# Clinical Services Subcommittee Federal Update



National Alzheimer's Project Act Advisory Council on Alzheimer's Research, Care, and Services Shari Ling, MD July 28, 2017

# New HRSA ADRD Professional Training Curriculum

- Promotes interprofessional teamwork in the care of persons living with dementia (PLwD), to be used by health professions faculty, students, primary care practitioners, members of the interprofessional geriatrics care team, and direct service workers is now available
- The 16 modules address a range of topics including dental care, emergency departments, pharmacy, ethics, stages of dementia, diversity – and more!

Information at:

https://bhw.hrsa.gov/grants/geriatrics/alzheimers-curriculum



# β Amyloid PET in Dementia and Neurodegenerative Disease Update

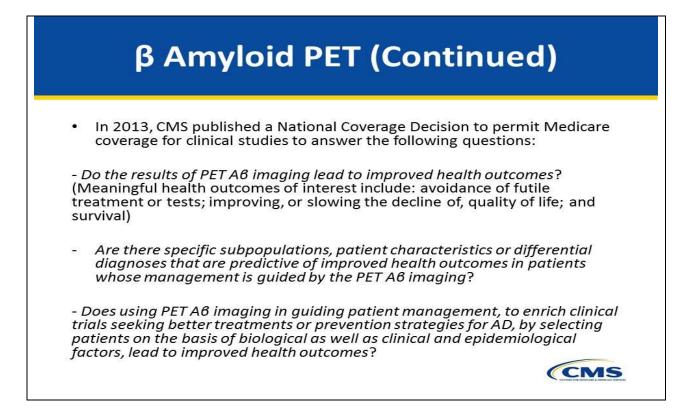
- According to the Food and Drug Administration label for Amyvid<sup>™</sup> (florbetapir F18), Neuraceq<sup>™</sup> (florbetaben F18) and Vizamyl<sup>™</sup> (flutemetamol F18), a positive scan does not establish a diagnosis of AD or other cognitive disorder; and
- Safety and effectiveness of Amyvid have not been established for predicting development of dementia or other neurologic conditions; and monitoring responses to therapies

CMS determined that there is sufficient evidence that the use of PET  $A\beta$  imaging is promising to:

- exclude Alzheimer's disease (AD) in narrowly defined and clinically difficult differential diagnoses, such as AD versus frontotemporal dementia (FTD); and
- enrich clinical trials seeking better treatments or prevention strategies for AD, by allowing for selection of patients on the basis of biological as well as clinical and epidemiological factors

(Strategy 1.C)





# β Amyloid PET (Continued)

 Since publishing the NCD, several organizations have requested coverage for studies; approval is based on whether it is designed to answer at one of the questions, and whether the study adheres to CMS's published standards of scientific integrity and relevance to the Medicare population

To date, CMS has approved the following studies:

- Cognitive Training and Practice Effects in MCI (University of Utah)
- Imaging Dementia—Evidence for Amyloid Scanning (IDEAS) Study (American College of Radiology Imaging Network)
- Effect of Aerobic Exercise on Pathophysiology in Preclinical Alzheimer's Disease (National Institute on Aging)
- The largest of these studies, IDEAS, is enrolling more than 18,000 Medicare beneficiaries. Information about this study can be found here: <u>http://www.ideas-study.org/</u>

# Self-Direction of HCBS – Training for Case Managers

- Through self-direction, beneficiaries direct many or all of their own HCBS, including selecting and managing direct service workers and/or managing an individualized budget
- CMS recently posted guidance through the Integrated Care Resource Center to assist case managers in managed care plans to guide beneficiaries
- The curriculum provides tools to help case managers explain self-directed service delivery, and the related responsibilities of individuals choosing this option, as well as information for health plans about helping individuals to determine if the self-direction option is right for them
- The guidance is also useful generally in educating beneficiaries, families, and caregivers in understanding self-directed service delivery

(Strategy 2.D)

#### Information at:

http://www.integratedcareresourcecenter.com/integrationResourceLib/SDTraining.asp

# Home and Community-Based Settings Criteria Extension

- In May CMS announced a three-year extension for state Medicaid programs to meet the Home and Community Based Services settings requirements for settings operating before March 17, 2014
- The extension is in response to state requests for more time to demonstrate compliance with the regulatory requirements, and ensure compliance activities are collaborative, transparent, and timely

(Strategy 2.D) Information at: <u>https://www.medicaid.gov/medicaid/hcbs/guidance/index.html</u>

# The 2018 Physician Fee Schedule

- CMS released a Notice of Proposed Rulemaking (NPRM) on July 13 (CMS 1676-P) to update payment policies, payment rates, and quality provisions for services furnished under the Medicare PFS on or after January 1, 2018
- The PFS pays for services furnished by physicians and other practitioners in all sites of service to Medicare beneficiaries
- This year's PFS includes a Request for Information for public feedback on positive solutions to better achieve transparency, flexibility, program simplification and innovation that will inform the discussion on future regulatory action related to the PFS

Comment at: https://www.federalregister.gov/public-inspection/current

# Some 2018 PFS Proposals

- <u>Telehealth</u> CMS is proposing to add several codes to the list of services eligible to be furnished via telehealth, including: HCPCS code G0296 (visit to determine low dose computed tomography eligibility), CPT code 90785 (Interactive Complexity), CPT codes 96160 and 96161 (Beneficiary and Caregiver Health Risk Assessment), HCPCS code G0506 (Care Planning for Chronic Care Management), and CPT codes 90839 and 90840 (Psychotherapy for Crisis); and to eliminate the required reporting of the GT modifier for professional claims in an effort to reduce provider administrative burden
- New Care Coordination Services and Payment for Rural Health Clinics (RHCs) and Federally-Qualified Health Centers (FHQCs) - RHCs and FQHCs would receive payment for regular and complex CCM services, behavioral health integration services, and the psychiatric care coordination model using 2 new billing codes created exclusively for them, in addition to regular payment

# 2018 PFS (Continued)

- <u>Chronic Care Management</u> CMS is proposing to adopt CPT codes for reporting several chronic care management (CCM) services currently reported using Medicare G-codes, and seeking public comment on ways to further reduce burden on practitioners for CCM and similar services
- Office-Based Behavioral Health Services CMS is proposing an improvement in the way rates are set for office-based behavioral health services to increase payment for these services by better recognizing overhead expenses

(Strategy 2.G.)

## Comprehensive Primary Care Plus (CPC+) Round 2 Region Announcement

- CPC+ is an advanced primary care medical home model that rewards value and quality to support primary care practices to improve quality, access, and efficiency, and foster patient-centered care
- The following four regions were selected for CPC+ Round 2 in May: Louisiana, Nebraska, North Dakota, and New York (Erie/Niagara Counties)
- "Track 2" of the demonstration is for practices proficient in primary care that can increase the depth, breadth, and scope of medical care delivered to complex patients, including people with dementia, with a \$100/month per beneficiary per month care management fee

(Strategy 2E)

Information at: <a href="https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus">https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus</a>



## **Behavioral Health Model Opportunity**

- CMS is having a one day in-person Summit to discuss potential behavioral health payment and care delivery models on September 8, 2017 in Baltimore
- The Summit will provide valuable public discussion and ideas to explore potential payment model and care delivery options in the future
- The following topics are under consideration:
- Substance use disorders
- · Mental health and medical comorbidities
- Alzheimer's disease and related dementias
- Behavioral health workforce challenges

Information at: <u>https://innovation.cms.gov/resources/behavioral-health-paymentcare-summit.html</u>

(Strategy 2E)



# Arbitration in Long-Term Care Facilities

- In June CMS issued a Notice of Proposed Rulemaking (NPRM) to improve the nursing home arbitration process
- The NPRM removes a prohibition on pre-dispute binding arbitration agreements; requires agreements be in plain language; and makes other changes to the arbitration process included in last year's Final Long-Term Care Rule
- The comment period closes on August 7, 2017

(Strategy 2F) Information at: <u>https://www.federalregister.gov/public-inspection/current</u>



# Money Follows the Person Annual Report

- In May CMS released the Money Follows the Person (MFP) Annual Report
- The 11,661 transitions during 2015 marked the largest annual number transitioned
- The national evaluation for the first time has estimated cost savings associated with transitions from institution to community
- Consistently MFP participants have reported significant improvement in the quality of their lives in the community (Strategy 2G)

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Information at: https://www.medicaid.gov/medicaid/ltss/downloads/money-follows-
the-person/mfp-2015-annual-report.pdf
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# **Stational Partnership to Improve Dementia Care and Performance Improve Dementia Care and Quality Assurance and Performance Improvement focused on appropriate assessment and evaluation for the accurate diagnosis of schizophrenia and other mental disorders, and the work of CMS's Quality Innovation Network-Quality Improvement Organizations (Strategy 3.D)**

Dementia-Care.html?DLPage=1&DLEntries=10&DLFilter=dementia&DLSort=0&DLSortDir=descen ding





## July 28, 2017 -- Advisory Council Meeting #25

The meeting was held on Friday, July 28, 2017, in Washington, DC. The Advisory Council spent the morning discussing information gaps across the three areas of research, clinical care, and long-term services and supports. There was also a presentation on the recently released National Academy of Sciences, Engineering, and Medicine (NASEM) report on preventing cognitive decline. Additional presentations included a presentation on planning and progress towards the October Care and Services Summit and federal workgroup updates. Material available from this meeting is listed below and is also available at <a href="https://aspe.hhs.gov/advisory-council-alzheimers-research-care-and-services-meetings#Jul2017">https://aspe.hhs.gov/advisory-council-alzheimers-research-care-and-services-meetings#Jul2017</a>.

Comments and questions, or alerts to broken links, should be sent to <u>napa@hhs.gov</u>.

## **General Information**

Agenda	[HTML Version] [PDF Version]
Meeting Announcement	[HTML Version] [PDF Version]
Meeting Summary	[HTML Version] [PDF Version]
Public Comments	[HTML Version]

#### **Presentation Slides**

2017 National Plan Update and Non-Federal Recommendations	[HTML Version] [PDF Version]
Clinical Services Subcommittee Federal Update	[HTML Version] [PDF Version]
CommunityRx for Community-Residing People with Dementia and Their Caregivers	[HTML Version] [PDF Version]
Dementia Caregiving in the U.S.	[HTML Version] [PDF Version]
Development of the FY 19 NIH Bypass Budget for Alzheimer's Disease and Related Dementias	[HTML Version] [PDF Version]
Implications of a Biologically Based Definition of Alzheimer's Disease	[HTML Version] [PDF Version]
Increasing Opportunities for Choice and Control for Persons with Dementia	[HTML Version] [PDF Version]
Interventions to Prevent or Slow Cognitive Decline, MCI and Dementia in Individuals without Dementia	[HTML Version] [PDF Version]
Living Alone With Dementia	[HTML Version] [PDF Version]

Long-Term Services and Supports Committee Update	[HTML Version] [PDF Version]
Managing Chronic Conditions in People Living with Dementia	[HTML Version] [PDF Version]
Preventing Cognitive Decline and Dementia	[HTML Version] [PDF Version]
Research Summit on Dementia Care	[HTML Version] [PDF Version]
The Many Challenges of Alzheimer's Disease	[HTML Version] [PDF Version]

## **Videos**

Welcome thru Clinical Care	[Video]
LTSS Research	[Video]
Public Comments thru Federal Workgroup Updates	[Video]
Recommendations thru Adjourn	[Video]

Last Updated: 06/27/2018