Member Call
Thursday, September 13, 2018 • 3:00pm – 4:00pm
(267) 930-4000; participant code 759-479-640

AGENDA

1. Welcome

2. State budget and legislative update (20 minutes)

3. PACE rate setting update (15 minutes)

4. DHCS and CMS guidance and initiatives (20 minutes)
   ● PACE regulation (CMS)
   ● Questions to CMS on PACE application process
   ● DHCS PACE application process update
   ● DHCS payment withhold

5. Upcoming meetings and events (5 minutes)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Place</th>
<th>Time</th>
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<tbody>
<tr>
<td>09.19.2018</td>
<td>Legislative Planning Workgroup Call</td>
<td>Phone (267) 930-4000</td>
<td>9:00am-10:00am</td>
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<tr>
<td>09.24.2018</td>
<td>Encounter Reporting TA Call</td>
<td>Phone (267) 930-4000</td>
<td>10:00am-11:00am</td>
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<td>10.02.2018</td>
<td>Quarterly Public Policy Call</td>
<td>Phone (267) 930-4000</td>
<td>10:00am-11:00am</td>
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<td>10.03.2018</td>
<td>PACE 2.0 Break Through Series Learning Collaborative</td>
<td>California Endowment 2000 Franklin Street, Oakland, CA 94612</td>
<td>8:00am-4:30pm</td>
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<td>10.04.2018</td>
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<td>10.11.2018</td>
<td>Monthly Member Call</td>
<td>Phone (267) 930-4000</td>
<td>3:00pm-4:00pm</td>
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<tr>
<td>10.21-24.2018</td>
<td>NPA Annual Conference</td>
<td>Hilton Portland Downtown 921 SW Sixth Avenue, Portland, Oregon 97204</td>
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<td>11.06.2018</td>
<td>Member Meeting</td>
<td>California Endowment 1414 K Street, Sacramento, CA 95814</td>
<td>11:30am-3:00pm</td>
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<td>11.06.2018</td>
<td>Board Meeting</td>
<td>California Endowment 1414 K Street, Sacramento, CA 95814</td>
<td>3:00pm-4:30pm</td>
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<td>11.06.2018</td>
<td>Member Dinner</td>
<td>Red Rabbit Kitchen &amp; Bar 2718 J Street, Sacramento, CA 95816</td>
<td>5:30pm-7:30pm</td>
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<td>11.07.2018</td>
<td>Combined DHCS CMS Meeting</td>
<td>California Endowment 1414 K Street, Sacramento, CA 95814</td>
<td>8:00am-10:00am</td>
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<td>11.07.2018</td>
<td>Meet &amp; Greet Event</td>
<td>The Citizen Hotel (Metropolitan Terrace) 926 J Street, Sacramento, CA 95814</td>
<td>10:30am-4:00pm</td>
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6. Other business

7. Adjourn

Attachments
A. Copy of S. 3338 – final PACE rule
B. NPA issue brief on need for final PACE rule
To direct the Secretary of Health and Human Services to finalize certain proposed provisions relating to the Programs of All-Inclusive Care for the Elderly (PACE) under the Medicare and Medicaid programs.

A BILL

To direct the Secretary of Health and Human Services to finalize certain proposed provisions relating to the Programs of All-Inclusive Care for the Elderly (PACE) under the Medicare and Medicaid programs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Comprehensive Care for Seniors Act of 2018”.
SEC. 2. DIRECTING THE SECRETARY OF HEALTH AND HUMAN SERVICES TO FINALIZE CERTAIN PROPOSED PROVISIONS RELATING TO THE PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) UNDER THE MEDICARE AND MEDICAID PROGRAMS.

Not later than December 31, 2018, the Secretary of Health and Human Services shall finalize the provisions of the proposed rule titled "Medicare and Medicaid Programs; Programs of All-Inclusive Care for the Elderly (PACE)" (81 Fed. Reg. 54666), updated as determined appropriate by the Secretary.
Issuance of PACE Final Rule Key to Operational Flexibilities and Efficiencies to Enhance PACE Quality and Care Delivery

Programs of All-Inclusive Care (PACE) serve over 45,000 high-need, high-cost Medicare and Medicaid beneficiaries whose health conditions qualify them for nursing home care, enabling them to live safely in the community with the services and supports provided. PACE organizations are comprehensive, capitated, fully integrated, provider-based health plans responsible for providing all Medicare- and Medicaid-covered services, including all health care and long-term services and supports, to a predominantly dually eligible population. PACE participants must be at least 55 years of age with the majority (85 percent) being 65 and older. A typical PACE participant is 76 years of age living with multiple chronic, complex medical conditions, which often significantly limit his or her activities of daily living. Approximately half of all PACE participants have dementia.

Over 250 PACE centers are operated by 123 PACE organizations in 31 states. Multiple studies have shown that PACE program participants live longer, experience better health, have fewer hospitalizations and spend more time living at home than comparably frail individuals receiving care through other programs. Although all PACE participants are eligible for nursing home care, at any point in time, ninety-five percent live at home in their communities. PACE organizations are organized specifically to address the chronic care needs of individuals by providing timely and clinically appropriate treatments and social supports.

Today, PACE programs operate under regulations last updated in 2006. After having released the Proposed PACE Rule (CMS-4168-P) in August 2016, it is critically important that CMS issue the Final PACE Rule soon to provide for critically needed regulatory changes that will allow PACE organizations greater operational flexibilities. More specifically, if finalized as proposed taking into consideration stakeholders’ comments, NPA anticipates that the Final Rule will allow for the following:

• An expanded definition of primary care provider on the PACE interdisciplinary team to include nurse practitioners, physician assistants and community-based physicians in addition to PACE physicians; this allows participants in the PACE program more options for how and from whom they can receive their primary care services while maintaining the integrity of the PACE program’s interdisciplinary team, which is central to its effectiveness.

• Greater flexibility in PACE organizations' use of the PACE center and alternative care settings in response to participants' needs and preferences: this supports choice by PACE participants regarding how and where they would like to participate in activities and access PACE program services while allowing the PACE program to grow more efficiently and more nimbly.

• Greater flexibility regarding how individual IDT members participate in assessments and care planning with the objective of varying the composition of the IDT for individual participants based on their care needs: this makes the most effective use of the IDT members’ time, balancing the needs of assessing and care planning with the direct delivery of services to PACE participants.

• Allowing for one IDT member to perform up to two roles on the IDT and eliminating the requirement that IDT members must “primarily serve” PACE participants: these changes will support PACE organizations’ flexible staffing and improve the operational efficiency of their teams.

• Allowing PACE organizations to open new PACE centers in approved service areas without having to submit expansion applications. This change will facilitate PACE programs’ growth in response to increased enrollment and ability to offer additional settings of care within their service areas.

• Retaining the current option for PACE organizations to use contracted entities to assist them with marketing activities. This option supports seniors’ awareness of PACE as an option that might best meet their needs.

If finalized, we believe that, collectively, these changes will provide PACE organizations with much needed operational flexibilities resulting in more efficient operations, and new opportunities to expand beneficiaries’ access to the PACE program’s high quality services.