

Testimony
Department of Human Services
Health Services Committee
Senator Judy Lee, Chairman
October 26, 2011

Chairman Lee, and members of the interim Health Services Committee, I am Maggie Anderson, Director of the Medical Services Division for the Department of Human Services. I appear before you to provide information on the Program of All-Inclusive Care for the Elderly or "PACE" program, including information regarding the ability of PACE providing care for the elderly in rural communities.

The Program of All-Inclusive Care of the Elderly (PACE) is a capitated benefit program that provides a comprehensive service delivery system. This delivery system includes all needed preventive, primary, acute, and long term care services so that individuals can continue to live at home. PACE services include all Medicaid and Medicare services. PACE is comprised of an interdisciplinary team consisting of a wide range of medical personnel and other professionals, which assesses participants' needs, develops care plans and delivers all services in an integrated, total care package. The service delivery settings include the home, adult day center, and inpatient facilities. The PACE program is voluntary and participants may disenroll at any time.

To be eligible for PACE, participants must be age 55 years or older, meet the State's criteria for nursing home level of care, live in a PACE service area, and be able to reside safely at home with the services provided by PACE. PACE providers assume full financial risk for participants' care without limits on amount, duration, or scope of services.

The North Dakota Department of Human Services Medical Services Division, is the state administering agency in fulfilling state-level responsibilities for operating the PACE program. These responsibilities include providing nursing facility level of care screenings, assistance with PACE site audits (in conjunction with the Centers for Medicare and Medicaid Services (CMS)), and review of disenrollments, appeals and grievances.

PACE began operations in Bismarck and Dickinson in September 2008. The current vendor operating the PACE program is Northland PACE Senior Care Services. As of October 1, 2011 current enrollment is as follows: the Bismarck site is currently serving 41 participants, and the Dickinson site is serving 22 participants. The approximate total enrollment per month at both sites is 2.3 enrollees. The average age of a PACE enrollee is 81.28 years (SFY 2011). For the period July 1, 2010 through June 30, 2011, there were a total of 19 disenrollments. These included eleven participant deaths (all due to either natural causes or chronic disease related causes i.e. cancer), and eight voluntary disenrollments. (See Attachment 1 for statistical information from the PACE Annual Report).

CMS requires that certain data elements be captured and reported on a quarterly basis. These elements include: immunizations, grievances and appeals, admission and re-admission rates, and falls. Because PACE provides a range of integrated services, federal regulations are such that ensure safe and quality care to the frail elderly. PACE has requirements pertaining to organizational structure and other areas such as the Quality Assurance Process Improvement Program (QAPI).

The QAPI program (1) audits chart documentation, (2) reviews unusual incident reports including a fall study, (3) trends complaints and

grievances, and (4) monitors participant infections. QAPI information is reported to the PACE Board of Directors quarterly.

Northland PACE utilizes a variety of marketing efforts which include the recent launch of their Web site. They also continue with newspaper and radio advertisements, informational meetings, and agency and community involvement. They are also working on television advertisements.

Even though the Dickinson site of the Northland PACE program is considered "rural" by CMS, the two North Dakota sites are currently operating in two of the largest eight cities in North Dakota. The growth in the enrollment for the PACE program has been slower than expected, even in these more "urban" areas. While a PACE program would be allowed to operate in any location, being able to offer the "comprehensive service delivery system" may be challenging from both a service availability and cost perspective. PACE is required to provide all services offered through both Medicare and Medicaid, including transportation; and is also required to have a congregate-type of gathering location. This comprehensive requirement necessitates having enough participants (enrollees) to make the financing viable.

Northland has prepared a model that they believe could be successful in a rural area. This model could work with a partnership of providers, and it has worked well in Wisconsin. The model may need a waiver (from CMS) of some services and would likely use telemedicine for some services. I have spoken with Tim Cox of Northland Healthcare Alliance and he would be willing to provide information on this model at a future meeting of this committee.

In summary, PACE is one of many home and community based service options provided to Medicaid clients in North Dakota. The Northland Healthcare PACE program has provided services to over 97 participants (Medicare, Medicaid and dual-eligible) since its inception, and the Department is committed to working with them to ensure this option continues to be available to eligible recipients.

I would be happy to any questions you may have.

Statistics: Overall data - from the PACE Annual Report

	2009 (Previous Report)	Jan. 1st, 2010 – June 30th, 2010	July 1st, 2010 – June 30th, 2011
Active Participants	48 – Active 19 – Dickinson 29 – Bismarck	51 – Active 18 – Dickinson 33 – Bismarck	62 – Active 21 – Dickinson 41 – Bismarck
Dis-enrolled Participants (Left program or have expired)	3 – Dickinson 3 – Bismarck <i>6 – Total</i>	2 – Dickinson 3 – Bismarck <i>5 – Total</i>	8 – Dickinson 11 – Bismarck <i>19 – Total</i>
Average Age	82 (range 57-96)	83.3 (range 57-96)	81.28 (range 58-97)
Gender	Female – 40 (83.3%) Male – 8 (16.7%)	Female – 42 (82.35%) Male – 9 (17.65%)	Female – 46 (74.19%) Male – 16 (25.81%)
Living Arrangements	With Family – 42% In Home Alone – 56% Nursing Facility – 2%	House – 17.65% Apartment – 23.53% Ind. Senior Housing – 17.65% Basic/Memory Care – 7.84% Skilled Nursing Facility – 19.60% Monastery – 13.73%	House – 20.97% Apartment – 20.97% Ind. Senior Housing – 22.58% Basic/Memory Care – 8.06% Skilled Nursing Facility – 14.52% Monastery – 12.9%