



Department of Health Care Services
M E M O R A N D U M

DATE: November 23, 2020

TO: Programs of All-Inclusive Care for the Elderly (PACE)

FROM: Integrated Systems of Care Division
Program, Policy and Operations Branch

SUBJECT: COVID-19 Public Health Emergency (PHE) Temporary Flexibility – Hospital and Skilled Nursing Facility (SNF) Discharge Planner Direct Referrals to PACE Organizations (POs)

The purpose of this guidance is to provide Programs of All-Inclusive Care for the Elderly (PACE) Organizations (POs) with direction regarding implementation of a temporary referral flexibility available during the COVID-19 public health emergency.

In order to protect frail seniors at risk for COVID-19 during the PHE, the California Department of Health Care Services (DHCS) is implementing a temporary flexibility to connect frail seniors to POs that can assist them in remaining safely at home, and assist in the decompression of skilled nursing facilities (SNFs) and hospitals. DHCS has determined that this flexibility will not conflict with the requirements of 42 CFR 460.82. This temporary flexibility is available for all POs in all approved PACE service areas.

Under this flexibility, if a discharge planner at a PACE referral source (including but not limited to hospitals, emergency rooms, nursing homes, health plans, etc.) determines that a PACE plan would be an appropriate program to facilitate the patient's discharge and serve the patient's needs in their home/community, the discharge planner may ask the patient or the patient's representative if they would like to be contacted by a PO. If the patient answers in the affirmative then the following actions are permitted:

- The discharge planner must document in the patient's record the consent by the patient or authorized representative to be contacted by a PO.
- The discharge planner may inform the PO of the patient's consent to being contacted by a PO, and the specifics of how the patient or representative stated they wish to be contacted.
- The PO may then directly contact the patient or representative in the manner chosen by the patient or representative. The PO may make one contact (i.e., phone call, email, or mailing) to the patient or their representative. If the individual or their representative says that the patient is not interested in the PACE program or does not respond, the PO is not permitted to make further direct contact.

In California, POs must have hospitals and SNFs in their contracted provider network, and will typically contract with some, but not all, hospitals and SNFs in their service area to ensure network adequacy. In cases where POs operate with overlapping service areas, it is possible that multiple POs will hold contracts with the same hospital or SNF. Conversely, if there are multiple hospitals serving a shared area, it is possible that a particular hospital would only be contracted by one of the POs operating in that area.

- In instances where a hospital or SNF is not contracted by a PO, the discharge planners are permitted to provide the patient's information to all POs operating in the patient's area once the patient consents to being contacted by a PO.
- In instances where the hospital or SNF is contracted by one or more POs operating in the area, the discharge planner is permitted to provide the patient's information to the PO or POs that contract with the hospital or SNF.

POs must adhere to the following tracking guidelines with respect to utilization of this flexibility:

- POs must track all intake activity, including but not limited to the one contact consented to by the patient or representative, and the responses (or lack thereof) to that contact.
- PO management must monitor intake activity through weekly review, to ensure compliance with requirement of only one outreach contact following a referral.

This temporary modification is time-limited, only applicable during the COVID-19 PHE, and only available in approved PO service areas.

PACE Organizations may submit questions to: PACE@dhcs.ca.gov