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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.