

**County of Orange Social Services Agency
Family Self-Sufficiency & Adult Services Division**

Program/Area: Adult Services/In-Home Supportive Services

Title: Program of All-Inclusive Care for the Elderly Policy

Number: 1041 **Status:** Revised

Effective Date: 3/8/2018 **Revision Date:** 12/2/2025

Approved: Signature on file

PURPOSE To provide In-Home Supportive Services (IHSS) staff guidelines regarding Program of All-Inclusive Care for Eldery (PACE) regulations.

POLICY An IHSS applicant/recipient enrolled in PACE is ineligibile to IHSS services because all personal care services are provided by PACE.

BACKGROUND PACE services are provided to older adults who would otherwise reside in a nursing facility. The PACE program is administered by Medi-Cal and participants of the PACE program receive personal care services. PACE is administered to participants residing in the following counties: Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, and Santa Clara. PACE service areas are zip code specific and approved by the Department of Health Care Services (DHCS). The DHCS website has the current listing of PACE organizations by county.

DEFINITIONS **Program of All-Inclusive Care for the Elderly (PACE)** Is an all-inclusive program designed to coordinate and provide necessary preventive, primary, acute, long-term care, social and rehabilitative services.

PROCESS OF TERMINATION Personal care services that are provided through both the PACE program 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. IHSS services are terminated when:

- PACE confirms that an IHSS applicant/recipient is receiving PACE services.
- An IHSS applicant/recipient reports their enrollment in PACE to the County.

In either instance above, the County will terminate their IHSS benefits and send a 10-day Notice of Action (NOA) to notify the IHSS applicant/recipient of the IHSS termination.

REFERENCES

All County Letter (ACL) 09-37 Instructions for termination of In-Home Supportive Services (IHSS) for Medi-Cal beneficiaries enrolled in The Program of All-Inclusive Care for the Elderly (PACE)

All County Letter (ACL) 17-20 Instructions for termination of In-Home Supportive Services for Medi-Cal beneficiaries enrolled in the Program of All-Inclusive Care for The Elderly

All County Letter (ACL) 18-10 Instructions for termination of In-Home Supportive Services for Medi-Cal beneficiaries enrolled in the Program of All-Inclusive Care for The Elderly

All County Letter (ACL) 21-68 Instructions for termination of In-Home Supportive Services for Medi-Cal beneficiaries enrolled in the Program of All-Inclusive Care for The Elderly