CenterLight Healthcare has 11 PACE sites with more than 100 activities per month + 1 owned and many contracted adult day care centers*

25+ languages and dialects spoken

Provider Network of more than 4,000 PCPs and Specialists, and growing

To learn more, call us at

1-888-681-PACE (7223) | TTY 711

8AM - 8PM, Monday - Friday, or visit

CenterLightHealthcare.org

NO OBLIGATION TO ENROLL. CenterLight Healthcare has an approved PACE contract with the Centers for Medicare and Medicaid Services (CMS) and NY State Department of Health (NYS DOH). Enrollment in CenterLight Healthcare depends on renewal of its contract with CMS and DOH. Participants may be fully and personally liable for the costs of unauthorized or out-of-PACE program agreement services.

CenterLight PACE participants must receive all needed health care services, including primary care and specialist physician services (other than emergency services), from CenterLight, or an entity authorized by CenterLight. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, national origin, age, disability, sex, ethnicity, religion, sexual orientation, mental or physical disability or source of payment.

**Adult Day Care Centers differ from PACE centers and generally only offer socialization and activities on site. **The IDT determines medical necessity. ***Any unused monthly "My Needs Card" benefit amount expires and does not roll over to the next month. However, earned wellness rewards can be used until the end of the year. ****Rewards can be earned by completing eligible actions such as vaccinations, preventative screenings, advance directives, and more. See the My Needs Card catalog for details. *****The My Needs Card does not substitute for required or already provided Medicaid and/or Medicare covered services under PACE.*

CENTERLIGHT Healthcare PACE

A Program of All-Inclusive Care for the Elderly, serving adults 55+





How is **CenterLight Healthcare PACE** Different from Other Plans?

Keeping Up with the **PACE** of Aging

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CenterLight Healthcare PACE is a program designed for Medicaid and dual eligibles and offers a unique approach that brings together all the critical resources older adults need. We want our participants to live a healthier and more fulfilled life in the comfort of their home and communities.

	CENTERLIGHT HEALTHCARE (PACE)	PARTIAL CAPITATION PLANS (MLTC)	MEDICAID ADVANTAGE PLUS (MAP)
ELIGIBILITY	• 55 years and over. • Must have both Medicare and Medicaid or Medicaid only. • Requires more than 120 days of Community Based Long Term Care Services and supports (CBLTCSS) (nursing home level of care) in the home and/or at a PACE Center. • Must be a resident of the Bronx, Brooklyn, New York City, Queens, Staten Island, Nassau, Westchester, or Western Suffolk.	Must have full Medicaid. • 18 and over • Requires more than 120 days of CBLTCSS (nursing home level of care) in the home and/or at a medical model day care center. • Must live in contracted service area.	Must have both Medicare and Medicaid.
ASSESSMENT	**DIRECT ELIGIBILITY (DE) ASSESSMENT** is an option for potential enrollees who are new to long-term care to be assessed directly by CenterLight PACE instead of the New York Independent Assessor Program (NYIAP). Those not eligible for DE and those who did not choose this option may have their assessment done through NYIAP. **PACE IS EXEMPT FROM THE MINIMUM NEEDS REQUIREMENT.**	**NO DIRECT ELIGIBILITY OPTION.** All initial assessments are done through NYIAP. **REQUIRED MINIMUM NEEDS CRITERIA EFFECTIVE 9/1/2025:** • At least limited assistance with physical maneuvering with more than two activities of daily living (ADLs); or • Individuals with a Dementia or Alzheimer's diagnosis, at least supervision with more than one ADL.	
STAFF	**INTERDISCIPLINARY TEAM (IDT)** including, but not limited to, physicians, nurses, social workers, recreation specialists, dietitians, and rehabilitation therapists.	**ONE PERSON (THE CARE MANAGER)** usually coordinates members' care.	
ONE ID CARD	One ID Card for Medicare and Medicaid covered services and Prescription Drugs. One payor source for providers: no need to bill fee-for-service (FFS) Medicaid for Part B Deductible and Cost Shares.	Multiple ID cards.	One ID Card for Medicare and most Medicaid services. One payor source for providers.
COVERED SERVICES**	Doctor and specialists, hospital, dental, vision, hearing, home care, day care services, acupuncture, and all other medically necessary services and supplies as determined by the IDT.	Dental, vision, hearing, home care, day care services, and more. Medical and hospital visits are not covered.	Doctor and specialists, hospital, dental, vision, hearing, home care, day care services, acupuncture, and more.
	REHABILITATION and **RESTORATIVE THERAPIES** on site and in the home, as well as access to a fully-equipped OPEN GYM supervised by licensed rehabilitation therapists.	Care Manager coordinates rehabilitation services.	Rehabilitation services are offered.
	MY NEEDS CARD (OTC CARD): $220 MONTHLY*** plus **up to $360/year** through wellness rewards**** to spend on eligible items to help with basic needs and improve quality of life, including food, groceries, toiletries and eligible OTC items.*****	No OTC benefit.	OTC benefit varies by plan.
	TRANSPORTATION WITH COORDINATION and staff who schedule medical appointments.	Transportation is administered by a State contracted agency.	Transportation
	PRESCRIPTION MEDICATIONS and clinical pharmacists who help identify, prevent, and resolve medication issues and drug interactions.	No medication coverage.	Prescription medications
LOCK-IN	No lock-in period.	Has lock-in period.	No lock-in period.

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