Program of All-inclusive Care for the Elderly

Enrolling Participants into the PACE Program

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PACE Model

PACE is a Medicare and Medicaid national program that offers an array of health and wellness services in a consolidated all-inclusive service model. Nationally, PACE is operating in 31 states, serving over 45,000 participants.

- Medicare and Medicaid funds cover all medically necessary services.
- There are no co-pays or deductibles.
- Medicare recipients pay a monthly premium for the long-term care and drug benefits.
- Recipients can also pay privately for the PACE program if they do not qualify for Medicare or Medicaid.
PACE in Oregon

The State of Oregon supports the expansion of the PACE program and PACE providers statewide. Currently, Providence ElderPlace (EP) is the only PACE provider in Oregon.

Oregon PACE Service areas include Multnomah and Clatsop counties and parts of Washington, Tillamook and Clackamas Counties, serving over 1,500 participants.
PACE Eligibility

The PACE participant is:

❖ 55 years old or older
❖ Living in a PACE service area
❖ Able to reside safely in the community
❖ Assessed at Nursing Facility Level of Care (SPL 1-13)
PACE Services

PACE services include but are not limited to:

Long Term Care Services
Adult Day Services
In-Home Services
CBC facility care
Nursing Home Care
Palliative care
Medical equipment & supplies
Medical Care & Part D coverage
Medical Clinic services at the Health & Social centers
PACE Services con’t

- Emergency medical services
- Specialty medical care
- Therapeutic services: OT, PT, speech, etc.
- Mental health & behavioral services
- Dental services
- Social Work services
- Therapeutic Recreational services
- Transportation
- Family/Caregiver Support
The PACE Participant & Care Team

Together, the Participant & Interdisciplinary Team (IDT) develop a plan of care that is comprehensive and responsive to the participant’s healthcare and social service needs.

The PACE provider is responsible for providing all of the healthcare and social service needs identified in the care plan.
The PACE Interdisciplinary Team

The PACE Interdisciplinary Team (IDT) may include:
- Primary Care Providers
- Registered Nurses
- Licensed Therapists
- Licensed MSW staff
- Therapeutic Aides
- Dieticians
- Other Relevant Healthcare Professionals
Providence ElderPlace
ElderPlace Service Areas

ALL OF MULTNOMAH COUNTY

WASHINGTON COUNTY
Beaverton, Tualatin, Cornelius, Forest Grove,
Hillsboro, Sherwood, Portland

CLACKAMAS COUNTY
Portland (Milwaukie), Happy Valley, Clackamas, Lake
Oswego, Marylhurst, Gladstone, West Linn, Tualatin,
Oregon City

ALL OF CLATSOP COUNTY

TILLAMOOK COUNTY
Manzanita, Nehalem, Wheeler
ElderPlace Service Sites

Providence ElderPlace currently has 9 Health and Social centers, including 3 where ElderPlace-managed housing is co-located. The Health & Social centers offer PACE participants comprehensive integrated care from an ElderPlace team of healthcare and social service professionals.
In addition to receiving healthcare services at the center, participants have the opportunity to join in social and recreational activities and eat a nutritious meal.

Transportation is provided to and from ElderPlace Health and Social Centers and is available for medical appointments outside of the center. If participants are unable to attend a Health and Social Center, their team will visit them at home.
Referrals to ElderPlace

Referrals may come from case managers, community sources, or others.

Potential participants may be referred to Providence ElderPlace Intake Specialists at 503-215-6556 or 503-717-7150 for the North Coast.
Referrals to ElderPlace

Providence ElderPlace Referral Form

Referral Information
1. To refer a potential ElderPlace Participant, please complete this form and fax it to 503-215-7883 or email to ElderPlace info@providence.org - Subject: Medicaid Referral
2. Along with the referral form please fax or email the signed
   SIDECIN
3. An ElderPlace Information and Referral Specialist will contact the individual or identified contact person to explain the program and answer questions. If the person meets the eligibility criteria and is interested in our program they will be contacted by an Intake and Enrollment Specialist.
4. If you or your client have questions at any time during this process call us at 503-210-0000 or email at ElderPlace info@providence.org

Your Information
Name: ________________________________ Date: __________________
County: _______________________________ Department: ________________
Elder Address: _________________________ Phone No: __________________

Client Information
Name: ________________________________ DOB: ________________________
Address: ____________________________________________________________________________
City, State, Zip: ____________
Phone #(s): ____________________________
Current Living Situation: ____________________________________________________________________________

SPL: ____________________ SSN: ____________________ Identified:

SPL #: ____________________ SSN #: ____________________ Other:

Medicaid #: ____________________ ALF Level: ____________
Medicare #: ____________________ Part A: ____________
Right Exception?: ____________________ Part B: ____________

Reason for requesting ElderPlace?
____________________________________________________________________________________

Reason for Add-on/Special Needs/Additional Issues
____________________________________________________________________________________

Has the referral been discussed with the client?
____________________________________________________________________________________

Contact Information (if not the client)
First/Last Name: ____________________ P.O.A. HQ: ____________________
Relationship: ____________________ P.O.A. Fax: ____________________
Phone Number: ____________________ E-mail: ____________________
Case set up, et.al.
PACE Enrollment

• PACE services can be provided in a Community Based Care (CBC) facility, an In-Home setting or a Nursing Facility (if participant is already enrolled in PACE).

• The PACE organization Intake Specialists screen for PACE eligibility, provide information to prospective participants, and secure enrollment.

• The PACE organization will inform the case manager that the participant has or will be enrolled into PACE. Once notified of the date of enrollment, case managers should update the case coding and complete the pay-in letter within 5 days of the notification, or by the compute deadline.
PACE Enrollment con’t

• Participants are usually enrolled on the **1st of the month**. But, if the participants are new to Medicaid, they may be enrolled anytime during the month, on a Monday. The case manager must have the benefit and service plans in CAPS completed **prior** to the start of the initial enrollment. PACE is a prospective payment.

• It is very **IMPORTANT** to do reassessments timely. When a reassessment is not updated timely, PACE participants are automatically disenrolled from PACE and automatically enrolled into a MCO/CCO. **Expired assessments end the capitation payment.**

• Follow the notice requirements as stated in policy APD-PT-18-048 and APD-PT-18-042 (if applicable).
Local Office Responsibility

- Case managers will conduct a complete assessment to determine SPL eligibility for those individuals who are Medicaid eligible and a reassessment annually or if the individual’s service needs change.
- Medicaid eligibility is established if the individual wants Medicaid benefits.
- There may be times when Medicaid eligibility (financial) is not completed as the individual wishes to pay privately for PACE services or is a Medicare only beneficiary – only a 4 ADL CAPS assessment is needed to establish NF level of care (SPL1-13).
- PACE cases - Monthly direct/indirect calls are not required, but regular contact with the participant is strongly encouraged.
Local Office Responsibility con’t

• Case managers should collaborate with the PACE social worker *prior* to conducting an assessment. Once the assessment is completed, a copy needs to be sent to the PACE organization.

• Case managers are highly encouraged to participate in the PACE care conferences. Ask the PACE social worker about conference availability.

• REMEMBER - Narrate everything!
Courtesy Assessments

• Courtesy assessments are completed for potential participants who will be paying for PACE services privately or who receive Medicare benefits but do not want to receive Medicaid benefits.

• The PACE organization will make a request for a LTC assessment to the service area APD/AAA office. An Oregon ACCESS case is established (if needed) for purposes of conducting the CAPS assessment.

• The case manager will complete a 4 ADL assessment. The Client Details do not need to be completed. The benefit and service plans are not completed.

• Narrate the date of the assessment, the assessment outcome, and why the courtesy assessment was completed.

• Fax 002N to the PACE organization.

• The PACE organization will keep a list of the private pay and Medicare only participants and notify the service area APD/AAA office when a reassessment is needed.
Risk Assessment

Per CMS, each waivered service consumer must have a risk assessment completed. For PACE participants, the risk assessment in Oregon ACCESS should be addressed as, “Risks are assessed and mitigated by the PACE organization”. The PACE organization will conduct its own risk assessment.
Special Needs

• Reference to PACE and special needs can be found in the **Standard Operating Procedures** document. The OAR 461-155 rules reference eligibility for special needs payments or allowances.

• The PACE organization is responsible for special needs items that would normally be obtained through the K-Plan Ancillary program. APD is responsible for special needs payments or allowances that are considered supplemental payments to the participant, such as PIF or R&B.

• To be eligible for a special need item, participants must have no other available resources in the community or in their natural support system to meet the need and it cannot be an item that would otherwise be covered by Medicaid, Medicare or other medical coverage.

• Special needs items must be approved by the IDT before PACE pays for them.
New Case - PACE

CAPS
1. Benefit Plan is PACE.
2. The start date is the date the consumer is eligible for services or the enrollment date.
3. The Service Plan is either PAC – In-Home or PAC – Residential.
4. The start date should match the Benefit Plan start date.
5. Locate the provider using the Provider Search – search by provider name or number.
6. Approve the Benefit Plan then the Service Plan.
New Case - PACE cont'

### Benefit Eligibility and Service Planning

**Assmt Date:** 08/07/18  **Valid Until:** 08/31/19  **Pay Date:** 08/31/19

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#### Plans For PAC Benefit

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#### Services For Plan #1

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For integration from Oregon ACCESS to CMS:

1. Go to the **Benefits Overview** (chasing arrows); click on **Medical Assistance** tab.
2. On the **Medical Benefit Detail** panel choose **NEW** for the incoming code.
3. The effective date is the same as the date used in CAPS
4. Set up the review/redetermination date
5. The program code is either A1 or D4
6. The program descriptor is OSP and the MSP code, if applicable
7. On the **Medical Benefit** panel, choose **APPROVED**
For integration from Oregon ACCESS to CMS, con’t:

8. The **Medical Eligibility Date** is the same date as the effective date; should match the effective date in CAPS

9. Add case descriptors **PAC NID OSP NCP** and any applicable MSP case descriptors

10. Integrate by clicking on **Mainframe** on the title bar and choose **CMS** from the drop down
New Case - PACE con’t
Existing cases enroll in PACE

- Close SFMU; end date should be the last day of the month prior to PACE enrollment. See the Pay-In Cookbook in the Field Support Assistance Manual on the APD Staff Tools page.

- Close the 512; end date should be the last day of the month prior to PACE enrollment. See the Provider Payment Systems section of the Field Support Assistance Manual on the APD Staff Tools page.
  - **Example:** close SFMU or the 512 11/30/2018; begin PAC benefit and service plans 12/1/2018

- **NOTE:** If the participant is moving, change the address, phone and living situation on the Person Details tab in Oregon ACCESS. **FIPS codes must match the PACE Service Area** otherwise enrollment in MMIS will be cancelled.
Existing cases enroll in PACE con’t

• End the current benefit on the last of the month prior to the PAC Benefit begin date (date of enrollment - the first of the month).

• Add Providence Health as the provider in the service plan; search using the name “Providence ElderPlace” or the provider number (000005673).
Existing cases enroll in PACE con’t
Integrating to CMS - Existing Cases

Go to the **Benefits Overview** (chasing arrows); click on **Medical Assistance** tab. On the **Medical Benefit Detail** panel choose **SUPL** for the incoming code.

The effective date is the date of enrollment (the same as the date used in CAPS)

Remove: ‘APD’, ‘CBF’ or ‘IHC’ or ‘ICP and RWD’ and any other service case descriptors not related to PACE

Add case descriptors **PAC NID OSP NCP** and any applicable MSP case descriptors

Integrate by clicking on Mainframe on the title bar and choosing CMS from the drop down
Note: If a PACE participant is admitted to a Nursing Facility, the PACE organization is responsible for the payment to the NF as long as the client remains enrolled. **Do not set up a Plan of Care (POC) for PACE participants.**

The Benefit and Service plans remain the same. Narrate the participant’s change of condition and change in service placement – as it is described or relayed to you by the PACE social worker.
MAGI and PACE

• MAGI consumers can receive PACE services if the individual meets all other PACE eligibility criteria.

• To set up the case for integration, use the D4 “work-around”. Don’t use any KPS coding. KPS coding prohibits a PACE payment in MMIS.

• If the individual has no income, the R&B can be paid monthly via 437 process, using a B8 payment code.

• There is no client liability for a MAGI individual.

• The Benefit and Service plans are set up the same as a OSIPM (non-MAGI) consumer.
MAGI Coding Example

- Add a review date
- Add OSP to the case
- Change the MAM coding to OSP
- Make it a D4 Case
Facility Payment / Pay-In

- Calculate the liability/pay-in based on the total gross income, minus all applicable deductions, R&B and PIF.
- Follow the notice requirements as stated in policy APD-PT-18-048 and APD-PT-18-042 (if applicable).
- Advise the participant that the liability/pay-in payment is sent to the APD/AAA office (payable to APD) and R&B goes to the facility.
- Provide the payment instructions in writing.
- Notify the PACE organization of the participant’s financial responsibility.
- SFMU should not be opened for In-Home services.
- The 512 system should not be opened for payment of services to a CBC provider.
- The PACE organization is responsible for paying the facility provider or In-Home service provider for all services.
Facility Payment / Pay-In con’t

- Follow the instructions provided in policy transmittal APD-PT-18-048. The policy outlines what forms must go to the PACE provider, the participant, and to the facility (AFH, ALF, RCF) provider.

- Provide a copy of the pay-in instructions to the PACE social worker. Narrate the participant’s financial responsibility and scan a copy of the pay-in/liability worksheet and payment instructions into EDMS.

- The APD/AAA office is responsible for tracking the participants’ pay-in/liability payments on a spreadsheet (not in SFMU or the 512 system).

- If a payment is not received, the case manager should contact the participant and notify the PACE social worker.
Pay-In/Liability Payment Options

- Participants can have their bank issue an automatic check and mail it to Office of Financial Services (OFS) or do an online payment by referencing the DHS/OHA Electronic Payment System then click on ‘PACE Pay-in’
- See APD-IM-16-099 and APD-IM-17-045 regarding on-line payments
- Payments can be received by the local APD/AAA office
- Questions about whether a payment has been received? Contact: APD.ClientReceipting@dhsoha.state.or.us
Pay-In Tracking

• A report for the online payment system goes out to the PACE service area APD/AAA offices twice a month.

• When a payment is made for PACE (OFS or Local Office), the information needs to be added to the narrative that a payment has been received.

• Currently, the APD/AAA office keeps track of the pay-in/liability payments for each participant using a spreadsheet.
Refunds to PACE participants

When a PACE participant is entitled to a refund of pay-in or liability payments, a refund request form is required and should be emailed to APD Client Receipting.

Complete the APD Client Payment Refund Request and email the form to APD Client Receipting at APD.ClientReceipting@dhsoha.state.or.us
PACE & Nursing Facility

In 2016, a policy decision was made for PACE participants who enter into a nursing facility (NF). If a participant enters into a NF, the month he/she enters into the NF, the pay-in/liability will not change.

If the participant is going to stay in the NF, the case manager will recalculate the liability and send a notice for the change in financial responsibility. The payment instruction sheet should be sent with the notice.

**Do not set up a POC and a liability line in MMIS.**

The participant is still served through PACE so the benefit plan and service plan in CAPS doesn’t change. The PACE organization is responsible for all NF costs.
Enrollment Checklist

Enrollment in ElderPlace checklist:

**OR ACCESS and Mainframe Coding**
- Close 512 or SFMU
- Update Phone #
- Update Address
- Update Living Situation
- Change CAPS Benefit Plan
- Change Case Descriptors
- Integrate to CMS

**Liability/Pay-In**
- Liability Letter to client
- Copy to ElderPlace
- Copy to file

**Narrate all actions**
Disenrollment

- **Voluntary disenrollment** may be initiated by the participant at any time without cause.

- **Involuntary disenrollment** may occur if:
  - Participant fails to pay client contribution (pay in or service contribution); or
  - Engages in disruptive or threatening behavior (must be approved by Central Office); or
  - No longer meets eligibility criteria.

- Participant must be given reasonable notice.
Voluntary Disenrollment

• If a PACE participant wishes to disenroll, the case manager should narrate the reason for the voluntary disenrollment and contact the PACE social worker.

• The PACE social worker will discuss the reason for the participant’s voluntary disenrollment and will let the case manager know when to disenroll. Disenrollment takes effect on the last day of the month in which the paperwork was completed.

• CM should then discuss waived service options with the participant to be effective the first of the following month.
Involuntary Disenrollment

- A participant can be disenrolled from PACE services if he/she is no longer eligible for Medicaid and/or no longer SPL 1-13. In this instance, the case manager will notify the PACE social worker of the participant’s eligibility status. This also applies to cases when a participant fails to stay current with liability/pay-in payments.

- The case manager will end the Benefit and Service plans, giving the PACE organization a full calendar month (at least 30 days) to provide a notice of involuntary disenrollment to the participant.

- **Example**: the case manager finds the participant ineligible for Medicaid and services on April 10th. The Benefit and Service plans will end May 31st.

- A copy of the closure notice should be sent to the PACE social worker.
Involuntary Disenrollment \textit{con’t} \\

Other reasons for involuntary disenrollment:

- The participant moves out of the designated service areas or is out of the designated service areas for more than 30 days without prior approved arrangements.
- The participant’s behavior threatens his/her health and safety or the health and safety of others and the behavior cannot be managed even with the support of PACE services.
- The participant is admitted to or resides in a state psychiatric hospital or Enhanced Care Facility (ECF).
- You attempt to buy or sell methadone or other controlled substances, resulting in discharge from a contracted methadone maintenance or substance abuse treatment program.
Involuntary Disenrollment

- The PACE organization loses the contracts and/or licenses enabling it to offer health care services.
- The PACE organization’s agreement with Medicare or Medicaid is not renewed or is terminated.
- The PACE organization decides not to continue providing PACE services.

The PACE organization must receive approval from APD Central Office to disenroll any participant.

The PACE organization will provide adequate notice to the APD/AAA case manager to allow for closure of the case or to allow time for alternate placement of the consumer.
Deeming & EWE

- In PACE, **CFR §460.160(2)(3)** allows a consumer to be “deemed continued eligibility” (also referred to ‘deeming’) if the participant is found to be ineligible for Medicaid funded Long Term Care Services & Supports (LTCSS) as assessed by the State and would have a significant decline in health within 6 months of disenrollment from PACE.

- Extended Waiver Eligibility (EWE) criteria are utilized when a consumer receiving LTCSS and has been assessed, according to the process outlined in **OAR 411-015-0008**, at Service Priority Level (SPL) 14 – 17. A consumer may be eligible for EWE if he/she meets the criteria outlined in **OAR 411-015-0030(1)(a-c)** and Section **(4)(a-b)** of this rule.
Deeming & EWE con’t

• When a participant is assessed at an SPL 14 or higher and receives PACE services, the hierarchy for screening continued eligibility is as follows:
  * Deeming process, if initiated by the PACE IDT
  * Screen for Extended Waiver Eligibility (EWE) initiated by the APD/AAA case manager.

• If a participant is assessed at SPL 14 or higher at reassessment, the APD/AAA case manager and the PACE social worker will review the participant’s previous assessments to evaluate the effect of disenrollment on the participant’s health status, activities of daily living, and social functioning. If both parties agree that the participant’s health would deteriorate without PACE services within the six months after disenrollment, the participant may be deemed eligible until the next annual assessment.
Deeming & EWE con’t

• If the APD/AAA case manager and PACE Social Worker cannot come to an agreement regarding the need for deeming through PACE, the documentation is sent to the State PACE Coordinator. The State PACE Coordinator will coordinate a Central Office (CO) review team to review the documentation and make a final decision.

Refer to APD-PT-18-038 for an explanation of the process. For additional information, refer to the Standard Operating Procedures guide and the Deeming Process guide; both are located on the Case Manager Tools page under Program of All-inclusive Care for the Elderly.
Grievances, Appeals, and Hearings

Definitions with respect to PACE:

**Grievance**: a complaint, either in writing or verbally, expressing dissatisfaction with the service delivery or the quality of care being provided.

**Appeal**: an action by the PACE organization where a request for a new or additional services is denied; a covered service is reduced or terminated; payment for a covered service is denied; a participant is involuntarily disenrolled; coverage of a Medicare Part D prescription drug is denied.

The participant has the right to request a **State Administrative Hearing** if dissatisfied with the outcome of the grievance and/or appeals processes. The APD/AAA case manager will assist the participant with completing the appropriate form(s) and submitting the request to the Office of Administrative Hearings (OAH).
Grievances are handled internally by the PACE organization.

Appeals are also handled by the PACE organization.

If an appeal is denied, the participant may request an Administrative Hearing with the State.
Grievances, Appeals, and Hearings con’t

When filling out an Administrative Hearing form, the participant needs to complete the Aid Paid Pending (APP) section. Granting APP is necessary so the provider can continue to receive the capitation payment for services during the hearings process and the participant’s medical, dental, et.al. benefits will not be disrupted.

If APP is not updated on the case, the participant will be disenrolled from the PACE services and medical, dental, et.al. benefits in MMIS; the provider will not be paid and the consumer will be automatically assigned to a different CCO/MCO.
Collaboration & Communication

PACE is a partnership, not just between participants and the program, but also with the APD/AAA Offices, the PACE organization and the State of Oregon. We all share the same goal of enhancing the quality of life for Oregon’s aging population!
PACE Resources

Medicare.gov PACE Overview
https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/pace

National PACE Association
https://www.npaonline.org/

CMS PACE Manual

APD Case Management Tools – PACE Website
http://www.dhs.state.or.us/spd/tools/cm/PACE/index.htm

Oregon Administrative Rules – OAR 411-045
http://www.dhs.state.or.us/policy/spd/rules/411_045.pdf

PACE Links on DHS-APD Internet site
https://www.oregon.gov/DHS/SENIORS-DISABILITIES/LTC/Pages/index.aspx

PACE Fact Sheet
PACE Resources
Seniors and People with Physical Disabilities

Services are designed to protect a person's individual independence, dignity and choice. Staff at local offices and through community partners can help you find the right mix of services that meet your needs.

Programs & Services

- ADRC Aging and Disability Resource Connection
  can help you and your family find needed services and supports.
  - Report Adult abuse and neglect
  - Caregiver supports
  - Long-term care
  - Long-term Care Federal Registry
  - Licensed facility complaint information
  - Program for All-Inclusive Care for the Elderly (PACE)

Additional Resources

- Food benefits
- More food and nutritional help
- Disability benefits
- Secrecy employment
- Vocational Rehabilitation
- Employing a homemaker or personal support worker

Providers/Partners
If you are an ADRC provider or partner, find information, tools and resources on the ADRC Provider/Partner Resources site.

Latest News

- APO Stakeholder Meeting Materials
- APO Director's Message
- Home and Community-Based Services
- Department of Labor Fair Labor Standards Act Stakeholders Information

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  @OregonDHSAPD
Long-Term Care

Long-term care means a range of services that help people who can no longer meet their own daily needs. Long-term care is generally not covered by traditional health insurance or Medicare. Here you will find an overview of services and some options to help pay for care.

Long-Term Care options may include:

Services in your home
Home-based services and supports help you stay independent and safe in your home. Services vary based on one’s level and type of need. Services can be short-term, while recovering from an injury or illness, or long-term for many years, and can range from simple checks to more in-depth services. For more information about in-home care services, contact your local Aging and Disability Resource Connection.

Employing a Homecare or Personal Support Worker
If you are an individual or family that employs or wants to find a homecare or personal support worker, visit the Home Care Commission’s Consumer/Employer information page.

Care facilities
Find information about types of care facilities, licensed care services and other resources to help you make an informed decision.

A guide to Oregon’s Assisted Living and Residential Care Facilities (including Memory Care) and a Consumer Comparison Tool may be found on the ADRC Assisted Living and residential care facilities website.

A guide to Oregon’s Adult Foster Homes may be found on the ADRC Foster Homes website.

Program for All-Inclusive Care for the Elderly (PACE)
The Program for All-Inclusive Care for the Elderly (PACE) is a Medicare program and a Medicaid service option that offers an array of health and care services in an all-inclusive
Contacts

Providence ElderPlace Intake Specialists
503-215-6556 (metro service areas)
503-717-7150 (North Coast service area)

Jeannie Frederick, Providence ElderPlace Marketing & Enrollment Manager
503-215-3741 or jeannie.frederick@providence.org

Lisa Bouchell, PACE Policy Analyst, APD
503-947-0192 or lisa.bouchell@dhsoha.state.or.us

Cindy Susee, PACE Financial Analyst, APD
503-945-6448 or cynthia.susee@dhsoha.state.or.us

PACE Oregon Toll-free: 1-844-224-7223
Program of All-inclusive Care for the Elderly
The End