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alzheimer's association®

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244–1850

July 27, 2015

Re: Proposed Rule: Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, Medicaid and CHIP Comprehensive Quality Strategies, and Revisions Related to Third Party Liability

Dear Acting Administrator Slavitt,

The Alzheimer's Association appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed updates and changes to the Medicaid Managed Care program.

The Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Today, there are more than 5 million Americans living with Alzheimer's disease. Alzheimer's is the sixth leading cause of death in the United States, and the only cause of death among the top 10 without a way to prevent, cure, or even slow its progression. In 2015, the direct costs to American society of caring for those with Alzheimer's will total an estimated $226 billion, including $153 billion in costs to Medicare and Medicaid. Total Medicaid spending for people with Alzheimer's disease and other dementias is projected to be $41 billion in 2015.[1] Twenty-nine percent of older individuals with Alzheimer's disease and other dementias who have Medicare also have Medicaid coverage, compared with 11 percent of individuals without dementia.[2] Medicaid plays a critical role for people with dementia, connecting them to much-needed long-term services and supports (LTSS).

Specific Comments

Beneficiary Protections

Coordination and Continuity of Care

The Alzheimer's Association applauds CMS's efforts to improve the coordination of care for beneficiaries across settings and plans, both in the proposed standards for provider organizations and the inclusion of coordination activities as activities that improve health care quality within the Medical Loss Ratio formula. We also deeply appreciate the proposed steps to integrate community-based support services beyond health care. Persons with dementia and their caregivers depend on a wide variety of community services, such as adult day care, respite care, and legal and financial services. Navigating and utilizing these services effectively, however, requires planning. As CMS and provider organizations develop and implement policies to improve care coordination, we encourage you to consider the importance of planning for future needs in addition to coordination of services.

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[1] Alzheimer's Association. (2015). *2015 Alzheimer's Disease Facts and Figures.*

[2] Ibid, 45.

Long-Term Services and Supports
The Association supports CMS's proposed standards to align service plans for beneficiaries in need of LTSS with the person-centered planning standards articulated in the January 2014 home- and community-based services (HCBS) final rule. As with that rule, the Association is pleased to see the focus on a person- and family-centered approach that will allow persons in need of LTSS, including those with dementia, to live with the greatest possible choice and dignity. We encourage CMS and states to adhere to this guiding principle of individual choice and needs, including the safety needs of persons with dementia. Any related standards developed by CMS, states, or provider organizations must be flexible enough to serve all beneficiaries and their broad range of needs, as well as account for the needs and capacity of caregivers.

We appreciate CMS's efforts to improve and ensure network adequacy standards for both LTSS and Managed Long-Term Services and Supports providers. Given the number of persons with dementia who rely on Medicare and Medicaid, we encourage states and provider organizations to include geriatricians, neurologists, and other relevant practitioners, such as social workers, in their networks. This approach will improve beneficiary access to an array of needed services, and is consistent with CMS's stated commitment to beneficiary choice of provider.

Managed Long-Term Services and Supports (MLTSS)
The Alzheimer's Association supports CMS's codification of its key elements for highly functioning MLTSS programs, including person-centeredness, stakeholder engagement, and beneficiary support, to all MLTSS programs and to other managed care plans. We particularly appreciate the broadened focus beyond person-centered medical planning to all covered LTSS. As noted, any standards developed by CMS, states, or provider organizations must be flexible enough to meet the needs and preferences of all the populations Medicaid serves.

Modernize Regulatory Requirements
Availability of Services, Assurance of Adequate Capacity and Services, and Network Adequacy Standards
As states establish the terms of their contracts with provider organizations, the Alzheimer's Association strongly encourages states to ensure the availability and coverage of the range of medically necessary care for persons with dementia. CMS asserts that contracts between states and provider organizations must specify "medically necessary" services and "address the extent to which the MCO, PIHP, or PAHP is responsible for covering services that address…[t]he ability for an enrollee to attain, maintain, or regain functional capacity." Dementia is a degenerative disease for which there is no cure or treatment. Persons with dementia need providers to help them maintain the quality of their lives, maximize their function in daily activities, and enhance their mood, cognition, and behavior. Provider organizations should deliver services such as cognitive impairment assessment, diagnosis when appropriate, management of symptoms, and referral to community resources. All services should accommodate the disease progression and setting changes. This kind of continuous, coordinated care is consistent with the spirit of the changes CMS proposes in this rule.

Quality of Care
The Alzheimer's Association supports CMS's efforts to strengthen Medicaid managed care quality measurement and improvement. Many of the most commonly known and understood metrics of health care quality are based on the improvement of an individual's condition. It is, however, just as important that the quality of care and life of individuals with degenerative conditions be evaluated and improved. As called for in the National Plan to Address Alzheimer's

Disease,[3] the National Quality Forum released recommendations[4] in 2014 on quality measurement and dementia. The Association notes these recommendations for the consideration of CMS, states, and provider organizations as they develop their quality strategies and policies. We applaud CMS's inclusion of quality of life measurements in the proposed quality framework. We also encourage these stakeholders to include patient- and caregiver-reported outcomes. Patient and caregiver perspective is often overlooked in favor of more quantifiable measures. Dementia, however, can cause the needs and expectations of those affected to change daily. Capturing their insight is critical to responding to those changing needs and expectations.

Thank you for the opportunity to comment. The Alzheimer's Association would welcome a chance 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

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[3] *National Plan to Address Alzheimer's Disease: 2015 Update*, available at http://aspe.hhs.gov/daltcp/napa/NatlPlan2015.pdf.

[4] *Priority Setting for Healthcare Measurement: Addressing Performance Measure Gaps for Dementia, including Alzheimer's Disease*, available at http://www.qualityforum.org/priority_setting_for_healthcare_performance_measurement_alzheimers_disease.aspx.