



October 14, 2016

Submitted electronically at <http://www.regulations.gov>

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS—4168—P
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: CMS-4168-P—Medicare and Medicaid Programs; Programs of All-Inclusive Care for the Elderly (PACE)

LeadingAge is pleased to submit comments on the Centers for Medicare and Medicaid Services' (CMS) proposed rule for Programs of All-Inclusive Care for the Elderly (PACE) published in the Federal Register on August 16, 2016. LeadingAge is fortunate to have members that operate PACE, and many of our affordable senior housing members have residents who benefit from the comprehensive services offered by PACE organizations.

The members of LeadingAge and affiliates touch the lives of 4 million individuals, families, employees and volunteers every day. The LeadingAge community (www.LeadinAge.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.

In general, we are supportive of CMS' efforts to update the PACE regulation and believe it is important to build upon the many years of experience that CMS, States and PACE organizations have amassed since the PACE regulation undertook its last significant revision in 2006. It is especially important to provide PACE organizations greater operational flexibility in ways that will allow them to both be more efficient and expand without conceding the quality of care for which PACE is well known. In addition to reviewing the proposed PACE rule, we have read through the comments that the National PACE Association (NPA) will be submitting in response to CMS' proposed changes and requests for comment. We believe that



NPA's recommendations improve further upon the changes that CMS has proposed and encourage CMS to consider them seriously in finalizing the PACE rule.

Above all, we would like to stress our support for NPA's recommendations related to the following:

- An expanded definition of primary care provider on the PACE interdisciplinary team to include nurse practitioners, physician assistants and community-based physicians in addition to PACE physicians: this allows participants in the PACE program more options for how and from whom they can receive their primary care services while maintaining the integrity of the PACE program's interdisciplinary team which is central to its effectiveness.
- Greater flexibility in PACE organizations' use of the PACE center and alternative care settings in response to participants' needs and preferences: this supports choice by PACE participants regarding how and where they would like to participate in activities and access PACE program services while allowing the PACE program to grow more efficiently and more nimbly.
- Greater flexibility with regard to how individual IDT members participate in assessments and care planning with the objective of varying the composition of the IDT for individual participants based on their care needs: this makes the most effective use of the IDT members' time, balancing the needs of assessing and care planning with the direct delivery of services to PACE participants.
- Allowing PACE organizations to open new PACE centers in approved service areas without having to submit expansion applications: this facilitates PACE programs' growth in response to increased enrollment and ability to offer additional settings of care within their service areas.

If finalized, we believe the proposed rule as modified to reflect the concerns addressed in this comment will provide PACE organizations with much needed operational flexibilities resulting in more efficient operations, and new opportunities for program expansion that will expand access to the PACE program's high quality services for seniors.

Again, LeadingAge appreciates the opportunity to comment on this proposed rule. We hope our comments will be helpful to you. Please do not hesitate to contact Peter Notarstefano, Director of HCBS at 202 508-9406 or pnotarstefano@LeadingAge.org , 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,

A handwritten signature in black ink that reads "Cheryl Phillips, MD". The signature is written in a cursive, flowing style.

Cheryl Phillips, MD
Senior VP Public Policy and Advocacy