



December 3, 2010

Dr. Donald Berwick
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-2435-P
P.O. Box 8012
Baltimore, MD 21244-8012

President
Irene B. Collins
Alabama

[Submitted Electronically]

RE: File Code CMS-1345-NC

Vice President
James Toews
Oregon

Dear Dr. Berwick:

On behalf of the National Association of States United for Aging and Disabilities (NASUAD), I am pleased to provide comments on the Centers for Medicare and Medicaid Services (CMS) Request for Information Regarding Accountable Care Organizations and the Shared Savings Program, published in the *Federal Register*, vol. 75, no. 221, pages 70165 to 70166.

Treasurer
Charles D. Johnson
Illinois

NASUAD represents the 56 officially designated state and territorial agencies on aging. Our members oversee the implementation of the Older Americans Act (OAA) and many serve as the operating agency for Medicaid's Home and Community Based Services waiver for seniors and persons with physical disabilities.

Secretary
Carol Sala
Nevada

Immediate Past President
Patricia A. Polansky
New Jersey

Building upon their success in providing coordination and support for the effective delivery of evidence-based care transition models, discharge planning initiatives, and health promotion services, NASUAD members can serve as vital partners in the formation and implementation of Affordable Care Organizations (ACO).

Past President
Kathy Leitch
Washington

If structured carefully, ACOs can provide new levels of seamless coordination, and cooperation among the people and entities that provide health and community care. The transition from a fragmented system to an integrated person-centered delivery system will require a multidisciplinary approach across the entire continuum of care.

CMS must ensure ACOs are seamlessly connected with home and community based services and supports (HCBS). Our members provide a platform for the delivery of home and community based services and supports that complement primary care and avoid preventable negative outcomes among at-risk populations as they move from one level of care to another, among multiple providers and/or across settings. For example, our members often are involved in transitioning individuals from hospital settings or nursing homes to HCBS settings.

By providing evidence-based care transition services across a continuum of care, NASUAD members have made it easier for individuals to navigate their health and long-term care services through person centered systems of information, counseling and access. Additionally, the single point of entry systems such as Aging Disability Resources Centers, empower individuals and their families as well as provide streamlined, comprehensive and reliable access to information, assessments, and benefits.

Moving forward with the regulatory process, CMS must ensure that ACOs serving elders and persons with disabilities partner with established providers and state systems with expertise in supporting such populations. At the same time states and localities should have the flexibility to integrate their existing home and community based services and evidence-based programs services into ACO arrangements. Such flexibility would ensure a wide range of services across the spectrum of care. By partnering with home and community based services and supports, ACOs can reduce costs and improve quality by preventing unnecessary acute episodes through better coordinated care.

We look forward to working with CMS on these issues as the rulemaking process moves forward. Please do not hesitate to contact me, at mroherty@nasuad.org, or Mike Cheek, Senior Director for State Services, at 202-789-7409 or mcheek@nasuad.org if you have any questions or wish to discuss any topics we have raised.

Sincerely,



Martha Roherty
Executive Director