



## **PACE Organizations' Response to COVID-19**

CalPACE and its members believe that the safety and well-being of the individuals served by PACE, their communities, their staffs and partners come first in these difficult times.

Despite the challenges, PACE services are continuing to be provided in the areas served by PACE, including Day Center services on a limited basis for some programs, clinic services, therapy services and home care based on individuals' needs.

In order to maximally protect participants from infection, PACE programs are reducing travel and exposure to others in their centers. Many are utilizing telephonic approaches and telehealth for assessments and monitoring of participants, and are limiting travel to appointments with specialists.

PACE programs are providing increased home care and many are offering new ways to provide social activities virtually in the home, as well as providing delivered meals, groceries and household supplies that are needed.

Most are continuing to process new enrollments for individuals who are in need of these types of services during this time and are able to use new flexibility to process beneficiary enrollment agreements based on verbal approval from prospective participants.

All PACE organizations have implemented Centers for Disease Control recommendations in their centers and have provided materials to staff and participants on how to remain safe at home and in the community. That includes strict handwashing for all, screening of all participants on a daily basis for illness, and adjustment of activities to keep participants six feet apart.

Pursuant to their infection control requirements, PACE organizations have instituted more frequent deep cleaning in the clinics, centers, and transportation vehicles.

While staying home can feel isolating, many are working on ways to help those they serve continue to feel connected with their friends, community and support networks.

PACE programs are utilizing flexibilities provided by the state and federal government, including to utilize telephonic and telehealth services in lieu of face-to-face visits, including for participant assessments, care planning, monitoring and communication; to allow participants to remain enrolled during lapses of Medi-Cal coverage; and to utilize center nurses for home care visits.

PACE Organizations have, and continue to follow, comprehensive emergency preparedness plans that they are required to develop and update, to deal with any emergencies including public health emergencies.

While PACE organizations remain committed to serving their participants, the reality is that the costs of adapting their operations to meet the needs of this crisis is producing a financial burden for most. Extra costs associated with screening, testing, cleaning, personal protective equipment, home delivered meals, home care, IT, contracted services, and other services are being incurred by PACE organizations. Because PACE organizations are paid under a capitated payment structure, payments do not increase to reflect the types of services and intensity of service delivery that most are providing in the current crisis. As the state and federal government consider the impacts of this public health emergency, we urge them to consider the need for some type of temporary supplemental payments or assistance to enable PACE organizations to remain viable into the future.