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April 26, 2011

Donald M. Berwick, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Attention: CMS 2337-P

Dear Dr. Berwick,

On behalf of the more than 200 members of the Care Continuum Alliance, I offer the following comments for consideration in response to the Proposed Rule for the Medicaid Program: Community First Choice Option, issued in the *Federal Register* Feb. 25, 2011.

The Care Continuum Alliance aligns all stakeholders in the continuum of care toward improving population health. Through advocacy, research and education, the Care Continuum Alliance advances population-based strategies to improve care quality and outcomes and reduce preventable costs for the well and those with and at risk of chronic conditions. The Care Continuum Alliance represents more than 200 organizations and individuals, including wellness and prevention providers; population health management organizations; pharmaceutical manufacturers; pharmacies and pharmacy benefits managers; HIT innovators; employers; physicians, nurses and other health care professionals; and researchers and academics.

Our members applaud CMS efforts to encourage states to explore innovative health care financing and delivery models, particularly for Medicaid. The Community First Choice program's goal to reduce barriers for individuals who chose to transition back to or remain in the home and community to receive care is important to promoting more patient-centered care.

The proposed rule allows states the opportunity to offer support and services to individuals before needing institutional care. Greater access to home and community-based care can improve quality of life and health outcomes. The ability to prevent or delay institutional care, provide better integration and the coordination of services in less costly settings creates the potential for significant cost savings.

Previous experiences with home and community-based programs have shown success in reducing unnecessary hospitalizations, higher patient satisfaction and more appropriate utilization of services with the self-directed care delivery model.¹ Care Continuum Alliance members have demonstrated success in coordinating services provided by a diverse health care team.

Specific comments:

Section 441.520 – Required Services

The proposed rule for the Community First Choice Program states that, “back-up systems or mechanisms to ensure continuity of services and supports” must be available and “assistive technology devices and assistive technology services” must be excluded. We respectfully request that CMS clarify the definition of “back-up systems” and “assistive technology devices and assistive technology services” to ensure coverage of a broad variety of health support technologies, such as telehealth, independent living technologies and remote patient monitoring.

Section 441.535 – Assessment of Need

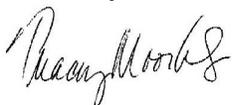
The assessment of an individual’s needs is the foundation for patient-centered care, in addition to increasing patient engagement. The program proposes that the initial assessment be conducted “face-to-face.” The Care Continuum Alliance believes that subsequent assessments can be conducted via a variety of technologies as appropriate for an individual’s needs, accessibility and preference. We urge CMS to clarify that the program should allow other health technology and tools to be utilized for follow-up assessments.

Section 441.540 – Service Plan

The Care Continuum Alliance believes prevention, health promotion and wellness strategies are essential elements of individual care plans. Wellness and health promotion strategies can improve quality of care and health outcomes, while also providing value to all health care stakeholders by improving overall population health. Accordingly, the development of the person-centered service plan, as spelled out in the proposed rule, should include health promotion and wellness components designed to mitigate health risks and maintain and support healthful behaviors.

We appreciate the opportunity to provide comments and would be pleased to offer additional resources.

Sincerely,



Tracey Moorhead
President and CEO

¹ 76 Fed Reg. at 10738 (Feb. 25, 2011).