



CMS Issues COVID-19 Guidance for PACE Organizations

On March 17, the Centers for Medicare and Medicaid Services (CMS) published [new guidance](#) for Program for All-Inclusive Care for the Elderly (PACE) organizations as part of CMS's response to the coronavirus pandemic. LeadingAge provides a summary below with key links to resources and other relevant guidance items PACE organizations should be aware of.

LeadingAge Review of CMS PACE COVID-19 Guidance

Infection Control: PACE organizations should follow existing regulation with respect to infection control. This includes following CDC guidelines and “establish, implement, and maintain a documented infection control plan that includes procedures to identify, investigate, control, and prevent infections in every PACE center, and in each participant’s place of residence, as well as procedures to record, and develop corrective actions related to, any incidents of infection.” Current PACE infection control regulation is found here: <https://www.law.cornell.edu/cfr/text/42/460.74>

CDC Guidance: PACE organizations should monitor the CDC website and the CMS Emergency Preparedness website for the latest guidance and resources. The guidance specifically references previously published information related to [home health agencies](#), [nursing facilities](#), [hospice agencies](#), and [dialysis facilities](#).

Preventing Spread: PACE organizations should follow CDC guidelines with respect to preventing spread of the coronavirus. This includes “reviewing infection control practices with all personnel, implementing proper hand and respiratory hygiene; monitoring participants, personnel, and visitors for fever and respiratory symptoms; using alcohol-based hand sanitizers; and keeping all individuals including visitors, staff, and residents at home when they are ill.” The guidance later discusses what to do if a participant must be kept at home.

Sick Leave: CMS advises PACE organizations to “implement sick leave policies for personnel that are non-punitive, flexible, and consistent with public health guidance.” The guidance does not specify length of sick leave and/or whether sick leave should be paid or unpaid.

Monitoring for COVID-19: PACE organizations should “frequently monitor for potential symptoms of respiratory infection, as needed, and follow any other requirements mandated by their state.”

Reporting respiratory illness: PACE organizations should immediately contact their state or local health department for further guidance if the organization:

- 1) Experiences “an increased number of respiratory illnesses among participants and/or caregivers, or healthcare and/or PACE personnel (employed and contracted)”. This must be reported regardless of suspected etiology.
- 2) Suspect a PACE participant or personnel has COVID-19.

This part of the guidance references existing guidance that PACE organizations may want to take note of, including CDC guidance for [local and state health departments](#), [infection prevention and control professionals](#), and [healthcare personnel who are coordinating the home care](#) and isolation of people with confirmed or suspected COVID-19 infection.

Use of PPE: PACE organizations should provide personnel with personal protective equipment and training how to use PPE. The guidance links to further information on PPE on CDC’s website: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Monitoring/Testing and Services: PACE organizations must follow current regulation [on required services](#). CMS clarifies that PACE organizations must pay for “any diagnostic laboratory tests to identify COVID-19,” and reminds PACE organizations that they must cover services in the home, including “for participants with symptoms that may be attributable to COVID-19” and thus should stay home from a PACE center.

Limiting PACE Center Attendance: PACE organization interdisciplinary teams “may limit PACE participants from attending the PACE center if doing so would best meet the participants’ needs in light of the circumstances, including the prevalence of COVID-19 in their community.” To minimize exposure and/or spread of COVID-19, PACE organizations are allowed to limit center attendance for participants even if they do not display any symptoms for COVID-19.

Relaxing Current Requirements: CMS acknowledges that there may be “circumstances where a PO may need to implement strategies that do not fully comply with CMS PACE program requirements in order to provide benefits to participants while ensuring they are also protected from the spread of COVID-19.” Examples given include the use of remote technology and pharmacy benefits. LeadingAge will follow up to see if there are other specific flexibilities CMS would allow at this time. CMS will notify PACE organizations through the Health Plan Management System when CMS is ending the enforcement discretion described in the guidance.

Remote Technology Use: PACE organizations may, as appropriate, use remote technology for “activities that would normally occur on an in-person basis,” such as

scheduled and unscheduled participant assessments, care planning, monitoring, communication,” and other activities.

Pharmacy Benefits: PACE organizations may “may relax “refill-too-soon” edits and provide maximum extended day supply, provide home or mail delivery of Part D drugs, and waive prior authorization requirements at any time that they otherwise would apply to Part D drugs used to treat or prevent COVID-19, if or when such drugs are identified.”

Additional Links: The guidance ends with a list of CDC and CMS resources PACE organizations should be aware of. We include all of these links below. In addition, we encourage PACE organizations to visit LeadingAge’s dedicated COVID-19 web page, <https://www.leadingage.org/covid19>, for updates on resources and guidance related to the pandemic.

CDC Resources

- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infectioncontrol/infection-prevention-control-faq.html>
- CDC Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-homecare.html>
- Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes: <https://www.cdc.gov/coronavirus/2019ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- CDC Identification of and Information for At-Risk and Vulnerable Populations: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#whois-higher-risk>
- Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesmenthcp.html>

CMS Resources

- CMS Emergency Preparedness & Response Operations website for Current Emergencies: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/CurrentEmergencies/Current-Emergencies-page>

