August 11, 2017

Paul Precht

Centers for Medicare and Medicaid Services

***ATTN:*** Data Supplement - Request for Information

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Submitted via: MMCOcapsmodel@cms.hhs.gov

**Re: Data Supplement - Request for Information**

**Submitted by:**

Peter Notarstefano LeadingAge 2519 Connecticut Ave. Washington DC 20008-1520 pnotarstefano@LeadingAge.org 202 508-9406

Advocacy Organization

Dear Mr. Precht:

LeadingAge appreciates the opportunity to submit comments on the Data Supplement to the Programs of All-Inclusive Care for the Elderly (PACE) Innovation Act Request for Information (RFI) documents released by the Centers for Medicare and Medicaid Services (CMS) on Friday, July 21st, 2017.

The members of LeadingAge and affiliates touch the lives of 4 million individuals, families, employees and volunteers every day. The LeadingAge community ([www.LeadingAge.org](http://www.LeadingAge.org)) includes 6,000 not-for-profit organizations in the United States, 39 state partners, hundreds of businesses, research partners, consumer organizations, foundations and a broad global network of aging services organizations that reach over 30 countries. The work of LeadingAge is focused on advocacy, education, and applied research. We promote home health, hospice, community-based services, adult day service, PACE, senior housing, assisted living residences, continuing care communities, nursing homes as well as technology solutions and person-centered practices that support the overall health and wellbeing of seniors, children, and those with special needs.

We appreciate the analysis that has gone into the development of the Data Supplement to the PACE Innovation Act RFI. Our main focus is to see the eligibility criteria for P3C be appropriate in order to maximize the participation of individuals that would benefit from the services of the P3C model. Also, we continue to have a strong belief that PACE-like models of care would be effective in improving quality care outcomes and reduce costs of care for multiple populations.

**Eligibility Criteria, Market Penetration and Service Area**

We recommend that the eligibility criteria be expanded for the P3C model in terms of Medicare, Medicaid and third-party coverage, nursing home level of care status, and the qualifying mobility impairment diagnoses. This expanded eligibility criteria will allow P3C programs to serve the full range of individuals with the potential to benefit from their services. Further, by serving more individuals the P3C organizations’ ability to bear financial risk and attain financial sustainability would be increased.

We are concerned that the statement in the Acuity Adjustment Analysis regarding the minimum number of participants required for a P3C organization to be viable is not sufficient, and does not mirror the experience of currently operating PACE organizations. We recommend that a targeted enrollment of 150, after a program has achieved maturity, be utilized in considering the viability of the service area, dependent upon the local service area characteristics and needs.We also recommend utilizing a 10 percent market penetration rate to analyses assessing the viability of a P3C organization in a given service area. Furthermore, we expect that P3C organizations, similar to traditional PACE organizations, would look to furnish care to participants in multiple counties. The expansion of the service area to multiple counties provides P3C organizations with an increased pool of eligible participants. We concur with NPA that in combination, the broadened eligibility criteria and recognition of multiple county service areas will offset the more conservative market penetration and minimum enrollment assumptions in the analysis.

**Future PACE Pilots**
In addition to the proposed P3C model, we believe additional populations would benefit from PACE-like models of care. These populations include, but are not limited to, individuals with severe and persistent mental illness, intellectual or developmental disabilities, among others. Further, we are looking forward to an additional RFI addressing the potential expansion of the PACE model of care to those with rising risk who are not yet nursing facility level of care.

With CMS’ consideration of our comments, we trust that P3C organizations would be able to successfully implement a viable P3C model. The P3C model, and other PACE-like models being considered, have the potential to improve the quality of life and deliver quality care to vulnerable parts of our community.

We support in full the comments submitted by the National PACE Association (NPA). Again, LeadingAge appreciates the opportunity to comment on this Request for Information. We hope our comments will be helpful to you. Please do not hesitate to contact us if you have any questions or would like further discussion. We look forward to our continued work with you on this and related issues.

Sincerely,



Peter Notarstefano

Director of Home and Community Based Services