

441—88.1(249A) Definitions.

“Alternate PACE service site” means a location outside a primary or alternate PACE center in which one or more PACE services are offered to PACE enrollees.

“Capitation payment” means the monthly payment to PACE on behalf of each Medicaid participant for the provision of covered medical and supportive services. Payment is made regardless of whether the participant receives services during the month.

“CMS” means the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

“Enrollee” means a person who is enrolled in a PACE program.

“Federal PACE regulations” means the standards published in 42 CFR Part 460, “Programs of All-Inclusive Care for the Elderly,” as amended to August 1, 2024. These rules will be interpreted so as to comply with the federal PACE regulations.

“Interdisciplinary team” or *“IDT”* means the team designated by the PACE organization to assess the needs of and develop a comprehensive plan of care for each enrollee.

“Medicare beneficiary” means a person who is entitled to Medicare Part A benefits, is enrolled under Medicare Part B, or both.

“PACE enrollment agreement” means the contract between the PACE organization and the enrollee that includes, at a minimum, all information identified in 42 CFR 460.154 as amended to August 1, 2024.

“Service area” means the specific counties in which a PACE provider may provide services as identified in the PACE program agreement.

The following definitions have the same meaning as set forth in 42 CFR 460.6 as amended to August 1, 2024:

“Contract year”

“Medicaid enrollee”

“Medicare enrollee”

“PACE”

“PACE center”

“PACE organization”

“PACE program”

“PACE program agreement”

“Services”

“Trial period”

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