Navigating Comprehensive Care for Seniors in Kent County, Michigan: An Explanation of the PACE Program

The journey of aging often introduces increasing health complexities and functional limitations. For older adults in their 70s, such as individuals residing in Kent County, Michigan, these challenges can be significantly compounded by acute events like severe injuries. A recent leg fracture requiring multiple surgeries to fuse bones highlights a critical need for comprehensive, coordinated care that extends beyond traditional medical treatment. Such situations frequently place immense strain on individuals and their informal support networks, necessitating a robust system to manage diverse medical, rehabilitative, social, and logistical requirements.

In response to these multifaceted needs, the Program of All-Inclusive Care for the Elderly (PACE) offers a unique and integrated healthcare model. PACE is specifically designed to provide a comprehensive suite of services that enable eligible seniors to maintain their independence and continue living safely and comfortably in their homes and communities. Its core objective is to prevent or delay the need for institutional care, such as nursing home placement, by delivering all necessary support in a community-based setting.

This report will delve into how PACE can specifically benefit older adults in Kent County, Michigan. Given a recent leg injury, which necessitates intensive rehabilitation and ongoing support, PACE's holistic approach is particularly relevant. The local PACE provider in their area will be identified, and the report will detail how the program's services are tailored to support recovery from such an injury, while also addressing general age-related limitations.

Understanding the Program of All-Inclusive Care for the Elderly (PACE)

What is PACE? A Holistic Medicare and Medicaid Program

The Program of All-Inclusive Care for the Elderly (PACE) stands as a distinctive healthcare model, integrating a broad spectrum of medical, social, and long-term care services into a single, coordinated system.[1] It operates as a joint Medicare and Medicaid program, specifically tailored for older adults who possess significant health needs.[2] This integrated funding mechanism is fundamental to PACE's capacity to offer truly comprehensive care, transcending the limitations of traditional fee-for-service models.

PACE is defined as a "comprehensive medical/social service delivery system using an interdisciplinary team approach".[1] It explicitly functions as a "Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility".[2] This integrated financing is a cornerstone, allowing for a flexible and comprehensive service delivery that is not constrained by the typical silos of Medicare and Medicaid benefits.

The Core Philosophy: Empowering Seniors to Remain at Home

At its heart, PACE is driven by the profound philosophy of empowering older adults to live independently within their cherished homes and communities for as long as medically and socially feasible.[1] The program is fundamentally designed to serve as a robust alternative

to institutional care, actively preventing unnecessary hospitalizations and nursing home placements by providing all requisite support directly in the community.[4] This focus on home-based care preserves dignity, fosters familiar routines, and maintains vital social connections.

The program's design ensures that eligible individuals can "remain independent and in their homes for as long as possible".[1] It helps people meet their healthcare needs "in the community instead of going to a nursing home".[2] A major objective of PACE is the "prevention of unnecessary use of hospital and nursing home care".[4] For participants in Michigan, the comprehensive service package specifically "permits them to continue living at home while receiving services rather than being institutionalized".[5] This consistent emphasis across various sources underscores PACE's unwavering commitment to community-based care.

The Interdisciplinary Team (IDT) Model: The Heart of Coordinated Care

The cornerstone of PACE's effectiveness is its Interdisciplinary Team (IDT) model.[6] This is not merely a collection of specialists, but a cohesive unit of healthcare professionals who collaborate seamlessly to assess, plan, and deliver every aspect of a participant's care.[1] This integrated approach ensures that all dimensions of an individual's well-being—medical, social, emotional, and functional—are addressed in a truly holistic and coordinated manner, minimizing fragmentation and maximizing responsiveness.

A PACE IDT typically includes a primary care physician, registered nurse (both health center and home care), social worker, physical therapist, occupational therapist, recreational therapist or activity coordinator, dietitian, PACE center manager, home care coordinator, personal care attendant representative, and a transportation driver.[6] This collaborative structure allows for comprehensive care coordination, leading to improved health outcomes by identifying health risks early, coordinating interventions, and promoting preventive care, thereby reducing hospitalizations.[6]

The power of the IDT lies in its synergistic function. The emphasis on "daily team discussions" [7] and a "collaborative approach" [6] means that medical, social, psychological, and functional needs are not just identified, but actively integrated into a single, comprehensive care plan. For an individual recovering from a broken leg, this means the physical therapist will be aware of their social support system, the social worker will understand their pain management challenges, and the primary care physician will have a clear picture of their home environment and mobility limitations. This integrated knowledge allows for a truly holistic and personalized approach to recovery and ongoing care. This integrated and communicative approach enables the team to identify emerging issues—such as a new fall risk in the home, signs of emotional distress due to prolonged immobility, or financial strain impacting medication adherence—early and make rapid, informed adjustments to the care plan. It transforms healthcare from a reactive response to acute problems into a dynamic, proactive, and continuously adapting system. This responsiveness is particularly crucial for managing complex and evolving conditions, such as recovery from a severe leg injury in an elderly individual. Furthermore, the IDT provides stronger support for caregivers, which is a significant ripple effect, reducing the burden and stress on family members who are often the primary informal support system.[6]

Comprehensive Services Provided by PACE

PACE is designed to be truly "all-inclusive," covering an extensive array of services to ensure that all medically necessary and supportive care is readily available.[2] This encompasses not only services typically covered by Medicare and Medicaid, but also any additional care that the IDT determines is essential to maintain the participant's health, safety, and independence.[2] This broad scope is a key differentiator, providing a safety net for all needs.

Services PACE may cover include adult day primary care (including doctor and recreational therapy nursing services), dentistry, emergency services, home care, hospital care, laboratory/x-ray services, meals, nursing home care, nutritional counseling, occupational therapy, physical therapy, preventive care, social work counseling, and transportation to the PACE center for activities or medical appointments.[2] The capitation payment model allows PACE organizations to deliver services "without limiting them to services reimbursable under Medicare and Medicaid fee-for-service systems," highlighting the program's flexibility in addressing participant needs.[3]

The "all-inclusive" nature of PACE, coupled with its unique financing model of "monthly capitation payments" [3], where PACE organizations "assume full financial risk for all health care services" [3], offers significant advantages. Participants receive comprehensive care without the worry of unexpected out-of-pocket costs for approved services, and the scope of care extends beyond what traditional insurance might cover. This capitation payment model fundamentally alters the financial incentives within the healthcare system. Instead of being reimbursed for each individual service provided (the traditional fee-for-service model), PACE organizations receive a fixed monthly payment per enrollee. This structure incentivizes them to keep participants as healthy, independent, and in the community as possible. By proactively investing in comprehensive care, preventative measures, and social support, the organization can avoid more costly interventions such as hospitalizations, emergency room visits, or prolonged nursing home stays, thereby managing their financial risk effectively. This creates a powerful alignment: the program's financial viability is directly tied to the participant's sustained well-being. This financial model empowers the IDT to be truly proactive and innovative in their care delivery. They are incentivized to invest in services like extensive home care, social activities, nutritional support, and robust physical and occupational therapies (crucial for a leg injury recovery) that might not be fully reimbursed or prioritized under traditional, fragmented systems. This proactive, comprehensive, and financially predictable approach offers a level of security and support that is often unattainable in conventional healthcare models.

Who is Eligible for PACE?

General Eligibility Criteria

To qualify for the PACE program, individuals must meet several key criteria, ensuring the program serves those who can most benefit from its comprehensive, community-based approach.

- **Age:** The individual must be 55 years of age or older.[1] Individuals in their 70s comfortably meet this requirement.

- **Residency:** The individual must reside within the defined service area of a PACE organization.[1] This is a critical point that will be addressed specifically for Kent County, Michigan.
- **Nursing Home Level of Care (NHLOC):** The individual must be certified by their state (in this case, Michigan) as needing a nursing home level of care.[1] This assessment evaluates their health conditions and functional limitations to determine if they would otherwise require institutional care, even if they are currently living at home.
- **Ability to Live Safely in the Community:** Despite meeting the NHLOC criteria, the individual must be able to live safely in their home or community at the time of enrollment, with the comprehensive support and services provided by the PACE program.[1] This criterion underscores PACE's goal of supporting independence.
- **Agreement to Exclusive Care:** A significant requirement is the participant's agreement to receive all their health services exclusively through the PACE organization.[8] This means they cannot be simultaneously enrolled in other Medicare plans (such as Medicare Advantage or a separate Medicare Part D prescription drug plan), hospice services, or certain state-specific waivers (like Michigan's MIChoice waiver or an HMO).[2] This ensures coordinated care and avoids duplication of services.
  The "nursing home level of care" (NHLOC) requirement, consistently stated across various sources [1], might initially appear counterintuitive when juxtaposed with the necessity of being "able to live safely in the community with PACE help." This apparent paradox immediately signals that PACE is specifically designed for individuals with substantial, complex health and functional needs, not for those requiring only minimal assistance. The NHLOC requirement is not a directive to enter a nursing home, but rather a crucial qualifier. It serves as a gateway, identifying the population who, without the comprehensive and integrated support system offered by PACE, would foreseeably require institutionalization. PACE, therefore, functions as a powerful "diversion" program, providing an equally intensive, but community-based, alternative to nursing home placement. It is not a barrier to staying home, but rather the justification for accessing such an extensive and specialized level of support. For individuals recovering from a severe leg injury requiring multiple surgeries, meeting the NHLOC criteria is highly probable. The significant functional limitations, intensive need for rehabilitation (physical and occupational therapy), and ongoing comprehensive support (home care, transportation, medical management) resulting from such an injury would likely meet the state's criteria for institutional care. This criterion, far from being an obstacle, positions them perfectly as the target demographic PACE is designed to serve, enabling them to access a level of comprehensive, coordinated care that would otherwise only be available in an institutional setting. The severity of the injury, therefore, significantly strengthens their potential eligibility for this vital program.
  Financial Eligibility: Understanding Medicare, Medicaid, and Private Pay Options

  While financial status does not determine eligibility to enroll in the PACE program itself [9], it does dictate the cost of participation.
- **Medicaid:** If an individual is enrolled in Medicaid (or is dually eligible for both Medicare and Medicaid), they typically will not be required to pay a monthly premium for the long-term care portion of the PACE benefit.[2] This makes PACE highly accessible for those with limited financial resources.

- **Medicare Only:** For individuals who have Medicare but do not qualify for Medicaid, they will be responsible for a monthly premium to cover the long-term care portion of the PACE benefit. Additionally, they will pay a premium for Medicare Part D prescription drugs, which are integrated into the PACE program.[2]
- **Private Pay:** If an individual does not have Medicare or Medicaid, they retain the option to pay for PACE services privately. The specific monthly premium charged for private pay participants may be based on their income.[2]
- **No Deductibles or Copayments:** A significant financial advantage of PACE is that, regardless of the payment source (Medicaid, Medicare, or private pay), there are generally no deductibles or copayments for any drug, service, or care that is approved and coordinated by the PACE healthcare team.[2] This provides immense financial predictability.
- **Michigan Assistance:** Notably, PACE organizations in Michigan are equipped and willing to assist prospective participants in navigating the complexities of applying for Medicaid and conducting initial asset and income assessments.[5] This support can be invaluable for individuals and families trying to understand their financial options.

The elimination of deductibles and copayments is a profound financial benefit, particularly for individuals with extensive and ongoing care needs, such as someone recovering from complex leg surgery. This removes a significant financial barrier to accessing necessary care, as participants are not deterred by accumulating costs for therapies, specialized equipment, or frequent specialist visits. The underlying capitation model, where the PACE organization assumes financial risk, further reinforces this by incentivizing the PACE organization to provide comprehensive, preventative care. It is more cost-effective for them to invest in maintaining a participant's health and independence than to manage a series of expensive acute crises under a fragmented, fee-for-service system. This shifts the focus from volume of services to value of outcomes. For seniors living on fixed incomes, this financial predictability and comprehensive coverage offer immense relief, allowing them to prioritize their health and recovery without the added stress of unpredictable medical bills. The fact that Michigan PACE organizations actively assist with Medicaid applications and financial assessments [5] further underscores a commitment to ensuring equitable access to high-quality, integrated care for individuals across various financial situations, preventing financial hardship from becoming a barrier to essential services.

Table 1: PACE Eligibility Checklist

This table serves as an invaluable, quick-reference tool for a preliminary self-assessment of potential qualification for the PACE program.

Criterion	Description	Potential Situation (Self-Assessment)
Age	55 years of age or older	Individuals in their 70s meet this criterion.
Residency	Live in the service area of a PACE organization (e.g., Kent County for Care Resources)	If residing in Kent County, this criterion is met.
Nursing Home Level of Care	Certified by the state as needing a	Given the recent leg injury and age-

Criterion	Description	Potential Situation (Self-Assessment)
(NHLOC)	nursing home level of care (requires state assessment)	related limitations, it is highly probable this criterion will be met, subject to formal state assessment.
Live Safely in Community	Able to live safely in their home/community with PACE support	With the comprehensive support PACE offers, the program is designed to enable individuals with complex needs to remain safely at home.
Exclusive Care Agreement	Agree to receive all health services exclusively through PACE; not enrolled in other Medicare plans (e.g., Advantage, separate Part D), hospice, or certain waivers/HMOs.	This requires a willingness to commit to receiving all care through PACE and to disenroll from any conflicting existing plans.

PACE in Kent County, Michigan: Care Resources

Identifying the Local PACE Provider: Care Resources

For individuals residing in Kent County, Michigan, the specific and designated PACE provider is **Care Resources**.[11] This local identification is paramount, as PACE programs are geographically bound, meaning eligibility and service access depend entirely on residing within a specific organization's service area.[1]

The research unequivocally identifies "Care Resources" as the specific PACE provider for Kent County, Michigan.[10] This crucial piece of information means that individuals are spared the burden of extensive searching and can be directed immediately to the correct organization. This significantly streamlines the initial research and contact phase. By pinpointing Care Resources and providing their direct contact information, specific eligibility criteria (including detailed zip codes), and a comprehensive list of services, the report transcends generic advice. It transforms into a highly practical, localized guide, enabling immediate, concrete steps tailored precisely to the situation in Kent County. This level of specificity greatly enhances the report's utility and actionable value.

Contact Information for Care Resources:

- **Phone:** 616-913-2006 [11] or toll-free 800-610-6299 [10]
- **Email:** info@careresources.org [10]
- **Website:** http://www.care-resources.org/ [10]
- **Physical Address:** 1471 Grace St. SE, Grand Rapids, MI 49506 [11]

Specific Eligibility Requirements for Care Resources (Kent County)

Beyond the general PACE criteria, Care Resources has precise geographic requirements that must be met for enrollment.

- **Residency:** To qualify for Care Resources PACE, individuals must be residents of Kent County, Michigan.[10] Additionally, their service area extends to specific zip codes in neighboring Allegan, Barry, Ionia, and Ottawa Counties. These include: 48809, 48815, 48846, 48849, 48865, 48881, 48897, 49058, 49302, 49315, 49316, 49323, 49325, 49328,

49331, 49333, 49344, 49348, 49418, 49428, 49435, 49534, 49544.[10] Residency in Kent County confirms meeting this primary geographic requirement.

- **Michigan NHLOC:** As with all PACE programs, participants must meet the State of Michigan's criteria for nursing facility level of care, as assessed by the state.[10]

Detailed Overview of Services Offered by Care Resources, with a Focus on Injury Recovery

Care Resources provides an extensive and comprehensive suite of services, delivered through its dedicated Primary Care Clinic, adult Day Center, and a robust network of community providers. Crucially, these services are not a one-size-fits-all package; they are meticulously tailored to each individual's unique needs, based on the ongoing recommendations and assessments of the interdisciplinary team. This personalized approach is particularly beneficial for complex cases like recovery from a severe injury.[13]

- **Clinic & Day Center Services:** These services form the core of daily care and include access to an on-site physician, pharmacy and medication management, medical transportation, direct nursing care, and various therapies.[13] The day center also provides therapeutic activities and exercise, nutritional counseling, and social services.[13]
- **Medical Specialists:** Care Resources facilitates access to a wide range of medical specialists, ensuring comprehensive care for diverse health needs. This includes hospital care, emergency services, women's health services, dentistry, optometry (vision), audiology (hearing), podiatry (foot care, including diabetic shoes and orthotics), cardiology, rheumatology, and psychiatry.[13]
- **Home Health Services:** Recognizing the importance of home-based support, Care Resources offers direct home care services, comprehensive family and caregiver support services, and provides necessary rehabilitation and durable medical equipment (DME), such as wheelchairs, walkers, oxygen, and diabetic testing supplies.[13]

Direct Relevance to Leg Injury and Older Age Limitations:

- **Physical Therapy (PT) & Occupational Therapy (OT):** These therapies are absolutely critical for recovery from leg surgery. PT will focus on regaining strength, balance, and mobility, while OT will help relearn and adapt daily tasks (e.g., dressing, bathing, cooking) to new physical capabilities.[2]
- **Home Care Services:** During recovery, and for ongoing age-related limitations, assistance with daily living activities, personal care, and monitoring within their home environment will be vital. This support helps maintain hygiene, safety, and comfort.[2]
- **Durable Medical Equipment (DME):** The provision of essential equipment like wheelchairs, walkers, and other mobility aids will be crucial for safe movement and independence during the recovery phase and potentially long-term.[13]
- **Medical Specialists:** Access to a network of specialists means that follow-up care for the leg fusion (e.g., with orthopedists, implicitly covered under "medically necessary care" coordinated by the IDT) and management of any other age-related conditions (e.g., cardiology, rheumatology) will be seamlessly integrated.[2]
- **Transportation:** PACE provides transportation to and from the PACE facility and all approved medical appointments, eliminating a significant logistical barrier for individuals with mobility challenges.[2]

- **Nursing Care & On-site Physician:** Regular health monitoring, precise medication management, and immediate medical attention available within the PACE center ensure continuous oversight of recovery and overall health.[13]
- **Social Services & Activities:** Beyond the physical, PACE addresses mental and emotional well-being. Social services and engaging activities help combat isolation, promote mental stimulation, and provide opportunities for social engagement, which is particularly important during periods of limited mobility and recovery.[2]

Table 2: Key Services Offered by Care Resources PACE for Injury Recovery and Daily Support

This table directly illustrates how the services offered by Care Resources are specifically tailored to address the challenges of a leg injury and general older age limitations.

Category of Support	Specific Services Offered by Care Resources PACE [13]	How it Benefits Individuals (Especially with Leg Injury)
Rehabilitation & Mobility Support	Physical Therapy, Occupational Therapy, Speech Therapy, Rehab & Durable Medical Equipment (wheelchairs, walkers, oxygen)	Absolutely essential for recovery from leg surgery, regaining strength, improving balance, and adapting to daily tasks. Provides necessary aids for safe movement and increased independence during and after rehabilitation.
Home-Based Care	Home Care Services, Family/Caregiver Support Services	Offers direct assistance with daily living activities (e.g., personal hygiene, meal preparation) in their own home, which is crucial during recovery and for ongoing limitations. Significantly reduces the physical and emotional burden on informal caregivers.
Medical Management & Access	On-site Physician, Nursing Care, Pharmacy/Medications, Medical Specialists (e.g., Cardiology, Rheumatology, Psychiatry, implicitly Orthopedics), Hospital Care, Emergency Services, Laboratory/X-ray Services, Transportation to appointments	Ensures continuous and comprehensive medical oversight, precise medication management, and seamless access to specialists for leg injury follow-up and other chronic conditions. Provides safe and reliable transport to all necessary medical appointments and the PACE center.
Daily Living & Nutrition	Nutritional Counseling, Meals (implicitly through Day Center)	Supports overall health and healing, which is critical for recovery from surgery and for managing chronic conditions. Ensures proper dietary intake.
Social & Emotional Well-being	Social Services, Activities & Exercise (Day Center)	Addresses potential social isolation and mental health impacts that can arise from injury and aging. Provides opportunities for engagement, therapeutic recreation, and a supportive community environment.

How to Apply for the PACE Program

Initial Steps: Contacting Care Resources Directly

The most critical first step is to establish direct contact with **Care Resources**, the specific PACE organization serving Kent County. This initial outreach is paramount, as Care Resources' dedicated intake team is responsible for guiding prospective participants through every stage of the application and enrollment process.[14] They serve as the primary point of contact and resource throughout this journey.

Individuals must contact the PACE organization that serves their area, and that organization will guide them through the application and enrollment process.[14] In Michigan, the PACE organization will also assist in applying for Medicaid and with initial asset and income assessments.[5] The direct contact information for Care Resources is:

- **Phone:** 800-610-6299 or 616-913-2006 [10]
- **Email:** info@careresources.org [10]
- **Website:** http://www.care-resources.org/ [10]

Care Resources also offers a convenient online eligibility quiz on their website.[10] This preliminary tool asks questions about age, difficulties with daily tasks (Activities of Daily Living/Instrumental Activities of Daily Living), current treatments or conditions (e.g., supplemental oxygen, dialysis, physical therapy), Medicaid status, and permanent zip code. Completing this quiz can provide an immediate, preliminary indication of potential eligibility, helping to manage expectations before a full assessment.

The Assessment Process: What to Expect During Evaluation

Following initial contact, Care Resources will schedule and conduct a comprehensive assessment. This multi-faceted evaluation is designed to determine if individuals meet all the necessary eligibility criteria, particularly the state's stringent nursing home level of care requirements and their ability to reside safely within the community with the full support of PACE services.[3] This assessment is thorough and individualized.

The assessment is "conducted at the start of care" and includes a thorough evaluation of the participant's "functional status in the areas of social, mental, physical health, environmental, economic, ADLs and IADLs".[3] This comprehensive review ensures that all aspects of their needs are understood. The PACE organization receives referrals from community providers and assists with the Medicaid application process, including initial asset and income assessments, which are part of the broader evaluation.[5] The questions posed in the online quiz offer a glimpse into the types of information and functional assessments that will be part of this more in-depth evaluation process.[10]

Understanding the Enrollment Agreement

If individuals are determined to be eligible for the PACE program after the comprehensive assessment, they will be presented with an Enrollment Agreement. This formal document is crucial as it legally outlines the participant's demographic data, provides a detailed description of the benefits they will receive, specifies the effective date of their enrollment, explains the policy regarding any applicable premiums, details emergency care protocols, and clearly delineates both the participant's rights and responsibilities within the program.[3] It is essential to review this document carefully.

The Benefits of PACE for Older Adults

The most profound benefit of PACE for older adults, particularly those recovering from a complex leg injury and dealing with age-related limitations, is the provision of truly holistic and seamlessly coordinated care. The Interdisciplinary Team (IDT) model ensures that all facets of their health and well-being—medical, rehabilitative, social, and emotional—are managed by a single, unified team.[6] This eliminates the fragmentation often seen in traditional healthcare systems, where different providers may not communicate effectively. For a leg injury, this means a coordinated approach to physical therapy, occupational therapy, pain management, home care, and transportation, all aligned to support comprehensive recovery and prevent complications.

Beyond medical care, PACE addresses the broader determinants of health. The program's focus on keeping individuals in their homes and communities, supported by services like home care, transportation, and social activities, combats isolation and promotes mental and emotional well-being.[2] This is particularly vital for those experiencing reduced mobility or recovering from significant health events, who might otherwise become withdrawn. The provision of durable medical equipment and home modifications, as determined by the IDT, further enhances safety and independence within their familiar environment.

Financially, PACE offers significant predictability and relief. The elimination of deductibles and copayments for approved services [2] removes a major source of stress for individuals on fixed incomes. This structure incentivizes the PACE organization to be proactive and preventative in their care, as it is more cost-effective for them to invest in maintaining health than to manage expensive acute crises. This alignment of incentives ensures that participants receive comprehensive, high-quality care without the burden of unexpected out-of-pocket costs.

Conclusion

The Program of All-Inclusive Care for the Elderly (PACE) represents a robust and integrated solution for older adults facing significant health challenges and age-related limitations, particularly those recovering from severe injuries. For individuals in their 70s residing in Kent County, Michigan, and navigating the complexities of a recent leg fracture requiring extensive surgery, PACE offers a uniquely comprehensive and coordinated system of support.

The core strength of PACE lies in its interdisciplinary team model, which ensures that medical, rehabilitative, social, and emotional needs are addressed holistically and proactively. This integrated approach is crucial for managing complex conditions, facilitating recovery, and preventing further decline, all while enabling individuals to remain safely and comfortably in their homes. Furthermore, the program's "all-inclusive" service package and predictable financial structure alleviate the burden of fragmented care and unexpected costs, providing a stable and supportive environment for long-term well-being.

For individuals in Kent County, Michigan, **Care Resources PACE** is the designated local provider. It is highly recommended that direct contact be made with Care Resources to initiate the eligibility assessment process. Their team is equipped to guide prospective participants through every step, from initial inquiries and online quizzes to comprehensive evaluations and enrollment. Given the severity of the leg injury and ongoing age-related

limitations, it is highly probable that the criteria for nursing home level of care will be met, positioning individuals as ideal candidates for the comprehensive and life-enhancing support that PACE is designed to deliver. Engaging with Care Resources represents a vital step towards securing integrated, personalized care that prioritizes independence and quality of life within the community.