Re: PACE Innovation Act Request for Information (RFI)

Dear Mr. Engelhardt,

The Alzheimer’s Association appreciates the opportunity to respond to the Centers for Medicare & Medicaid Services’ PACE Innovation Act RFI.

The Alzheimer’s Association is the world’s leading voluntary health organization in Alzheimer’s disease care, support, and research. Today, there are more than 5 million Americans living with Alzheimer’s disease, and it is the only cause of death among the top 10 without a way to prevent, cure, or even slow its progression. As the size and proportion of the United States population age 65 and older continue to increase, the number of Americans with Alzheimer’s disease and other dementias will grow.1 Caring for individuals with Alzheimer’s disease will have cost $236 billion in 2016 with Medicare and Medicaid bearing $160 billion—68 percent—of that figure.2

Nearly half of enrollees served by traditional PACE programs have dementia, so we appreciate CMS’s efforts to explore ways to expand this successful model. We were grateful to be part of a work group convened by the National PACE Association (NPA) that developed the framework for the At-Risk Medically Complex PACE Pilot, submitted to CMS in September 2016. The framework outlines a model to serve individuals who have complex medical needs and who are at risk of needing a nursing home level of care. The pilot developed by NPA’s work group could serve individuals with Alzheimer’s disease and their families well, coordinating care, helping them to remain in their homes and communities, and promoting well-being. It includes eligibility criteria, service delivery design, payment, and quality indicators, which are summarized below. The complete framework is also attached for your reference.

Eligibility Criteria
The pilot would serve individuals with complex needs who do not yet meet the nursing home level of care criteria for their states and thus are not eligible for traditional PACE. Each PACE pilot organization

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2 Ibid.
would determine the age range of the population it serves and the framework allows them to serve populations as young as 18.

Service Delivery Design
A primary care physician, nurse practitioner or physician assistant, a registered nurse, a social worker, and other necessary professionals would compose the core interdisciplinary team. In addition to access to PACE centers, pilot programs would also be required to develop a network of services and supports, including opportunities for socialization as well as the provision of care.

Payment
Payment is tier-based with a set of core services associated with each tier:
- Tier 1 offers basic services like assessment and care planning, care coordination, and education.
- Tier 2 includes all Tier 1 services as well as in-home nursing and social work visits, phone contact, and transportation to medical appointments.
- Tier 3 includes all the services of Tiers 1 and 2 and assistance with functional needs like housekeeping and shopping, as well as caregiver respite.

A participant would be assessed and placed in a tier that aligns with his or her care needs and can move among tiers as needs change. For those participants with Medicare or who are dually eligible, the risk adjustment model currently applied to PACE will be applied to the pilot, including dementia codes. Inclusion of these codes is crucial to improving the predictability of costs, accuracy of payments, and quality of care for vulnerable beneficiaries.

Quality Indicators
In order to assess the effectiveness of the pilot, the framework includes a set of measure domains and sample measures. The sample measures are proposed to serve as references in developing measures specific to each pilot population. Important to programs serving enrollees with dementia are inclusion of the cognitive assessment measure for dementia used in the Physician Quality Reporting System and others like advance care planning and caregiver satisfaction.

The Alzheimer’s Association encourages CMS to implement this pilot. We would be pleased to serve as a resource as CMS considers the pilot and how it relates to individuals living with Alzheimer’s and related dementias. Please contact Laura Thornhill, Manager of Regulatory Affairs, at 202-638-7042 or lthornhill@alz.org if you have questions or if we can be of additional assistance.

Sincerely,

Robert Egge
Executive Vice President, Government Affairs