



June 6, 2011

Dr. Donald Berwick
 Administrator
 Centers for Medicare and Medicaid Services
 U.S. Department of Health and Human Services
 Washington, DC 20515

[Submitted Electronically]

RE: File Code: CMS-1345-P

Dear Dr. Berwick:

The National Association of States United for Aging and Disabilities (NASUAD), appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) Proposed Rule on the *Medicare Program: Medicare Shared Savings Program: Accountable Care Organizations*, as published in the April 7, 2011 *Federal Register*, volume 76, number 67, pages 19528 to 19654.

President

Irene B. Collins
 Alabama

NASUAD represents the 56 officially designated state and territorial agencies on aging. Each of our members oversee the implementation of the Older Americans Act (OAA), and many serve as the operating agency in their states for Medicaid Home and Community Based Services (HCBS) waivers that serve older adults and individuals with disabilities.

Vice President

James Toews
 Oregon

Build upon the Achievements of the Aging and Disability Networks: For over 45 years, the aging network and disability community have worked to meet the needs of older Americans, individuals with disabilities, and their caregivers. To leverage the successful initiatives currently in place as a result of these endeavors, therefore avoiding a wasteful duplication of efforts, NASUAD recommends that ACOs partner with the aging and disability communities to provide the coordination and support that is necessary for the effective delivery of evidence based care transition models, discharge planning initiatives, and health promotion services.

Treasurer

Charles D. Johnson
 Illinois

Secretary

Carol Sala
 Nevada

Older Adults and Individuals with Disabilities: NASUAD recommends that CMS recognize the specific challenges of serving older adults and individuals with disabilities, including dual eligibles, through the primary care based ACO model, and take meaningful steps to track, report, and hold accountable ACOs that do not adequately meet the needs of these beneficiaries. Additionally, NASUAD recommends that CMS consider the unique needs of older adults, individuals with disabilities, and their caregivers, in evaluating the quality measures that will help to assess the level of care provided to patients.

Immediate Past

President

Patricia A. Polansky
 New Jersey

State and Local Flexibility: The transition from a fragmented system to an integrated person centered delivery system will require a multidisciplinary and coordinated approach across the entire continuum of care, at the state, local, and federal levels. Accordingly, NASUAD recommends that ACOs serving older adults and individuals with disabilities partner with established providers and state systems within the aging and disability networks that have expertise in supporting such populations, such as state agencies on aging disabilities. These partnerships will allow ACOs to both reduce costs and improve quality by preventing unnecessary acute episodes through better coordinated care. To further ensure that a wide range of services are available across the continuum of care, NASUAD recommends that states and localities have the flexibility to integrate their existing home and community based services and evidence based programs into ACO arrangements.

Past President

Kathy Leitch
 Washington

Interim Final Rule: In order to most effectively address the major changes being contemplated by CMS in this NPRM, CMS should give the solicited public comments due consideration, and then issue an Interim Final Rule incorporating this feedback, rather than a Final Rule. As a potential major driver of health care delivery in the future, it is critical that CMS issues regulations that structure ACOs appropriately from the outset. If structured carefully, ACOs can provide new levels of seamless coordination, and cooperation among the people and entities that provide health and community care. Therefore, NASUAD recommends that upon receipt and review of the public comments for this NPRM, CMS publish an Interim Final Rule prior to the publication of a Final Rule.

Leadership and Management Structure: With over four decades of experience in providing some of the nation's most vulnerable citizens with services and supports that not only improve quality of care, but also reduce costs, the aging and disability networks are uniquely qualified to serve as vital partners in the formation and implementation of ACOs. For this reason, NASUAD recommends that as an ACO develops and implements its statutorily-required leadership and management structure, the ACO engage and consult stakeholders within the aging and disability networks, including state agencies on aging and disabilities.

Home and Community Based Services and Supports: NASUAD supports CMS's requirements that an ACO wishing to participate in the Medicare Shared Savings Program must, in part, describe its plans to promote evidence based medicine; promote beneficiary engagement; coordinate care; and exhibit a strong element of patient centeredness. Currently, the aging and disability networks provide a platform for the delivery of home and community based services and supports that complements primary care, and improves health outcomes for older adults and individuals with disabilities as they transition from one level of care to another, among multiple providers, or across settings. Given the shared objectives between the existing HCBS models and practices developed by the aging and disability networks, and the services and supports that ACOs must provide, NASUAD recommends that ACOs consult the aging and disability networks, including state agencies on aging and disabilities, in developing and implementing these strategies.

Care Management and Coordination: By developing models to successfully provide evidence based care transition services across a continuum of care, the aging network and disability community have enhanced the ability of individuals to navigate their own health and long-term care services through person centered systems of information; counseling; and access. Given this experience, and the resulting care delivery mechanisms that are currently in place, NASUAD recommends that ACOs engage members of the aging network and disability community, including state agencies on aging and disabilities, as ACOs develop plans and implement strategies to improve care management and coordination across the life span.

On behalf of NASUAD, I thank you for the opportunity to comment on this proposed rule. We look forward to continuing to work with CMS on these issues as the rulemaking process moves forward. Please do not hesitate to contact me at mroherty@nasuad.org, or Lindsey Copeland, NASUAD's Director of Policy and Legislative Affairs at lcopeland@nasuad.org to further discuss any of these issues.

Sincerely,



Martha A. Roherty
Executive Director