



**Sub. S.B. 272**

127th General Assembly

(As Reported by S. Health, Human Services, & Aging)

**Sens. Stivers, Schuring, R. Miller, Padgett, Cafaro**

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**BILL SUMMARY**

- Requires the Department of Aging, subject to available funds and federal approval, to make the Program of All-inclusive Care for the Elderly (PACE) available to eligible residents of Franklin County and a rural county selected by the Department and permits the Department to make the program available to eligible residents of other counties.
- Prohibits the Department from decreasing the number of eligible residents who may participate in PACE in counties currently served by PACE when making PACE available to residents of other counties.
- Prohibits the Department from making PACE available to residents of other counties for six months after the bill's effective date, if there are persons on a waiting list for the existing PACE program.

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**CONTENT AND OPERATION**

**Background**

Federal law permits a state to include in its Medicaid program a component known as the Program of All-inclusive Care for the Elderly (PACE).<sup>1</sup> The state agency administering the PACE component<sup>2</sup> and the United States Secretary of Health and Human Services enter into an agreement with a provider under which the provider, directly or by contract with other entities, provides medical services to individuals enrolled in the PACE component.

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<sup>1</sup> 42 U.S.C. 1396u-4.

<sup>2</sup> Continuing state law requires the Department of Aging to carry out the day-to-day administration of the PACE component. (Revised Code §173.50.)

The medical services available under the PACE component must include all items and services covered by the Medicaid program and, in the case of PACE enrollees who are also entitled to benefits under Medicare Part A or enrolled in Medicare Part B, all items and services covered by the Medicare program. The medical services are to be provided without any limitation or condition as to amount, duration, or scope and without application of deductibles, copayments, coinsurance, or other cost-sharing that would otherwise apply under Medicaid or Medicare. The medical services are also to include all additional items and services specified in federal regulations. The provider is required to provide PACE enrollees access to necessary covered items and services 24 hours per day, every day of the year. The enrollees are to receive the medical services through a comprehensive, multidisciplinary health and social services delivery system that integrates acute and long-term services pursuant to federal regulations.

To be eligible for the PACE component, a Medicaid recipient must be (1) at least 55 years old, (2) require the level of care required by the state's Medicaid program for coverage of nursing facility services, (3) reside in an area of the state in which the PACE component is available, and (4) meet all other eligibility requirements included in a PACE agreement with a provider.<sup>3</sup> A PACE enrollee may maintain eligibility despite no longer requiring a nursing facility level of care if losing eligibility for PACE would reasonably cause the individual to reacquire the need for a nursing facility level of care within the succeeding six-month period.

The PACE agreement with the provider must designate the area of the state the agreement covers. This is known as the service area.

There are two PACE providers in Ohio, TriHealth Senior Link and Concordia Care. The service area for the PACE agreement with TriHealth Senior Link is Hamilton County and certain zip codes in Warren, Butler, and Clermont counties. Cuyahoga County is the service area for the PACE agreement with Concordia Care.

### **The bill**

(R.C. 173.50)

Current law does not specify the areas of the state to be covered by the PACE component. The bill requires that the PACE component be made available to eligible residents of Cuyahoga and Hamilton counties and eligible residents of

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<sup>3</sup> The PACE component is also available to Medicare recipients.

the parts of Butler, Clermont, and Warren counties in which it is available on the bill's effective date.

In addition, subject to the availability of funds, approval of the United States Secretary of Health and Human Services and provisions described below, the Department of Aging is to make the PACE component available at the same time to eligible residents of Franklin County and eligible residents of a rural county selected by the Department. The Department is permitted to make the PACE component available to other counties or parts of counties selected by the Department. The bill explicitly provides that the "other counties" may include rural counties or parts of rural counties and the remaining parts of Butler, Clermont, and Warren counties that currently are not eligible for the PACE component.

The bill provides that, in making the PACE component available to eligible residents of a county or part of a county in which it is not available on the bill's effective date, the Department is not to do either of the following:

(1) Decrease the number of eligible residents of Cuyahoga and Hamilton counties and parts of Butler, Clermont, and Warren counties who may participate in the PACE component below the number of eligible residents of those counties who may participate on the bill's effective date.

(2) Until six months after the bill's effective date, make the PACE component available to eligible residents of a county or part of a county in which the component is not available on the bill's effective date if there are any people on a waiting list for the component in Cuyahoga or Hamilton County or the parts of Butler, Clermont, or Warren County in which the component is available on the bill's effective date.

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## HISTORY

ACTION	DATE
Introduced	01-10-08
Reported, S. Health, Human Services, & Aging	05-08-08

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