

SUBCHAPTER E—PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

PART 460—PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

Subpart A—Basis, Scope, and Definitions

Sec.

- 460.2 Basis.
- 460.4 Scope and purpose.
- 460.6 Definitions.

Subpart B—PACE Organization Application and Waiver Process

- 460.10 Purpose.
- 460.12 Application requirements.
- 460.14 Priority consideration.
- 460.16 Special consideration.
- 460.18 CMS evaluation of applications.
- 460.20 Notice of CMS determination.
- 460.22 Service area designation.
- 460.24 Limit on number of PACE program agreements.
- 460.26 Submission and evaluation of waiver requests.
- 460.28 Notice of CMS determination on waiver requests.

Subpart C—PACE Program Agreement

- 460.30 Program agreement requirement.
- 460.32 Content and terms of PACE program agreement.
- 460.34 Duration of PACE program agreement.

Subpart D—Sanctions, Enforcement Actions, and Termination

- 460.40 Violations for which CMS may impose sanctions.
- 460.42 Suspension of enrollment or payment by CMS.
- 460.46 Civil money penalties.
- 460.48 Additional actions by CMS or the State.
- 460.50 Termination of PACE program agreement.
- 460.52 Transitional care during termination.
- 460.54 Termination procedures.

Subpart E—PACE Administrative Requirements

- 460.60 PACE organizational structure.
- 460.62 Governing body.
- 460.64 Personnel qualifications.
- 460.66 Training.
- 460.68 Program integrity.
- 460.70 Contracted services.
- 460.71 Oversight of direct participant care.

- 460.72 Physical environment.
- 460.74 Infection control.
- 460.76 Transportation services.
- 460.78 Dietary services.
- 460.80 Fiscal soundness.
- 460.82 Marketing.

Subpart F—PACE Services

- 460.90 PACE benefits under Medicare and Medicaid.
- 460.92 Required services.
- 460.94 Required services for Medicare participants.
- 460.96 Excluded services.
- 460.98 Service delivery.
- 460.100 Emergency care.
- 460.102 Interdisciplinary team.
- 460.104 Participant assessment.
- 460.106 Plan of care.

Subpart G—Participant Rights

- 460.110 Bill of rights.
- 460.112 Specific rights to which a participant is entitled.
- 460.114 Restraints.
- 460.116 Explanation of rights.
- 460.118 Violation of rights.
- 460.120 Grievance process.
- 460.122 PACE organization's appeals process.
- 460.124 Additional appeal rights under Medicare or Medicaid.

Subpart H—Quality Assessment and Performance Improvement

- 460.130 General rule.
- 460.132 Quality assessment and performance improvement plan.
- 460.134 Minimum requirements for quality assessment and performance improvement program.
- 460.136 Internal quality assessment and performance improvement activities.
- 460.138 Committees with community input.
- 460.140 Additional quality assessment activities.

Subpart I—Participant Enrollment and Disenrollment

- 460.150 Eligibility to enroll in a PACE program.
- 460.152 Enrollment process.
- 460.154 Enrollment agreement.
- 460.156 Other enrollment procedures.
- 460.158 Effective date of enrollment.
- 460.160 Continuation of enrollment.
- 460.162 Voluntary disenrollment.
- 460.164 Involuntary disenrollment.

§ 460.2

42 CFR Ch. IV (10–1–05 Edition)

- 460.166 Effective date of disenrollment.
- 460.168 Reinstatement in other Medicare and Medicaid programs.
- 460.170 Reinstatement in PACE.
- 460.172 Documentation of disenrollment.

Subpart J—Payment

- 460.180 Medicare payment to PACE organizations.
- 460.182 Medicaid payment.
- 460.184 Post-eligibility treatment of income.
- 460.186 PACE premiums.

Subpart K—Federal/State Monitoring

- 460.190 Monitoring during trial period.
- 460.192 Ongoing monitoring after trial period.
- 460.194 Corrective action.
- 460.196 Disclosure of review results.

Subpart L—Data Collection, Record Maintenance, and Reporting

- 460.200 Maintenance of records and reporting of data.
- 460.202 Participant health outcomes data.
- 460.204 Financial recordkeeping and reporting requirements.
- 460.208 Financial statements.
- 460.210 Medical records.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395).

SOURCE: 64 FR 66279, Nov. 24, 1999, unless otherwise noted.

EDITORIAL NOTE: Nomenclature changes to part 460 appear at 67 FR 61504, Oct. 1, 2002.

Subpart A—Basis, Scope, and Definitions

§ 460.2 Basis.

This part implements sections 1894, 1905(a), and 1934 of the Act, which authorize the following:

(a) Medicare payments to, and coverage of benefits under, PACE.

(b) The establishment of PACE as a State option under Medicaid to provide for Medicaid payments to, and coverage of benefits under, PACE.

§ 460.4 Scope and purpose.

(a) *General.* This part sets forth the following:

(1) The requirements that an entity must meet to be approved as a PACE organization that operates a PACE program under Medicare and Medicaid.

(2) How individuals may qualify to enroll in a PACE program.

(3) How Medicare and Medicaid payments will be made for PACE services.

(4) Provisions for Federal and State monitoring of PACE programs.

(5) Procedures for sanctions and terminations.

(b) *Program purpose.* PACE provides pre-paid, capitated, comprehensive health care services designed to meet the following objectives:

(1) Enhance the quality of life and autonomy for frail, older adults.

(2) Maximize dignity of, and respect for, older adults.

(3) Enable frail, older adults to live in the community as long as medically and socially feasible.

(4) Preserve and support the older adult's family unit.

§ 460.6 Definitions.

As used in this part, unless the context indicates otherwise, the following definitions apply:

Contract year means the term of a PACE program agreement, which is a calendar year, except that a PACE organization's initial contract year may be from 12 to 23 months, as determined by CMS.

Medicare beneficiary means an individual who is entitled to Medicare Part A benefits or enrolled under Medicare Part B, or both.

Medicaid participant means an individual determined eligible for Medicaid who is enrolled in a PACE program.

Medicare participant means a Medicare beneficiary who is enrolled in a PACE program.

PACE stands for programs of all-inclusive care for the elderly.

PACE center means a facility operated by a PACE organization where primary care is furnished to participants.

PACE organization means an entity that has in effect a PACE program agreement to operate a PACE program under this part.

PACE program agreement means an agreement between a PACE organization, CMS, and the State administering agency for the operation of a PACE program.

Participant means an individual who is enrolled in a PACE program.