



Centers for Medicare & Medicaid Services
Department of Health and Human Services
PACE Request for Information
Attention: Paul Precht, paul.precht@cms.hhs.gov
Submitted to: MMCOcapsmodel@cms.hhs.gov

ANCOR Response to PACE Innovation Act (PL 114-85)
Request for Information
February 10, 2017

The American Network of Community Options and Resources (ANCOR) is a national, nonprofit trade association representing more than 1,200 private community providers of services to people with disabilities. Combined, we support over 800,000 individuals with intellectual and developmental disabilities. ANCOR believes in collaboration between the community, Congress, and federal agencies in order to best meet the needs of people with intellectual and developmental disabilities.

ANCOR has been involved in discussions even before passage of the PACE Innovation Act of how the Programs of All-Inclusive Care for the Elderly (PACE) model could translate to specific disability populations under the age of 55 to assist in keeping these individuals in the community. ANCOR spearheaded the development, in conjunction with the National PACE Association, of a disability protocol (formally referred to as the Adapted PACE Protocol) which we believe answers many of the questions in the RFI. ANCOR is pleased to see many components of the disability protocol already integrated into the RFI including recognition and integration of the CMS HCBS Settings Rule and also reconfiguration of the role of the PACE center for a new population.

Ultimately, we believe that the disability protocol should be adopted in any disability model moving forward and that forthcoming proposals should explain how they will be able to meet the protocol's requirements. In addition to the disability protocol, we would encourage CMS to ensure that nonprofit and for profit organizations, including those in preexisting PACE service regions, are able to compete for opportunities to offer the new adapted PACE model. We believe this will ensure that disability service providers, independent living centers, and most importantly the best and most appropriate provider will be able to provide the services.

We would also underscore that the population best served by an adapted PACE model would be one that required a high degree of medical care. Nationally – as both the Department of Health and Human Services and Department of Justice have identified - more individuals under age 65

are inappropriately being served in nursing homes.¹ We believe that an adapted PACE model could assist in moving away from this trend.

Please see attached the disability protocol we worked on with our partners in the disability community which we believe reflects what is needed in any proposal to advance an adapted PACE model. It is our hope that the protocol is officially adopted by CMS in its entirety.

ANCOR hopes to continue to be a key resource for CMS as it considers responses to this Request for Information and forms important policy to effect the comments and ideas received. We are looking forward to this work and thank the agency for its service.

Sincerely,

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¹ DOJ Examples Found at: <https://www.justice.gov/opa/pr/justice-department-finds-south-dakota-unnecessarily-relies-nursing-facilities-provide> and <https://www.justice.gov/opa/pr/justice-department-finds-louisiana-unnecessarily-relies-nursing-facilities-provide-services>