Re: Medicare Program; Prospective Payment Systems and Consolidated Billing for Skilled Nursing Facilities for FY 2018, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, Survey Team Composition, and Proposal to Correct the Performance Period for the NHSN HCP Influenza Vaccination Immunization Reporting Measure in the ESRD QIP for PY 2020

Dear Administrator Verma,

The Alzheimer’s Association appreciates the opportunity to comment on the proposed changes to the Prospective Payment Systems and Consolidated Billing for Skilled Nursing Facilities (SNFs) for Fiscal Year 2018.

The Alzheimer’s Association is the leading voluntary health organization in Alzheimer’s disease care, support, and research. Today, there are more than 5 million Americans living with Alzheimer’s, 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 and other dementias will grow. Caring for individuals with Alzheimer’s will cost an estimated $259 billion in 2017 with Medicare and Medicaid bearing $175 billion—67 percent—of that figure. Thus, we encourage the Centers for Medicare & Medicaid Services (CMS) to consider the following comments to improve care for this growing population of beneficiaries.

**Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)**

We appreciate CMS’s recognition of both the prevalence and impact of cognitive impairment in and across settings: Due to their impaired memories and judgment, beneficiaries with cognitive impairment cannot manage their co-occurring conditions. We are grateful to CMS for its continuing work to improve the quality of beneficiary care.

We also appreciate CMS’s statement that skilled therapy can help beneficiaries with dementia. In light of CMS’s ongoing efforts to comply with the _Jimmo v. Sebelius_ settlement terms, this is a meaningful acknowledgement and we encourage CMS to continue to communicate the importance of skilled therapy to beneficiaries with degenerative conditions.

CMS also states that some symptoms of dementia may be managed with pharmacotherapy. We note for CMS’s consideration that we support the appropriate use of medications when behavioral and psychological symptoms of dementia (BPSD), such as agitation, aggression, and hallucinations, pose a
greater risk to individuals and families living with dementia than the medications. For the more common occurrences of BPSD, however, non-pharmacologic interventions should be a first-line alternative to pharmacologic therapies. We refer CMS and post-acute providers to the Alzheimer’s Association position statement on BPSD.¹

SNF QRP Quality Measures Under Consideration for Future Years
The Alzheimer’s Association appreciates CMS’s ongoing efforts to reduce inappropriate antipsychotic use in persons with dementia. As noted above, antipsychotic medications have been used appropriately and inappropriately to address BPSD and we believe that non-pharmacologic interventions should be a first-line alternative to pharmacologic therapies. However, the Association continues to support the appropriate use of medications when BPSD pose a greater risk to individuals and families living with dementia than the medications.

Persons with dementia and families acknowledge the potential benefits of appropriately-used antipsychotics, even if the medication does not have an indication approved by the Food and Drug Administration for their symptoms. They report that such medications can ease paranoia or anxiety and can alleviate the rage some people experience, keeping them and others safe and allowing them to remain in their homes. These medications may calm an agitated person for a few hours, allowing him or her to attend an adult day program, granting a caregiver a few hours of respite. Many persons with dementia and their families can make informed choices regarding the use of antipsychotic medications. Any future measure should account for this informed consent, preference, and the potential improvements in the quality of life for some individuals.

Proposed Standardized Patient Assessment Data Reporting Beginning with the FY 2020 SNF QRP
The Alzheimer’s Association supports the proposed tools to assess beneficiaries with cognitive impairment for the purpose of data collection, including the Brief Interview for Mental Status (BIMS). However, we note that SNFs would only be required to report BIMS data for SNF admissions and not discharges. We respectfully request that CMS provide its reasoning for this omission. If the basis is the same as it is stated in the FY 2018 Long-Term Care Hospital proposed rule—that cognitive status is relatively stable over time—we disagree. Alzheimer’s and related dementias are degenerative diseases that progress over time and can change a person’s behavior and function from day to day. If the agency’s goal is to capture the most accurate data that will ultimately result in better care, CMS should require administration of the BIMS at both admission and discharge and reporting of those data.

The Alzheimer’s Association also supports the Behavioral Signs and Symptoms data elements. While we understand it is an established, tested set of elements in use, we respectfully request that CMS explain the specific exclusion of wandering from the set. Wandering is a prominent safety concern for many individuals with Alzheimer’s and other dementias: six in ten people with Alzheimer’s disease will wander. If this data set is intended to capture the unrecognized needs and care preferences of beneficiaries with cognitive impairment including dementia, CMS should consider including a wandering element or capturing this information in another manner.

Possible Burden Reduction in the Long-Term Care Requirements
The Alzheimer’s Association is deeply concerned by proposed rollbacks of the Long-Term Care requirements. Specifically, we oppose any changes that will dilute the Quality Assurance & Performance Improvement (QAPI) requirements. Quality improvement is critical to the health, safety, and quality of life of residents and it has not been prioritized until recently. CMS’s QAPI mandate is detailed so as to hold nursing facilities to a certain standard. We are concerned that without those prescriptive details, many facilities will fail to develop and implement substantive quality improvement plans. We also note that QAPI is important not only for care at the individual level, but also for research and trend analysis among facilities and across the country. With a growing population that will come to rely on nursing home care, it is essential that facilities capture this information and act on it.

Similarly, we encourage CMS to study the effects of the LTC ombudsman provision of the rule before altering it. We support CMS’s intent to deter inappropriate involuntary discharges and believe that CMS should leave the provision in place until its effectiveness can be assessed.

Thank you for the opportunity to comment. The Alzheimer’s Association would be glad to serve as a resource to CMS as it considers these important issues and how they relate 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