



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

February 2, 2018

ALL COUNTY LETTER NO. 18-10

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
MANAGERS ALL COUNTY FISCAL OFFICERS

SUBJECT: INSTRUCTIONS FOR TERMINATION OF IN-HOME SUPPORTIVE
SERVICES FOR MEDI-CAL BENEFICIARIES ENROLLED IN THE
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

REFERENCES: ALL-COUNTY LETTER 17-20

The purpose of this letter is to provide information to counties regarding the elimination of duplicate personal care services authorized by the county through the In-Home Supportive Services (IHSS) program and the Program of All-Inclusive Care for the Elderly (PACE). It also provides counties a process for terminating IHSS for Medi-Cal beneficiaries who enroll in a PACE plan.

PACE Overview

The PACE model of care provides a comprehensive medical/social service delivery system using an interdisciplinary team approach in a PACE Center that provides and coordinates all needed preventive, primary, acute, and long-term care services. Services are provided to older adults who would otherwise reside in nursing facilities.

Individualized services are provided exclusively through the PACE plan (except in the case of an emergency) by PACE staff and contracted providers to help PACE participants live in the community for as long as medically possible. There are no limits on the amount or duration of services. Services are available 24 hours a day, seven days a week. Personal care services are provided by the PACE plan through PACE employed caregivers.

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

The PACE plan service areas are zip code specific and approved by the Department of Health Care Services (DHCS).

Duplication of Services

Each month, DHCS compiles a report from DHCS' Management Information System and Decision Support System that identifies PACE plan participants who also receive IHSS. Personal care services that are provided through both the PACE plan and the IHSS program result in duplication of payment and services to a PACE participant. This duplication of services is not allowable for both programs. The following guidelines have been established in an effort to prevent duplication of personal care services rendered to a PACE participant by the IHSS program and confirm the termination of IHSS to the PACE participant and to the PACE plan.

Process for Termination of IHSS

As part of the PACE plans' enrollment screening process, each potential PACE participant is asked whether they are receiving IHSS. If so, they are informed that if they enroll in the PACE plan, they must terminate IHSS through the county because PACE provides all personal care services. By signing the PACE Enrollment Agreement, the PACE participant has agreed to terminate his/her IHSS benefit through the county and begin receiving personal care services exclusively through the PACE plan.

The PACE plan will establish a point of contact with the IHSS program in each county that has an established PACE plan. Each month the PACE plan will send an active enrollment list and notification requesting termination of IHSS participants to the established point of contact.

Upon receipt of information from the PACE plan that the individual meets all PACE eligibility criteria, the county will process the termination of IHSS for the identified recipients and issue a Notice of Action to the recipient confirming termination of IHSS. Within 10 business days of receipt of the PACE plan listing or notification to the PACE participant, the county IHSS representative will provide the PACE plan with written confirmation of the PACE participant's termination of IHSS. This termination of ineligible IHSS recipients will prevent or reduce overpayments to providers.

Below is a link to the CalPACE website, which provides information regarding the PACE program and contact information to the various PACE plans within the state:

<http://www.calpace.org/>

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If you have questions regarding this letter, please contact Mr. Stryder Morissette, Chief, PACE Unit, DHCS, at (916) 327-2923.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

Attachment

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

Overview

INTRODUCTION

PACE is a program designed to coordinate and provide all needed preventive, primary, acute, long-term care, social, and rehabilitative services through one comprehensive program.

Individualized services are provided exclusively from the PACE Program (except in case of emergency) to help participants live in the community for as long as medically possible.

PACE operates on an integrated system of care for the elderly that is:

- ★ Community Based
 - ★ Comprehensive – all services are included under one program
 - ★ Capitated – financing in which provider is at full risk for all Medi-Cal and Medicaid services
 - ★ Coordinated – services coordinated by an Interdisciplinary Team (IDT)
-

The PACE Program

ELIGIBILITY

Prospective enrollees must be:

- ★ 55 years of age or older
 - ★ Live in the PACE service area as determined by their zipcode
 - ★ Determined by The Department of Health Care Services (DHCS) as needing nursing home level of care
 - ★ Able to live safely in the community at the time of enrollment without jeopardizing their health or safety
-

PACE CENTER

The cornerstone of each PACE Program is a PACE Center where clinical services, therapies, and social interaction take place. Each center offers a(n):

- ★ Community Clinic
- ★ Physical & Occupational Therapy Facilities
- ★ Area for Social and Recreational Activities
- ★ Average attendance of two to three days a week

Services are also provided in homes, hospitals, residential and skilled nursing facilities.

INTERDISCIPLINARY TEAM APPROACH

PACE uses an Interdisciplinary Team (IDT) to assess needs and to provide and manage care.

- ★ The IDT assesses participant's needs, develops care plan, and delivers services for a continuum of total care
- ★ Continuous process of assessment, treatment planning, service provision and monitoring
- ★ Participant and their family are involved in the care plan
- ★ All services provided are authorized by the Interdisciplinary Team (except in an emergency)

The PACE IDT consists of:

- ★ Physician
- ★ Registered Nurse
- ★ Social Worker
- ★ Dietitian
- ★ Therapists – OT, PT, RT, Speech
- ★ Personal Care Coordinator
- ★ Transportation Coordinator
- ★ Home Care Coordinator
- ★ Center Manager

Together with the participant and their family, the IDT develops a comprehensive plan of care.

PACE SERVICES

PACE Center Services	In-Home Services	Specialist Services	Other Medical Services	Inpatient Services
Physician/NP Nursing Social Work Physical Therapy Occupational Therapy Speech Therapy Recreational Therapy Nutrition Counseling Personal Care Transportation Meals Escorts	Home Health Care Personal Care Homemaker/Chore Services Meals	Medical Specialist: (For example) Audiology Dentistry Optometry Podiatry Psychiatry	Prescriptions Labs/Radiology Durable Medical Equipment Outpatient Surgery Emergency Room Care Medical Transportation	Hospital Nursing Home Inpatient Specialists

PACE services are provided by PACE staff and contracted providers. There are no limits on the amount or duration of services. Medical services are available 24 hours a day, seven days a week.

FINANCING

Pursuant to §460.186 – PACE Premiums:

The amount that a PACE organization can charge a participant as a monthly premium depends on the participant's eligibility under Medicare and Medicaid, as follows:

- ★ Medicare Parts A and B. For a participant who is entitled to Medicare Part A, enrolled under Medicare Part B, but not eligible for Medicaid, the premium equals the Medicaid capitation amount.
- ★ Medicare Part A only. For a participant who is entitled to Medicare Part A, not enrolled under Medicare Part B, and not eligible for Medicaid, the premium equals the Medicaid capitation amount plus the Medicare Part B capitation rate.
- ★ Medicare Part B only. For a participant who is enrolled only under Medicare Part B and not eligible for Medicaid, the premium equals the Medicaid capitation amount plus the Medicare Part A capitation rate.
- ★ Medicaid, with or without Medicare. A PACE organization may not charge a premium to a participant who is eligible for both Medicare and Medicaid, or who is only eligible for Medicaid.

PACE ENROLLMENT

PACE is a voluntary program:

- ★ Marketing is conducted by the individual PACE programs.
- ★ Referrals are welcome from any source – individuals, family members, hospitals, agencies, social workers, etc.
- ★ Contact is made directly to the PACE plan to schedule a tour of the facility, a home visit, and medical and social assessments.
- ★ Participants are free to discontinue PACE and resume their benefits in the traditional Medicare and Medicaid programs at any time.

Intake is a two-step process:

- ★ Assessments and preliminary approval are completed by IDT
- ★ Final determination of nursing home level of care is completed by DHCS

The enrollment process can take 15 to 45 days to complete.

ADDITIONAL RESOURCES

- ★ Medi-Cal: <http://www.dhcs.ca.gov>
- ★ DHCS PACE homepage:
<http://www.dhcs.ca.gov/services/ltc/Pages/ProgramofAll-InclusiveCarefortheElderly.aspx>
- ★ CalPACE: <http://calpace.org>