shaikh, CalOptima
Cheryl Wilson, St. Paul’s PACE
Christie Brown O’Hanlon, Sutter SeniorCare PACE
Eileen Kunz, On Lok Lifeways
Joyce Hayes, Redwood Coast PACE
Kevin Mattson, San Diego PACE
Linda Trowbridge, Center for Elders’ Independence
Maria Lozano, InnovAge
Maria Zamora, AltaMed

CalPACE staff:
Peter Hansel, Chief Executive Officer
Fred Main, CalPACE Counsel
Jennifer Blankenship, Director of Operations

Guests:
Grace Li, On Lok
Peter _______, On Lok
Rosana Scolari, San Diego PACE
Susie Fishenfeld, Brandman Centers for Senior Care

Board members absent:
Molly Forrest, Brandman Centers for Senior Care
Patricia Sandoval, Fresno PACE

Note: These minutes are confidential and privileged and should not be circulated outside of the CalPACE Board.

Board Chair Linda Trowbridge welcomed members and convened the meeting at 10:04 a.m.

DECISIONS

PACE rate methodology and PACE application budget proposal. Chair Linda Trowbridge summarized the meeting CalPACE representatives had with DHCS staff including Jennifer Kent on CalPACES budget proposal to continue to allow new PACE organizations and expansions to start-up on a month-to-month basis. DHCS representatives reacted strongly to the proposal and cited numerous administrative and rate setting steps they have to take in response to PACE applications that make it impossible for them to do this. DHCS cited in particular actuarial concerns to adjusting proposed rates on a month-to-month basis. DHCS staff indicated that they would consider alternative measures to streamline the application process. Ms. Trowbridge presented three board chair and staff recommendations vis-à-vis the application process and the new rate methodology – withdrawing the budget proposal and requesting to work with DHCS on alternatives to streamline the application
process, releasing the earlier board approved letter on the rate methodology, and supporting a pending proposal to require DPH to report regularly and post information on workload volume and timeliness of processing licensing applications by the Central Applications Unit. These actions would put CalPACEs requests and concerns on the record and it could solicit support from the Legislature if DHCS does not respond. Board members discussed whether CalPACE could succeed with the proposed budget proposal with some expressing support for continuing with the proposal. Counsel Fred Main advised the board that CalPACE would likely not be able to prevail if DHCS states that it cannot do what the proposed language requests, that it would expend a lot of political capital in doing so, and that the environment may be better in the next administration to revisit the proposal. Several board members indicated that they would feel compelled to update Legislators they met with if CalPACE withdraws its budget proposal on the application process. After discussion three separate motions were adopted:

1. To write a letter to DHCS withdrawing the budget proposal on the PACE application process and requesting that the department work with CalPACE on alternative approaches to streamline the application process (Kunz/Zamora; Wilson voting no);

2. To send the previously approved letter on the rate methodology to DHCS (Wilson/Mattson; Kunz voting no; Shaikh abstaining);

3. To send a letter of support to the budget subcommittees for the California Hospital Association proposal to require DPH to regularly report to the fiscal committees and to post information on the workload volume and timeliness of processing of licensing applications for all licensing categories by the Central Applications Unit (Kunz/Wilson).

The meeting was adjourned at 11:05 a.m.

Respectfully submitted,

Eileen Kunz, Secretary

Prepared by: Peter Hansel, Chief Executive Officer
Jennifer Blankenship, Director of Operations
State PACE Association Charter with National PACE Association

The National PACE Association ("NPA") hereby designates CalPACE as the State PACE Association ("SPA") in the state of California effective October 27, 2014.

Principles and Guidelines

In order for Programs of All-inclusive Care for the Elderly ("PACE®") to speak with one voice and avoid duplicative activities and conflicting positions, both parties agree to operate according to the following principles and attached guidelines.

1. Maintain bylaws that require mutual membership of operating and developing PACE programs. (Attachment 1)

2. Maintain and facilitate open lines of communication and information-sharing. (Attachment 2)

3. Engage in coordinated public policy and regulatory activities that assure their working relationship and aggregate credibility and effectiveness are not compromised by duplicative activities and conflicting positions at the federal and state level. (Attachment 3)

4. Work cooperatively to identify, develop and implement membership services. (Attachment 4)

5. Protect the PACE brand. (Attachment 5)

Miscellaneous

The SPA’s application to be designated as a State PACE Association is attached and its provisions hereby incorporated into this Charter by reference.

Both parties agree that this Charter does not place the parties in relationship as partners or joint ventures, and that neither party has any right or authority, express or implied, to create any obligations or responsibilities for the other party.
Term

The Agreement remains in effect until terminated by either party, with or without cause, upon 30 days written notice. Notwithstanding the foregoing, the Agreement shall immediately terminate at such time that the SPA’s developing and operating PACE membership fails to meet one of the following criteria:

(a) There are three or less operating and developing PACE programs in the State and 100% of them are members of the SPA.
(b) There are four or more operating and developing PACE programs in the State and at least 75% of them are members of the SPA.

Signatures

State PACE Association (must be signed by an officer of the SPA or its President/CEO)

Signature

Name  Peter Hensel  Position  CEO

SPA Corporate Address  1315 I St., Suite 100, Sacramento, CA 95814

National PACE Association (must be signed by an officer of NPA or its President/CEO)

Signature

Name  Shawn M. Bloom  Position  President & CEO

NPA Corporate Address: 801 North Fairfax Street, Suite 309, Alexandria, VA 22314
Attachment 1: Mutual Membership Operating Guidelines

Principle

NPA and SPAs shall have bylaws that require mutual membership of operating and developing PACE organizations.

Guidelines

1. NPA and SPAs are responsible for setting their own dues structure for operating and developing PACE programs; however, both shall maintain an awareness of the importance that the cumulative dues reflect the value of the membership in both organizations.

2. NPA and SPAs are each responsible for invoicing and collecting dues from their developing and operating PACE members.

3. SPAs that allow for-profit organizations to join as operating or developing PACE programs shall require them to also be members of NPA. Conversely, NPA shall require its for-profit operating and developing PACE members to be members of their respective SPA if there is one and it accepts for-profit members. Dues shall be set and invoiced as noted above.

4. NPA and SPAs may have other membership categories in addition to those noted above, with no requirement for mutual membership.

5. NPA and SPAs shall work cooperatively to create and demonstrate value of the mutual membership to their operating and developing PACE members, and to articulate the value of mutual membership to potential members.

6. If an SPA enters into a contractual relationship with another organization for the provision of management, administrative or related services, that agreement shall state that (a) the SPA’s members are not required to be members of the contracted organization and (b) the contracted organization does not have the authority to represent operating or developing PACE programs or provide services to them outside the terms of the agreement.
Attachment 2: Communications Operating Guidelines

Principle

NPA and SPAs shall maintain and facilitate open lines of communication and information-sharing.

Guidelines

1. SPAs shall participate in the SPA Leadership Council (see Attachment 2.1).

2. SPAs shall submit data, reports, and other information of interest to NPA to be made available to other SPAs, NPA members, policymakers, stakeholders, and others as appropriate.

3. NPA shall provide a link on its website to SPA websites, and SPA websites shall provide a link to NPA’s website.

4. NPA shall consider the communication needs of SPAs as it develops and implements its broad-based communications strategy.

5. NPA shall communicate with members regarding national issues and NPA programs and activities, and SPAs shall communicate with members regarding state issues and SPA programs and activities. When appropriate, each shall add value to the other’s communications by reprinting stories on a broader level, offering state-specific or national interpretation.

6. With the written authorization of an individual mutual member and in accordance with then current HIPAA compliance regulations, NPA will share with the member’s SPA the member’s data that NPA has obtained through its data collection programs.
Attachment 2.1: State PACE Association (SPA) Leadership Council

Purpose

The purpose of the SPA Leadership Council ("Council") is to facilitate coordinated dialogue between the SPAs and between SPAs and NPA.

Membership

Each SPA and those organizations that have been formally recognized as working toward SPA status may appoint no more than two representatives to serve on the Council.

Each SPA and each organization formally recognized as working toward SPA status is entitled to one vote on the Council.

Members of the Council may appoint individuals to serve in leadership capacities on the Council or as designated liaisons to other groups.

Activities

NPA shall coordinate conference calls and two face-to-face meetings per year, according to a schedule mutually determined by NPA and the SPAs. Agendas shall be set cooperatively between NPA and the SPAs. Agendas may include but are not limited to the following:

1. Identify, prioritize and set strategy for the achievement of joint policy initiatives that provide broad-based benefits across states.

2. Discuss governance and other issues specific to the SPA Charter and Council, including recommendations which may need to be submitted to NPA’s Board of Directors.

3. Discuss national and state policy issues, NPA and SPA activities/programs, and other information of broad interest.

4. Provide input to NPA on the identification of new membership products/services that are national in scope.
Attachment 3: Public Policy and Regulatory Operating Guidelines

Principle

NPA and SPAs shall engage in collaborative and coordinated public policy and regulatory activities that assure their working relationship and aggregate credibility and effectiveness are not compromised by duplicative activities and conflicting positions at the federal and state level. In general, NPA shall take the lead on federal issues and SPAs shall take the lead on their respective state issues.

Guidelines

1. NPA’s Board of Directors sets the direction for NPA’s policy positions and strategies.

2. NPA shall develop a process by which SPAs have a forum for providing input into issues considered and positions taken by NPA’s Board of Directors; however, in order for PACE to speak credibly with one voice, public communications and activities by SPAs shall support NPA’s policy positions and strategies as set by its Board of Directors.

3. With respect to federal issues, NPA shall be the primary liaison to the federal legislative and executive branches of government. Conversely, SPAs shall be the primary liaison to each of their respective state agencies.

4. On matters involving interaction with a CMS Regional Office, NPA and SPAs commit to close and frequent communication and collaboration on issues of mutual importance.

5. If a member of an SPA is concerned about NPA’s policy positions and/or strategy, the SPA shall advise the member to discuss those concerns directly with NPA. Conversely, if a member of NPA is concerned about an SPA’s policy positions and/or strategy, NPA shall advise the member to discuss those concerns directly with the SPA.

6. NPA and SPAs shall notify each other when working closely with a state's Congressional representatives on federal or state matters.

7. Upon the request of an SPA and if NPA resources are available, NPA shall provide assistance and information to the SPA regarding a critical state issue.

8. NPA shall notify an SPA when a state issue has national ramifications. In those situations the SPA shall work cooperatively with NPA and other SPAs on a policy and strategy that benefits PACE as a whole.

9. NPA and the SPA Leadership Council shall work cooperatively to identify, prioritize, and set strategy for the achievement of joint policy initiatives that provide broad-based benefits across states.
Attachment 4: Membership Services Operating Guidelines

**Principle**

NPA and SPAs shall work cooperatively to identify, develop and implement membership services.

**Guidelines**

1. NPA shall take the lead on membership services that are national in scope, are unique to PACE and fill a void.

2. NPA shall take the lead on providing members with assistance on federal policy, legislative and regulatory issues.

3. SPAs shall take the lead on providing members with assistance on state policy, legislative and regulatory issues.

4. NPA shall take the lead in developing Shared Services programs that are national in scope. SPAs that wish to participate in the marketing of those programs to its members and share in revenue generated by those members shall enter into a separate contractual relationship with NPA.

5. SPAs may develop state-specific or regional Shared Services programs that are unique to its members and are not in conflict or duplicative of NPA's Shared Services programs.

6. The SPA Leadership Council shall provide input to NPA on the identification of new membership products/services that are national in scope.

7. NPA shall take the lead in educational opportunities for its members that are of a national scope.

8. SPA educational opportunities shall not conflict in timing or in content with NPA's educational opportunities.

9. When appropriate and based upon mutual agreement, educational opportunities may be jointly sponsored by NPA and one or more SPAs.

10. Representatives from NPA and SPAs may serve as speakers and resources for each other’s events, provided that time and resources allow.
Attachment 5: PACE Brand Operating Guidelines

**Principle**

NPA and SPAs shall work cooperatively to protect the PACE® brand.

**Guidelines**

1. SPAs shall sign the following documents and abide by their terms: PACE Mark Licensure Agreement, PACE/LIFE Provider Logo Licensure Agreement, and State PACE Association Logo Terms of Use.

2. NPA shall maintain ownership of the following marks and logos: PACE, NPA, PACE Provider Logo, LIFE Provider Logo, NPA Logo, PACE4You, and PACEFinder.

3. SPAs shall not engage in any activities to challenge NPA’s ownership of the aforementioned marks and logos.

4. NPA shall be solely responsible for determining what activities it will engage in to protect its marks and logos. SPAs shall not conduct any activities to protect NPA’s marks and logos without the express written consent of NPA. If an SPA learns that any of its members are engaging in activities to protect NPA’s marks and logos, it shall immediately notify NPA.

5. Recognizing that the PACE brand is closely linked on the state and national level, NPA and SPAs shall engage in activities and conduct their organizations in a manner that protects the goodwill associated with the PACE brand.
May 30, 2018

To: Peter Hansel  
From: Fred Main Attorney  
Subject: CalPACE Board Membership and Member Categories

The issue has been raised who is a board member and who may participate in Board meetings of CalPACE?

CalPACE bylaw authorize each member of the Association the right to appoint the “PACE Members Chief Executive Officer to serve on the Board of Directors” Article 2 Section 2.3(a)(1). The Board consists of one or more designated directors who are the Chief Executive Officer of the PACE member. A PACE director may appoint in writing his or her designee to serve on the Board of Directors as the Representative of the PACE Member. Article 4 Section 4.2(b)(i). The designee serves until a new designation in writing is submitted.

Identification of who the board member is critical for establishing quorums, and votes. There is no provision for appointing a proxy to vote for the PACE Organization or Director at a Board meeting.

The Board may invite individuals to participate in Board meetings under guidelines established by the Board. Invitees are recognized for participation during the meeting at the discretion of the Chair as presiding officer of the Board meeting.

NPA/CalPACE Charter

CalPACE has signed a Charter Agreement with NPA. The Charter recognizes CalPACE as the sole State PACE Association in California. CalPACE recognizes NPA as the lead on PACE issues at the national level. As part of the Charter both organizations agree to require mutual membership by PACE organizations in both associations. CalPACE signed the Charter in 2014 and amended its by-laws to require mutual membership.

INNOVAGE is no longer a member of NPA and NPA has indicated to CalPACE that as of July 1 to maintain the Charter INNOVAGE cannot continue as a CalPACE member. There have been discussions with NPA about whether a sub-category of membership would be acceptable to maintain the charter relationship.

Full membership in CalPACE is limited to those organizations that have been designated by the state as a PACE program, operates a PACE program in California, and is a member of NPA. Full members have a right to appoint the CEO to serve on the Board of Directors, right to vote on
issues submitted to the membership, the right to serve on all committees, and the right of inspection of CalPACE documents.

There are also a number of categories of associate members listed in the by-laws and the Board can establish additional categories of Associate Members. Associate members have the rights and privileges that the Board of Directors grants to them. (See attached chart.)

Staff would propose the establishment of a new category of associate membership that would do the following, participate but not vote in all CalPACE member meetings and committees including joint meetings with regulators, participate in annual retreat with the exception of the Board strategic planning session, receive CalPACE compliance documents, participate in monthly member call, and potential election to the Board of Directors as an at large member. The dues structure for this membership category would remain at the current level for full membership.

If this membership category were acceptable to both CalPACE and NPA no by-law amendment would be required. The Board by resolution could establish the new associate membership category.
## CalPACE Membership Categories and Benefits

<table>
<thead>
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<th>Activity or Benefit</th>
<th>PACE Member</th>
<th>Associate Member</th>
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<tr>
<td>Rights / Access to Information</td>
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<td></td>
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<tr>
<td>New</td>
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<td>✓</td>
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<tr>
<td>Application Approved by DHCS</td>
<td></td>
<td></td>
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<tr>
<td>✓ Initial application has been approved by DHCS</td>
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<tr>
<td>✓ Full application has been submitted to DHCS and CMS</td>
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<tr>
<td>Exploring PACE</td>
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<tr>
<td>✓ Submitted Letter of Intent to DHCS</td>
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<tr>
<td>✓ Actively working on PACE Application</td>
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### Board of Director Meetings
- Existing: ✓
- New: ✓
- Application Approved by DHCS: No
- Exploring PACE: No

### CalPACE Annual Retreat
- Existing: ✓
- New: ✓
- Application Approved by DHCS: ✓ Public Sessions Only
- Exploring PACE: No

### CalPACE Meetings
- Existing: ✓
- New: ✓
- Application Approved by DHCS: ✓
- Exploring PACE: No

### Meetings with Regulators
- Existing: ✓
- New: ✓
- Application Approved by DHCS: ✓
- Exploring PACE: No

### Monthly Member Calls
- Existing: ✓
- New: ✓
- Application Approved by DHCS: ✓
- Exploring PACE: No

### Workgroup Participation
- Existing: ✓
- New: ✓
- Application Approved by DHCS: By invitation
- Exploring PACE: By invitation

### PCA Manual
- Existing: ✓
- New: ✓
- Application Approved by DHCS: For a fee
- Exploring PACE: For a fee

### Legislative Packets
- Existing: ✓
- New: ✓
- Application Approved by DHCS: ✓
- Exploring PACE: ✓

### Policy Materials
- Existing: ✓
- New: ✓
- Application Approved by DHCS: ✓
- Exploring PACE: ✓

### Promotional Materials
- Existing: ✓
- New: ✓
- Application Approved by DHCS: ✓
- Exploring PACE: ✓

### Annual Meeting
- Existing: ✓
- New: ✓
- Application Approved by DHCS: ✓
- Exploring PACE: No

### Quarterly Public Policy Calls
- Existing: ✓
- New: ✓
- Application Approved by DHCS: ✓
- Exploring PACE: ✓

### Member-Only Website Access
- Existing: ✓
- New: ✓
- Application Approved by DHCS: No
- Exploring PACE: No

### Getting to Know PACE Calls
- Existing: No
- New: No
- Application Approved by DHCS: No
- Exploring PACE: ✓

### Annual Membership Fee
- Share of Projected Expenses (Dec 31)
  - PACE Member: $15,000 minimum
  - Associate Member: $12,500
  - Exploring PACE: $3,750

08/29/2017
California-PACE 2.0 (CA-PACE 2.0):
Scaling PACE to Support Community Living for Seniors

A Proposal to
The Gordon and Betty Moore Foundation

Proposed Start Date: September 1, 2018
Proposed End Date: December 31, 2019
Project Duration: 16 months

Submitted by the National PACE Association

Principal Investigator: Peter Fitzgerald,
Executive Vice President, Policy and Strategy
National PACE Association
675 North Washington Street, Suite 300
Alexandria, Virginia 22314
peterf@npaonline.org
(703) 535-1519

Submitted June 8, 2018
California-PACE 2.0 (CA-PACE 2.0):
Scaling PACE to Support Community Living for Seniors

1. **PACE Overview**

The Program of All-Inclusive Care for the Elderly (PACE) is a comprehensive, community-based care model serving primarily low income, frail older adults. PACE provides these older adults with an age friendly health system that supports their ability to live at home, have their care needs met, and enjoy a high quality of life. The PACE care model integrates preventive, primary and acute care with support services, such as assistance with eating and dressing, across the full range of care settings, including at home. PACE operates and provides many of these services directly, while contracting for other services, such as hospitalization or specialist care. Primary care, rehabilitative care, social activities and meals are provided at a PACE Center. In a person's home, PACE organizations provide personal care assistance and skilled nursing. Transportation to the PACE Center, medical appointments and community activities is also provided by PACE.

Through these directly operated services, PACE organizations bring access and expertise to their communities' health care delivery systems for older adults needing long term services and supports. Further, the direct care relationship that PACE interdisciplinary team members have with the people they serve results in care needs assessment, planning and delivery that is person centered, timely and effective. PACE's comprehensive care model is fully responsible for meeting all of an individual's care needs. As a result, PACE organizations are incentivized and empowered to address care delivery holistically.

PACE is a covered Medicare benefit and offered as an optional Medicaid benefit in 31 states. For low income, frail elders these programs pay the PACE organization a set monthly amount to provide all required care. Each PACE program has a defined service area within which a person wishing to receive services from the program must reside. Nationally, there are 124 PACE organizations serving approximately 45,000 individuals in 235 communities across 31 states. Ninety-percent of these individuals are low-income older adults, who are eligible for both Medicare and Medicaid.

2. **PACE Effectiveness**

A long and consistent evidence-basis for the PACE care model affirms its ability to support seniors’ quality of care and quality of life in a community-based setting. In the Institute of Medicine report “Retooling for an Aging America,” PACE is recognized as a model of care with the capacity to bring geriatric expertise and care coordination to the needs of older adults.1 This is consistent with a 2010 study by Chad Boult and Darryl Wieland highlighting PACE as one of three chronic care models that include processes to improve the effectiveness and efficiency of complex primary care.2 An earlier study found that PACE participants’ experienced better

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1 Retooling for an Aging America: Building the Health Care Workforce, Institute of Medicine, April 11, 2008.
self-rated health status, fewer unmet needs, and improved health care management than individuals with similar needs receiving services through other programs and services. The PACE care model has met the criteria for inclusion in SAMHSA’s National Registry of Evidence-Based Programs and Practices.

Not surprisingly, the strengths of the PACE care model result in reduced hospital admissions and emergency room visits, as evidenced in a number of state-specific (Massachusetts, New York, Wisconsin) and national studies. Better care that avoids unnecessary hospitalizations and emergency room visits extends the life expectancy of people with chronic care and functional support needs. A study of PACE participants in South Carolina found that “PACE participants had a substantial long-term survival advantage compared with aged and disabled waiver clients.” This finding is supported by a national study which found that PACE participants had a lower mortality rate than individuals in nursing homes or home and community-based services provided by state Medicaid waiver programs.

Providing effective and timely care helps people live longer, avoid hospitalizations, and experience a higher quality of life with better health outcomes. Moreover, the PACE care model is achieving these results for less than or the same amount of cost as other programs. In Medicaid, states pay PACE programs on average 16.5% less than the costs of caring for a comparable population through other Medicaid services, including nursing homes and home and community-based waiver programs. In Medicare, payments to PACE organizations are equivalent to the costs for a comparable population to receive services through the fee-for-service program.

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3. **PACE in California**

PACE originated in San Francisco, where On Lok developed its care model in response to the local community’s desire for seniors to age at home rather than a nursing home. Initially operated as a Medicaid demonstration, it expanded to include Medicare covered services as well. The On Lok demonstration model was subsequently piloted nationally to validate its ability to serve seniors across a broad range of states and local communities. Based on the evaluation of this national pilot, the Program of All-Inclusive Care for the Elderly became a permanent part of the Medicare program and a state option for Medicaid in 1997. As of January 2018, eleven PACE organizations provide services to approximately 7,100 individuals in California.

Table 1: PACE Organizations Serving California

<table>
<thead>
<tr>
<th>PACE Organization</th>
<th>Service Area (County)</th>
<th>Participants Served (1/1/2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AltaMed Senior BuenaCare</td>
<td>Los Angeles</td>
<td>2,443</td>
</tr>
<tr>
<td>Brandman Centers for Senior Care</td>
<td>Los Angeles - Reseda</td>
<td>231</td>
</tr>
<tr>
<td>CalOptima</td>
<td>Orange County</td>
<td>236</td>
</tr>
<tr>
<td>Center for Elders’ Independence</td>
<td>Alameda, Contra Costa</td>
<td>693</td>
</tr>
<tr>
<td>Fresno PACE</td>
<td>Fresno</td>
<td>429</td>
</tr>
<tr>
<td>InnovAge of Greater California</td>
<td>Riverside, San Bernardino</td>
<td>327</td>
</tr>
<tr>
<td>On Lok Lifeways</td>
<td>San Francisco, Alameda, Santa Clara counties</td>
<td>1,467</td>
</tr>
<tr>
<td>Redwood Coast PACE</td>
<td>Eureka</td>
<td>140</td>
</tr>
<tr>
<td>San Diego PACE</td>
<td>San Diego</td>
<td>188</td>
</tr>
<tr>
<td>St. Paul’s PACE</td>
<td>San Diego</td>
<td>700</td>
</tr>
<tr>
<td>Sutter SeniorCare PACE</td>
<td>Sacramento</td>
<td>293</td>
</tr>
</tbody>
</table>

(sources: 2018 NPA member survey, January 2018 CMS enrollment file)

4. **Challenge**

While the PACE model has proven its effectiveness as a community-based option for California’s seniors needing long term care, access to and use of the program continues to be limited. Of the approximately 182,000 Medicaid-eligible individuals aged 55 or older needing
long term services and supports who live in a county served by PACE, only 4% are enrolled in PACE.

Chart 1: Low Income Seniors in a PACE Service Area Needing Long Term Care

Enrollment in PACE has been constrained by state policies, limited awareness, and provider capacity challenges:

- Automatic enrollment in MediCal health plans – with the state’s movement towards managed care for Medicaid, MediCal eligible individuals have been automatically enrolled in health plans. However, PACE organizations do not receive automatic enrollments placing them at a significant disadvantage relative to other options.
- Limited awareness – as local and provider-based programs, PACE organizations have struggled to increase awareness of their services in relation to health plans promoted by larger insurer-based options.
- Capacity to grow – to increase the number of seniors served, PACE organizations require direct-care delivery capacity, including a health care provider workforce and the physical locations, PACE Centers, at which to provide care. Expanding capacity requires capital and time.

5. Opportunity

Despite these challenges, it is evident from the performance of PACE organizations nationally and in California that PACE organizations can be scaled to serve a larger number of seniors.
Nationally, six PACE organizations serve over 1,000 participants, with two of these located in California (AltaMed Senior BuenaCare and On Lok Lifeways).

Table 2: PACE Organizations Serving 1,000+ Participants, Nationally (as of 1/1/2018)

<table>
<thead>
<tr>
<th>PACE Organization</th>
<th>State</th>
<th>Number of PACE Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>AltaMed Senior BuenaCare</td>
<td>CA</td>
<td>2,443</td>
</tr>
<tr>
<td>CenterLight HealthCare</td>
<td>NY</td>
<td>2,929</td>
</tr>
<tr>
<td>Element Care</td>
<td>MA</td>
<td>1,006</td>
</tr>
<tr>
<td>On Lok Lifeways</td>
<td>CA</td>
<td>1,467</td>
</tr>
<tr>
<td>Providence ElderPlace in Portland</td>
<td>OR</td>
<td>1,372</td>
</tr>
<tr>
<td>Summit ElderCare</td>
<td>MA</td>
<td>1,219</td>
</tr>
</tbody>
</table>

In California, interest in expanding PACE is evident in the expansion of existing programs’ service areas, the number of new and developing programs, and the increases in statewide enrollment.

[Peter H: do you have numbers on the growth in service areas, PACE centers, and new programs over the last 3-5 years? Also, any estimate of pending applications for new programs?]

Looking to sustain and increase this growth, PACE organizations are working with MediCal to increase consumer awareness by mailing information to Medicaid beneficiaries. A number of PACE organizations are also addressing capacity limitations by integrating community-based resources, including primary care physicians and adult day health centers, into their care delivery model. These community resources expand the number of seniors that the PACE program can serve by supplementing the program’s own space and staff, while reducing the time and capital required to grow.

6. Proposed Project Impact

The CA-PACE 2.0 project will incorporate these and other innovations into an accelerated growth model that supports the ability of more seniors to live at home with a high quality of life, through the delivery of PACE’s integrated and community-based care. Specific growth targets will be set by each PACE organization, using monthly net enrollment and market penetration benchmarks observed for high performing PACE organizations nationally. For these PACE organizations, the monthly net enrollment benchmark is 10-15 participants and the market penetration benchmark is 20% or more. Estimates of the enrollment targets each California PACE organization would set using the national benchmarks are provided in Table 3 below.
Table 3: Preliminary Net Monthly Enrollment and Market Penetration Targets for CA-PACE 2.0 Organizations

<table>
<thead>
<tr>
<th>PACE Organization</th>
<th>Target Monthly Net Enrollment*</th>
<th>Target Market Penetration (20%) Enrollment</th>
<th>Current Net Monthly Enrollment (CY 2017)</th>
<th>Current Market Penetration Percent</th>
<th>Current Enrollment 1/1/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>AltaMed Senior BuenaCare</td>
<td>25</td>
<td></td>
<td>25</td>
<td>2%</td>
<td>2,443</td>
</tr>
<tr>
<td>InnovAge of Greater California</td>
<td>15</td>
<td></td>
<td>6</td>
<td>327</td>
<td></td>
</tr>
<tr>
<td>Center for Elders’ Independence</td>
<td>10</td>
<td></td>
<td>1</td>
<td>693</td>
<td></td>
</tr>
<tr>
<td>Fresno PACE</td>
<td>15</td>
<td></td>
<td>11</td>
<td>429</td>
<td></td>
</tr>
<tr>
<td>San Diego PACE</td>
<td>10</td>
<td></td>
<td>0</td>
<td>188</td>
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</tr>
<tr>
<td>On Lok Lifeways</td>
<td>10</td>
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<td>2</td>
<td>1,467</td>
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</tr>
<tr>
<td>CalOptima</td>
<td>10</td>
<td></td>
<td>4</td>
<td>236</td>
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<tr>
<td>Brandman Centers for Senior Care</td>
<td>10</td>
<td></td>
<td>2</td>
<td>231</td>
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</tr>
<tr>
<td>Redwood Coast PACE</td>
<td>10</td>
<td></td>
<td>3</td>
<td>140</td>
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</tr>
<tr>
<td>St. Paul’s PACE</td>
<td>15</td>
<td></td>
<td>10</td>
<td>700</td>
<td></td>
</tr>
<tr>
<td>Sutter SeniorCare PACE</td>
<td>10</td>
<td></td>
<td>2</td>
<td>293</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>140/month</td>
<td>66/month</td>
<td></td>
<td></td>
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</tbody>
</table>

* These are preliminary targets; for current net enrollments of 5 or less, the target is estimated to be 10; for six or more, the target is estimated to be 15, with the exception noted below.

** The current net enrollment is above the benchmark target range (10-15) and is unchanged.

Based on the preliminary net enrollment targets above, PACE organizations would increase the number of seniors served by 140 per month, or 1,680 per year. The market penetration targets would set a long-term, ten-year goal of serving 36,400 seniors through the PACE program. This increase in the number of PACE participants will result in better care, and a higher quality of life for seniors needing long term services and supports (please see Section 2 above).

In addition to the benefits for seniors and PACE organizations in California, the CA-PAGE 2.0 project will establish a growth model that can be replicated nationally by more than 100 PACE
organizations across 31 states. If these PACE organizations were to achieve net monthly enrollment levels on a par with the preliminary targets for the CA-PACE 2.0 organizations, the PACE program would grow to serve 100,000 low-income seniors over the next three years.

Project Approach

The project approach is to use a proven dissemination method that applies a tested growth model. The growth model is derived from practices developed by benchmark, or “bright spot,” PACE organizations currently achieving high net enrollment growth and market penetration rates. These bright spots convened to identify primary and secondary drivers for achieving levels of growth that are double, or greater than, the national average. The growth model to be used in the CA-PACE 2.0 project is made up of these primary and secondary drivers (please see Attachment 1). Currently the growth model is being field tested at a PACE organization in Greensboro, NC. Based on the results of the field test, the growth model will be further refined in time for its application to the proposed CA-PACE 2.0 project.

The growth model dissemination method in the proposed CA-PACE 2.0 project will be modeled on the Institute for Healthcare Improvement’s Breakthrough Series learning collaborative method. Since 1995, IHI has sponsored over 50 such Collaborative projects addressing a range of topics with dramatic results including: reducing hospital waiting times by 50 percent, reducing worker absenteeism by 25 percent, reducing ICU costs by 25 percent, and reducing hospitalizations for patients with congestive heart failure by 50 percent. The success of the Breakthrough Series method in achieving health system change indicates that its application to the goals of the CA-PACE 2.0 project will be effective. For more information about the Breakthrough Series method please see IHI Breakthrough Series.

For the proposed project, we have sought out partners with the expertise to support its success:

- **CalPACE** – CalPACE is the state association of PACE organizations. As a project partner, CalPACE will support outreach to PACE organizations to promote their participation in the learning collaborative and provide expertise regarding state policy considerations impacting growth.
- **Billions Institute** – The Billions Institute will support the project’s design and implementation of the learning collaborative. Billions Institute consultants will conduct learning sessions and provide ongoing support to the learning collaborative’s participating PACE organizations.

Additionally, this work will be closely connected to the national PACE 2.0 project. This project is developing a spread and scale strategy for exponentially increasing access to and use of PACE services. The PACE 2.0 project has led the design and field testing of the growth model to be applied in the CA-PACE 2.0 project. Peter Fitzgerald will serve to coordinate the PACE 2.0 and CA-PACE 2.0 projects to assure that each is benefitting fully from the progress and learnings of the other.
While we are confident in the proposed approach, we recognize potential risks and have developed mitigation strategies to address them:

<table>
<thead>
<tr>
<th>Potential Risk</th>
<th>Proposed Mitigation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State policies do not support growth strategies</strong> – approximately 95% of PACE participants are eligible for MediCal and enrollment in PACE requires an eligibility determination by the state. Additionally, increasing PACE center capacity or expanding PACE service areas requires state support. A potential risk for the project is that the state is not willing or able to respond to an increased volume of requests for eligibility determinations, new PACE centers or expanded service areas.</td>
<td><strong>State Outreach</strong> – CalPACE will reach out to state agencies to advise them of the goals of CA-PACE 2.0 and plan for increased demands on state processes and resources. California currently supports expedited eligibility determinations for PACE, with retroactive auditing. The project can build on this process to increase PACE enrollment</td>
</tr>
<tr>
<td><strong>PACE organizations do not participate</strong> – PACE organizations face many demands on their resources, challenging them to dedicate staff to growth while continuing to provide services to their currently enrolled population. Further, the costs of travel to the Learning Sessions in the collaborative may deter participation due to limited administrative funds.</td>
<td><strong>Advance PACE Organization Outreach</strong> – CalPACE has engaged its members in the development of the proposed CA-PACE 2.0 project and received advance indications of high interest from them. <strong>Funding Support for Travel Expenses</strong> – to address the limited resources of PACE organizations for travel expenses, the proposed project would provide travel stipends to offset these costs.</td>
</tr>
<tr>
<td><strong>Breakthrough Series Method Does Not Translate to PACE</strong> – Even with a long record of success, the Breakthrough Series method may face challenges in being applied to PACE, which is a fully-integrated model, and in being applied to the goal of expanding access and use. Typically, the method has been applied in health care systems to achieve specific operational or clinical care changes.</td>
<td><strong>Field Test</strong> – in the PACE 2.0 project’s field test of the growth model, we are using many of the Breakthrough Series method’s techniques and will learn how to adapt them, as needed, to PACE and the growth goal of CA-PACE 2.0. <strong>Adaptability</strong> – if early indications are that the Breakthrough Series method is not a good fit, we can consider other dissemination strategies that our consulting partner has had experience with. For a description of these, please see the article “Many Ways to Many.”</td>
</tr>
</tbody>
</table>

**Project Measures**

To track the success of the project, we will measure participation in the collaborative, enrollment and quality. The planned measures for each of these areas are listed below. The
quality measures are designed to balance the enrollment measures, to assure that growth is not achieved at the expense of the quality of life and care for the PACE participant.

**Domain: Participation in the Collaborative**

- Measure 1: Number of PACE organizations enrolled in the Collaborative
- Measure 2A: Number of PACE organizations participating in each Learning Session
- Measure 2B: Number of PACE organization representatives participating in each Learning Session
- Measure 3A: Number of PACE organizations providing data to the learning collaborative from their rapid cycle testing events
- Measure 3B: Number of rapid cycle testing events for each participating organization, and overall

**Domain: Growth**

- Measure 1: New enrollees, per month
- Measure 2: Disenrollees, per month
- Measure 3: Net enrollment, per month

**Domain: Quality Balancing Measures**

- Measure 1A: Voluntary disenrollment, per month
- Measure 1B: Voluntary disenrollment within the first 90 days of enrollment, per month
- Measure 2: Hospitalizations
- Measure 3: Emergency room visits
- Measure 4: Participant satisfaction – “would recommend PACE”
- Measure 5: Caregiver satisfaction – “would recommend PACE”

**Project Plan**  [Abby – I took this from the summary we developed for the PACE organizations. If you could add any more on the methodology behind the approach or other key planning issues that would strengthen this section]

Modeled on the [Institute for Healthcare Improvement’s Breakthrough Series Collaborative](https://ihi.org) method, the CA-PACE 2.0 collaborative will ask each participating organization to commit to a shared aim of significantly increasing net enrollment and market penetration. Participating sites will actively make changes in service of the aim. This will require:

- Developing an operating culture that supports learning and change,
- Applying and adapting the PACE 2.0 growth strategy model by testing a range of tactics, and
- Routinely sharing learning and reporting data.
Activities and Supports
NPA, CalPACE, and the Billions Institute will advise and support each organization throughout the year-long learning collaborative. The year will be anchored with in-person meetings and group webinars. Between these activities, participating organizations will apply what they are learning at their PACE organization and collect data to rapidly assess the changes. Each organization will be supported by its peers and expert faculty who have experience in growing PACE, applying quality improvement strategies, and enhancing operational efficiencies.

Specific collaborative supports will involve a number of key components, including, but not limited to:

- **In-Person Meetings:** Through four in-person meetings, participating organizations will have the opportunity to connect to one another, to the meaning of their work, and to experts in the field. Meetings will be a vehicle to provide just-in-time information, a time for PACE organizations to share results and progress, and a space to constructively challenge the work as it unfolds. The meetings will be scheduled to take place throughout California between October 2018 and October 2019.

- **Collaborative Learning Calls:** Every other week, participating organizations will learn from experts in the field and in improvement science and scaling about how to apply the concepts to their individual organizations. The calls will also provide opportunities for peer-to-peer support and data sharing.

- **Expert Faculty:** Teams will engage with PACE bright spots throughout the collaborative series, including presentations during collaborative learning calls, during in person meetings, and through as-needed one-on-one assistance.

- **Data Reporting:** Teams will regularly share data with each other, NPA, CalPACE, and the Billions Institute. Data will be used for improvement, not judgement, and will form the bedrock for assessing if changes are leading to improvement.

Participation and Team Composition
Participation in the PACE 2.0 California collaborative will be limited to currently operating PACE organizations in California. Each organization will form a team of three to four people who have the written support of their executive team. An executive sponsor will be asked to commit to providing support in removing barriers to progress. CA-PACE 2.0 team members will need sufficient time both to participate in the activities described above, and to routinely manage and assess changes at their organization. CA-PACE 2.0 team members are expected to become change agents in their organizations.

Timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>Disseminate applications to PACE organizations</td>
<td>8/15 PACE Organization</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td>Date</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>September, 2018</td>
<td>Receive and Review PACE organization applications to participate in the CA-PACE 2.0 Learning Collaborative</td>
<td>Applications Due</td>
</tr>
<tr>
<td></td>
<td>Notify organizations of acceptance to participate in the learning collaborative</td>
<td>September 1, 2018</td>
</tr>
<tr>
<td></td>
<td>Preliminary phone call with planning team of project staff and representative from each participating PACE organization</td>
<td></td>
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<tr>
<td></td>
<td>Pre-work at participating PACE organizations to form teams</td>
<td></td>
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<tr>
<td>October, 2018</td>
<td>Kick-Off Learning Session</td>
<td>October 2-3</td>
</tr>
<tr>
<td></td>
<td>Begin rapid cycle testing, data sharing</td>
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<tr>
<td></td>
<td>Biweekly coaching call</td>
<td></td>
</tr>
<tr>
<td>November, 2018</td>
<td>Continue rapid cycle testing, data sharing</td>
<td></td>
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<tr>
<td></td>
<td>Biweekly coaching calls (2)</td>
<td></td>
</tr>
<tr>
<td>December, 2018</td>
<td>Continue rapid cycle testing, data sharing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Biweekly coaching calls (2)</td>
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<tr>
<td>January, 2019</td>
<td>Second Learning Session</td>
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<td>Continue rapid cycle testing, data sharing</td>
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<td>Biweekly coaching call</td>
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<tr>
<td>February, 2019</td>
<td>Continue rapid cycle testing, data sharing</td>
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<td></td>
<td>Biweekly coaching calls (2)</td>
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<tr>
<td>March, 2019</td>
<td>Continue rapid cycle testing, data sharing</td>
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<td></td>
<td>Biweekly coaching calls (2)</td>
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<tr>
<td>April, 2019</td>
<td>Third Learning Session</td>
<td>TBD</td>
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<tr>
<td></td>
<td>Continue rapid cycle testing, data sharing</td>
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<tr>
<td></td>
<td>Biweekly coaching call</td>
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<tr>
<td>May, 2019</td>
<td>Continue rapid cycle testing, data sharing</td>
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<tr>
<td></td>
<td>Biweekly coaching calls (2)</td>
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</tr>
<tr>
<td>June, 2019</td>
<td>Continue rapid cycle testing, data sharing</td>
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</tr>
</tbody>
</table>
Biweekly coaching calls (2)

<table>
<thead>
<tr>
<th>Month</th>
<th>Event Details</th>
<th>Date</th>
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<tbody>
<tr>
<td>July, 2019</td>
<td>Fourth Learning Session&lt;br&gt;Continue rapid cycle testing, data sharing&lt;br&gt;Biweekly coaching call</td>
<td>TBD</td>
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<tr>
<td>August, 2019</td>
<td>Continue rapid cycle testing, data sharing&lt;br&gt;Biweekly coaching calls (2)</td>
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</tr>
<tr>
<td>September, 2019</td>
<td>Continue rapid cycle testing, data sharing&lt;br&gt;Biweekly coaching calls (2)</td>
<td></td>
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<tr>
<td>October, 2019</td>
<td>Conclusion of Learning Collaborative&lt;br&gt;Presentation at NPA Annual Conference</td>
<td>NPA Annual Conference October 13-16</td>
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<tr>
<td>November, 2019</td>
<td>Evaluation Analysis and Draft Project Report</td>
<td></td>
</tr>
<tr>
<td>December, 2019</td>
<td>Final Project Report</td>
<td>December 31, 2019</td>
</tr>
</tbody>
</table>

Evaluation

The project evaluation will assess the applicability of the growth model, the effectiveness of the dissemination method, and the increases in access to and use of PACE services by frail elders. The evaluation will be conducted by project staff using the measures reported by the participating PACE organizations (please see Project Measures above). In addition, project staff will ask the participating PACE organizations to assess their experience and results qualitatively.

Communication and Dissemination of Findings

Project staff and representatives of the participating PACE organizations will present the results achieved by the project at NPA’s Annual Conference, to be held in New Orleans from October 13-16, 2019. In addition, NPA will disseminate information and resources generated by the project through its website at [www.npaonline.org](http://www.npaonline.org) and its newsletter. [Peter – can you add something about CalPACE dissemination – meetings, website, newsletter etc.?]

Period of Performance

The proposed project would start on September 1, 2018 and continue through December 31, 2019, with a duration of 16 months.

Budget
Estimated budget in an Excel spreadsheet – please use the attached Budget Template
The Legislature hereby finds and declares all of the following:

(a) The Program of All-Inclusive Care for the Elderly (PACE) is an innovative model that provides a range of comprehensive integrated preventative acute care, and long-term care services to manage and meet the needs of the often complex medical, functional, and social needs of the frail elderly.

(b) PACE was created as a way to provide patients, families, caregivers and professional health care providers the flexibility to meet a person’s health care needs while continuing to live safely in the community. Geriatric services are a vital component of achieving positive outcomes for PACE participants.

(c) There is a significant shortage of geriatricians in California and the United States. The American Geriatric Society (AGS) estimates that in 2016, the U.S. needed about 20,000 geriatricians to provide adequate health care to older adults; there were fewer than 6,800 certified practicing geriatricians in 2016, a shortfall of over 13,000. The State of California is second in the nation in terms of the need for geriatricians.

(d) Allowing PACE programs to directly employ geriatricians through the requirements set forth herein will ensure continuity of care for PACE participants while also increasing opportunities to expand the availability of geriatricians in the state.

SECTION 1. Section 2404 of the Business and Professions Code is added to read:

2404.
(a) The provisions of Section 2400 do not apply to PACE organizations as defined in section 14592 of the Welfare and Institutions Code. PACE organizations may employ licensees, provided the following conditions are met:

(1) The organization does not utilize the services of an employed physician for care to non-pace participants.

(2) The organization does not interfere with, control, or otherwise direct a physician’s professional judgment in a manner prohibited by Section 2400 or any other law. A violation of this subdivision would constitute an unfair and unlawful business practice under Section 17200 of the Business and Professions Code and is subject to enforcement pursuant to Chapter 5 (commencing with Section 17200) of Part 2 of Division 7 of the Business and Professions Code. [Continued violations may be a basis for sanctions being imposed by the organization’s licensing body or bodies.]

(3) The program provides an approved residency postgraduate training program or fellowship program for physicians [they employ] who wish to become board certified geriatricians. The program maintains a residency rotation program through a hospital or medical center operating a residency program. The rotation program must include as part of the clinical experience availability of the PACE organization’s facilities and equipment as well as designated personnel with the PACE organization.

(c) This section does not apply to any PACE organization that currently employs licensees through any existing state or federal exemption.