

# STATE OF NEW YORK

8903

## IN SENATE

April 27, 2022

Introduced by Sen. MAY -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to the program of all-inclusive care for the elderly (PACE)

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Legislative intent. The Program of All-Inclusive Care for  
2 the Elderly ("PACE") is a federally recognized model of comprehensive  
3 care for persons 55 years of age or older who qualify for nursing home  
4 levels of care, who wish to remain in their community, and who are  
5 eligible for Medicaid (see, Sections 1894 and 1934 to Title XVIII of the  
6 Social Security Act; 42 CFR 460). Uniformity of regulation of PACE  
7 organizations will promote efficiency for the organizations and for the  
8 state. It is the intent of the legislature through this act to provide a  
9 more efficient and uniform structure to promote the prudent development  
10 of PACE organizations, to promote better health outcomes for New Yorkers  
11 enrolled in PACE organizations, and to realize administrative efficiencies.  
12 It is the intent of the legislature to recognize PACE organizations  
13 as integrated providers of care. PACE organizations shall not be  
14 construed to be managed care organizations under article 44 of the  
15 public health law.

16 § 2. The public health law is amended by adding a new article 29-EE to  
17 read as follows:

### ARTICLE 29-EE

#### PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

#### Section 2999-s. Definitions.

##### 2999-t. Program established.

##### 2999-u. Licensure.

##### 2999-v. Eligibility and enrollment.

##### 2999-w. Benefits.

##### 2999-x. Reimbursement.

##### 2999-y. Regulations.

27 § 2999-s. Definitions. For purposes of this article, the following  
28 definitions apply:

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

LBD14903-01-2

1 1. "PACE organization" means an entity as defined in 42 U.S.C. §  
2 1395(eee) and established in accordance with federal public law 105-33,  
3 subtitle I of title IV of the Balanced Budget Act of 1997, and licensed  
4 or otherwise authorized to operate under this article.

5 2. "Program of all-inclusive care of the elderly" or "PACE" is a  
6 federally recognized model of comprehensive care for persons fifty-five  
7 years of age or older eligible for Medicaid and may also be eligible for  
8 Medicare, qualifying for nursing home levels of care who wish to remain  
9 in their community (see, Sections 1894 and 1934 to Title XVIII of the  
10 Social Security Act; 42 CFR 460), and established under this article.

11 3. "Medicaid" means title eleven of article five of the social  
12 services law and the program thereunder. "Medicare" means title XVIII of  
13 the federal social security act and the programs thereunder.

14 4. "CMS" means the federal Centers for Medicare and Medicaid Services.

15 5. "Enrollee" means an individual enrolled in a PACE organization.

16 § 2999-t. Program established. 1. The program of all-inclusive care of  
17 the elderly is established in the department to provide community-based,  
18 risk-based, and capitated long-term care services as optional services  
19 under Medicaid and, where applicable, under Medicare, as well as under  
20 contracts among CMS, the department and PACE organizations.

21 2. A PACE organization operating at the time this article becomes law  
22 may continue to operate while the organization transitions into full  
23 compliance with this article, under a process and requirements estab-  
24 lished by the commissioner.

25 § 2999-u. Licensure. 1. The commissioner shall license an entity as a  
26 PACE organization if the entity:

27 (a) complies with the requirements of a PACE organization under appli-  
28 cable federal law and regulations;

29 (b) provides a facility or facilities at which primary care and other  
30 services are furnished to enrollees;

31 (c) provides an interdisciplinary team approach to care management,  
32 care delivery and care planning;

33 (d) complies with this article and regulations of the commissioner  
34 under this article; and

35 (e) enters into a PACE organization contract and agreement with CMS.

36 2. (a) A PACE organization shall comply with applicable requirements  
37 of articles forty-four, thirty-six and twenty-eight of this chapter.

38 (b) A PACE organization shall serve an approved geographic service  
39 area.

40 (c) A PACE organization and its incorporators, directors, sponsors,  
41 stockholders and operators shall have the experience, competence, and  
42 standing in the community as to give reasonable assurance of their abil-  
43 ity to operate the organization to provide a consistently high level of  
44 care for enrollees and comply with this article. A PACE organization  
45 shall demonstrate that where any incorporator, director, sponsor, stock-  
46 holder or operator of the organization holds, or within the past seven  
47 years has held, a controlling interest or been a controlling person in  
48 an organization or facility licensed under this chapter, a consistently  
49 high level of care has been rendered in each such organization or facil-  
50 ity.

51 (d) A PACE organization shall meet requirements for financial solvency  
52 under paragraph (c) of subdivision one of section forty-four hundred  
53 three of this chapter, including a contingent reserve requirement which  
54 may, by regulations of the commissioner, be different from that required  
55 by that paragraph.

1 (e) A PACE organization shall be deemed to be a health maintenance  
2 organization under article forty-four of this chapter, but solely for  
3 purposes of subdivision one of section sixty-five hundred twenty-seven  
4 of the education law.

5 3. The commissioner shall establish a unified licensure process for  
6 PACE organizations that includes the applicable program requirements of  
7 this article. A license under this article shall require approval of the  
8 public health and health planning council.

9 § 2999-v. Eligibility and enrollment. 1. To be eligible to enroll in a  
10 PACE organization, an individual shall:

11 (a) be at least fifty-five years old; and

12 (b) meet the eligibility requirements for a nursing home level of  
13 care; and

14 (c) reside within the PACE organization's approved service area; and

15 (d) be able to be maintained safely in the community-based setting  
16 with the assistance of the PACE organization; or

17 (e) be otherwise eligible to participate in a PACE demonstration or  
18 specialty program authorized by the federal PACE Innovation Act and  
19 approved by CMS.

20 2. Enrollment in a PACE organization shall be voluntary for the eligi-  
21 ble individual.

22 § 2999-w. Benefits. 1. A PACE organization shall provide the following  
23 benefits to its enrollees:

24 (a) all benefits under Medicaid, including under section three hundred  
25 sixty-four-j of the social services law;

26 (b) all benefits under Medicare, for enrollees that are enrolled in  
27 Medicare; and

28 (c) other services determined necessary by the PACE organization's  
29 interdisciplinary team to improve and maintain the enrollee's overall  
30 health status.

31 2. A PACE organization may provide fiscal intermediary services under  
32 section three hundred sixty-five-f of the social services law.

33 § 2999-x. Reimbursement. 1. The commissioner shall develop and imple-  
34 ment, consistent with applicable federal requirements, reimbursement  
35 rates and methodologies for Medicaid services provided by a PACE organ-  
36 ization to its enrollees.

37 2. The commissioner shall provide, or shall require any independent  
38 actuary used to review PACE reimbursement rates to provide, to PACE  
39 organizations the documents and information regarding PACE reimbursement  
40 rates submitted to CMS in a form and timeframe consistent with the  
41 requirements for providing or causing to be provided documents and  
42 information to Medicaid managed care providers under paragraph (c) of  
43 subdivision eighteen of section three hundred sixty-four-j of the social  
44 services law.

45 § 2999-y. Regulations. 1. The commissioner shall make regulations and  
46 take other actions reasonably necessary to implement this article.

47 2. The commissioner shall develop and implement a unified process for  
48 PACE organizations to complete reports, submit to audits, respond to  
49 surveys, and provide other information, including maximizing conformity  
50 with federal requirements.

51 3. The commissioner may apply for federal waivers under Medicaid or  
52 demonstration programs under Medicare relating to the PACE program,  
53 provided that the waiver or demonstration shall not diminish any right  
54 or benefit of enrollees under this article.

55 § 3. Severability. If any provision of this act, or any application of  
56 any provision of this act, is held to be invalid, or to violate or be

1 inconsistent with any federal law or regulation, that shall not affect  
2 the validity or effectiveness of any other provision of this act or of  
3 any other application of any provision of this act, which can be given  
4 effect without that provision or application; and to that end, the  
5 provisions and applications of this act are severable.

6 § 4. This act shall take effect on the one hundred eightieth day after  
7 it shall have become a law. Effective immediately, the commissioner of  
8 health shall make regulations and take other actions reasonably neces-  
9 sary to implement this act on that date.