The Center for Accountability, Modernization, and Innovation
Washington, DC

May 20, 2020

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244–8016

Attention: CMS-2418-P

Re: RIN 0938-AT95

Dear Administrator Verma:

The Center for Accountability, Modernization, and Innovation (CAMI) is a nonprofit organization that promotes innovative solutions to public policy challenges. CAMI is pleased to submit comments on the "Medicaid Program; Preadmission Screening and Resident Review" proposed rule to modernize the requirements for Preadmission Screening and Resident Review (PASRR). CAMI supports the Centers for Medicare and Medicaid Services' (CMS) efforts to reduce duplicative requirements and other administrative burdens on state PASRR programs, while ensuring quality assessments of vulnerable beneficiaries. CAMI contends that the use of third-party contractors and contemporary technologies can reduce administrative burdens and conflicts of interest while bringing cutting edge technologies and business processes to the PASRR program.

Level I Technologies

PASRR compliance is reliant on states to employ an effective screening approach ("Level I Screen") to identify which recipients are subject to the more in-depth Level II evaluations. Some states use a paper-based screening process and require that lay (non-disability) professionals, such as discharge planners or case managers, be the single source of important decisions about whether a nursing home applicant shows indicators of a PASRR disability (needing a PASRR Level II evaluation). Other states use third-party contractors and technologies that more sensitively screen for indicators of whether a Level II evaluation is required.

Level I screening processes vary widely from state to state and, if a state's Level I screening process is ineffective, then the state will undoubtedly be noncompliant with PASRR requirements. In other words, if the correct people are not effectively identified via the Level I solution used by a state to screen applicants, then the benefit of the Level II portion of PASRR is useless, no matter how clinically sound that process may be. Failure to employ effective and efficient clinical screening processes puts a state's compliance at risk while also placing state recipients with disabilities at risk because they may not receive critically-needed services.

Moreover, in states that fail to automate their Level I screening processes, it is difficult, if not impossible, for states to produce accountability data verifying the effectiveness or the efficiency of that state's Level I approach and that taxpayer dollars are used in the manner intended. Level I screening processes improve efficiency for providers and consumers of services, maintain state accountability for overseeing that their screening approach is compliant, and provide CMS with the data they need to ensure that PASRR funding is producing the desired results.

We strongly support requirements that states automate their Level I screening processes and demonstrate accountability for the effectiveness of Level I approaches.

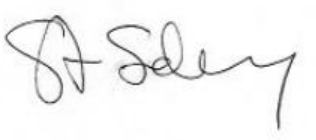
Level II Technologies

Level II evaluations are the clinical evaluations of people known or suspected to have disabilities. Many states have moved from paper-based evaluation tools to automated clinical tools that enable states to capture extensive data about people with disabilities who are seeking long-term-care services. The elder population is the fastest growing age segment in our nation, and elders with disability have the most complex and costly needs of any other segment; therefore, the data captured through these comprehensive assessments is critically important to future policy and service planning. It is clear that CMS has increased emphasis and expectation on states for diversion and transition of this population under this proposed rule. By gathering consistent information about the populations with disability who are served from state to state, we have an important opportunity to concatenate critical planning data to promote more effective community transition and diversion efforts and to inform future policy.

We strongly urge CMS require automation of Level II evaluations to promote and improve planning for this highly vulnerable population. Doing this with a third-party contractor ensures these decisions are independent and free from conflict and that states benefit from industry innovation and technology.

CAMI appreciates the opportunity to comment on this proposed rule and urges CMS to support states' efforts to access innovative solutions and to modernize their PASRR processes by using third-party contractors and related technologies as a way to reduce administrative burdens, conflicts of interest and promote innovation.

Sincerely,



Stan Soloway
Chair
The Center for Accountability, Modernization and Innovation (CAMI)