



That's the goal for many Michigan seniors today. Lessons learned during COVID bear out the fact that, for many older adults, it's better to remain independent and stable in a familiar setting.

The more our state leaders can do to help residents at all income levels and walks of life maintain their independence, the better. It's a matter of dignity, equity, and personal freedom.

That is why Michigan's PACE programs (Programs of All-Inclusive Care for the Elderly) offer such a valuable alternative for our state's residents. PACE supports older adults and their families with comprehensive physical, psychological, and social-emotional support that ensures they can remain safe and well-cared for at home, regardless of income level.

But today, there are obstacles. Our state's leaders must help address these challenges to give all Michiganders the ability to take advantage of PACE programs in their own communities. Here's what's needed:

- **Support Fair PACE Provider Rates**
 - Issue: Existing PACE programs in Michigan are facing additional financial pressures as a result of the unanticipated costs incurred due to COVID, for which they have yet to be compensated, unlike nursing homes and other health care providers.
 - Solution: Support a one-time rate increase of 15% for PACE providers to cover the increase in health care costs including inflation, higher acuity of participants, labor market crisis, increased hospitalization and in-home service needs, and no direct caregiver relief for PACE organizations.
- **Invest in Underserved PACE Communities**
 - Issue: Currently folks in rural parts of the state do not have access to PACE services, leaving them with no other option than placement in an institutional setting.
 - Solution: Invest \$9 million in innovative one-time funding to help off-set start-up costs to establish new PACE programs in rural communities.
- **Improve Access to PACE Services by Eliminating Barriers to Enrollment**
 - Issue: There are many unnecessary regulatory barriers that make it difficult for someone to enroll in PACE; enrollment caps, card cut off dates, and artificial time restraints within the eligibility process. These barriers can result in delays in access to care of up to 45 days.
 - Solution: Include language that would eliminate enrollment caps, remove card cut off dates, and allow for any time enrollment into PACE. After all, it should be as easy to enroll in PACE as it is in other long-term care settings.

For the past several years, Michigan lawmakers have been seeking opportunities to expand PACE services in areas with high levels of need. These investments can help prompt critical expansion and allow more seniors to live in the ways they choose.

As our senior population—which was extraordinarily hard-hit during the pandemic—continues to grow and heal, the ability to meet them safely at home with valuable PACE programming is more essential than ever.

The time is right. The solution is clear. It's time for Michigan's policy leaders to act.



PACE boilerplate asks for the Fiscal Year 2023 Budget:

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY- \$31 million

Sec. _____. From the funds appropriated in part 1 for program of all-inclusive care for the elderly (PACE), the department of health and human services shall provide a one-time rate increase of 15.0% to each PACE program to cover the increase in health care costs related to the COVID pandemic.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY- \$9million (one-time funding)

Sec. _____. From the funds in part 1 for program of all-inclusive care for the elderly (PACE) start-up costs, the department of health and human services shall provide one-time funding to help offset startup costs for new PACE programs located in rural communities.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY-- \$0

Sec. _____. (1) Effective [insert date], the department of health and human services shall eliminate monthly enrollment caps, remove card cut-off dates, and allow for the program for all-inclusive care for the elderly (PACE) to provide services at the time of signed enrollment agreement.

(2) Effective [insert date], the department of health and human services shall identify and implement an alternative payment authority that would reimburse PACE organizations for services provided to a participant prior to the effective date of enrollment on either a fee-for-service or capitated basis.