

**THE SOCIAL WELFARE ACT (EXCERPT)**  
**Act 280 of 1939**

**400.22 Program of all-inclusive care for the elderly (PACE); requirements; "PACE" defined.**

Sec. 22. (1) As used in this section, "Program of All-Inclusive Care for the Elderly" or "PACE" means an innovative model of community-based care that enables elderly individuals, who are certified as needing nursing facility care, to live as independently as possible.

(2) A prospective PACE organization can be a not-for-profit, for-profit, or public entity that is primarily engaged in providing PACE services and participates in both Medicare and Medicaid. Michigan licensure as a health care entity is not required. An unlicensed PACE entity may serve any eligible enrollee. A prospective PACE entity must meet the federal requirements for a PACE organization, enroll as a Michigan Medicaid provider, and complete a feasibility study.

(3) A prospective PACE organization must submit both of the following to the department:

(a) Not later than 90 calendar days after submitting a letter of intent, a feasibility study.

(b) Not later than 1 year after the department approves the feasibility study, a provider application.

(4) When submitting a letter of intent, a prospective PACE entity must state in the application the service area proposed for the PACE program. If the state determines that there is unmet need in a designated geographic area already covered by an existing PACE organization, the department must notify that PACE organization in a reasonable amount of time, and that PACE organization must be given the opportunity to submit a plan to expand capacity sufficient to accommodate need. The department must give the existing PACE program 6 months from notice of the determination of unmet need to submit an expansion plan. If the existing PACE organization fails to submit a reasonable plan for expansion within 6 months, the state may allow proposals from other PACE organizations. The department shall work with the PACE Association of Michigan and other appropriate provider representatives to develop an acceptable methodology to determine unmet need.

**History:** Add. 2018, Act 447, Eff. Mar. 21, 2019.

**Compiler's note:** Former MCL 400.22, which pertained to the creation of the bureau of social security, was repealed by Act 95 of 1957, Eff. Sept. 27, 1957.

**Popular name:** Act 280