American Association on Health & Disability
110 N. Washington Street Suite 328-J Rockville, MD 20850
T. 301-545-6140 F. 301-545-6144 www.aahd.us

AAHD - *Dedicated to better health for people with disabilities through health promotion and wellness*

LAKESHORE

November 12, 2021

RE: Senate Committee on Finance RFI – Alleviate Barriers To Access Evidence-Based Treatment for Mental Illness and Substance Use Disorder

Submitted electronically to: mentalhealthcare@finance.senate.gov

The Honorable Ron Wyden
Chairman, Senate Finance Committee
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member, Senate Finance Committee
United States Senate
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

The American Association on Health and Disability and the Lakeshore Foundation provide comments in response to the Committee's RFI on alleviating barriers to access to evidence-based treatment for mental illness and substance use disorder.

AAHD, as a member, has endorsed the submitted comments of the Mental Health Liaison Group (MHLG). The Committee's RFI has generated discussion in disability coalitions.

Our letter here addresses several issues not addressed by the MHLG - focusing on the need for effective integration for persons dually eligible for Medicare and Medicaid; endorsing "bi-directional" behavioral health-general health-primary care integration; focusing on the particular and complex challenges faced by a variety of persons with co-occurring disabilities and chronic conditions; quality measurement approaches; and, "peer support"

and "community health workers" as reinforcing community supports. Our colleague organization – No Health without Mental Health (NHMH) – recently submitted comments to the Committee documenting best practices and need for revised payment policies to promote "bi-directional" behavioral health-general health-primary care integration.

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities. AAHD is specifically dedicated to integrating public health and disability into the overall public health agenda.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

Effective Integration of Persons Dually Eligible for Medicare and Medicaid

Many persons with behavioral health conditions are dually eligible for Medicare and Medicaid. These are individuals with significant chronic conditions, frequently co-occurring. MACPAC and other federal entities estimate that there are the 12.3 million (2019) individuals enrolled in both Medicare and Medicaid (dual eligible persons). Many dually eligible persons have complex care needs, including chronic illness, physical disabilities, behavioral health issues and cognitive impairments. They on average use more services and have higher per capita costs than those beneficiaries enrolled in Medicare or Medicaid alone. Many live with major social risk factors. Although Congress created multiple authorities to integrate their care, currently only about 10% are enrolled in integrated care programs (CMS MMCO financial alignment; PACE; D-SNPS; and Medicaid Managed LTSS programs). The division of coverage between Medicare and Medicaid results in fragmented care and cost shifting. A recent RAND study, commissioned by CMS, documented dually eligible persons in Medicare Advantage programs had much greater clinical care quality disparities (using HEDIS measures) than non-dually eligible persons. 2021 studies on the dually eligible population have been published by MACPAC, Health Management Associates, Alliance for Health Policy, and RAND for CMS.

Congress and the Administration should accelerate the expansion of existing models and design and pilot further programs to more effectively integrate all aspects of services and supports for persons dually eligible for Medicare and Medicaid.

Bi-Directional Primary Care-General Health- Behavioral Health Integration

We strongly support the May 2021 National Academy of Medicine report - "Implementing High Quality Primary Care" report and its call for fundamental primary care modernization.

We strongly support the March 2021 Bipartisan Policy Center report – "Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration."

Complexity cases (chronic conditions and co-morbid behavioral health conditions) absorb 80% of total national healthcare expenditure. Conditions such as diabetes, cancer, heart disease, arthritis, COPD, etc have a 20-40% possibility of a behavioral health co-morbidity. Medical claims data show cost for physical illness only ($4,090) *doubles* when mental illness is added ($9,036), and *quadruples* when physical, mental and substance use all present ($19,018). Kathol et al, *Journal of General Internal Medicine* 20; 160-167, 2005.)

AAHD and Lakeshore join our colleague organization, No Health without Mental Health (NHMH) and other behavioral health organizations advocating "bi-directional" integration. General health and primary care should effectively integrate behavioral health and behavioral health plans, systems, and providers should effectively integrate general health/physical health.

People present to a health care provider with the full array of presenting problems – diabetes, heart problems, high blood pressure, substance use, mental health challenges, etc. The movement in the system is to treat the "whole person's health," not just a piece of their challenge and ignoring counter-indicated medications and other considerations. The effort is to have the entire health system treat the person's whole health needs. Health plans and group practices are increasingly focused on bi-directional, integrated, whole health and wellness. Whole person health and wellness requires that general health-primary care meaningfully integrate behavioral health and behavioral health providers meaningfully integrate general health-primary care.

NHMH has submitted to the Committee the status and state of integration best practice, peer-reviewed publications, and the need for payment policy change. These are consistent with the BPC and NAM reports previously cited.

Persons with Co-Occurring Disability and Behavioral Health Conditions: State Behavioral Health Systems, State Intellectual Disability-Developmental Disability Systems-and State Aging and Disability Systems

While the exact prevalence of the co-occurrence of ID-DD (intellectual disability and other developmental disabilities) and mental illness is not precise, recent research has emphasized and estimated the prevalence between 30-and-40%. Issues are attributable to rigid state infrastructure and financing parameters. A few states have overcome these issues through collaboration and innovative design strategies.

The 21st Century Cures Act [PL 114-255; section 8008 (b) (5) (A) (ii)] identifies the need for states to provide an organized community-based system of services and supports for persons with co-occurring mental illness and disabilities.

[See NASDDDS-NADD-NASMHPD, Supporting Individuals with Co-Occurring Mental Health Needs and ID-DD, May 2021; and, NASDDDS-HSRI, National Core Indicators Data Brief – What Do NCI Data Reveal About People Who Are Dual Diagnoses with ID-DD and Mental Illness, October 2019.]

Greater efforts must be made to meaningfully integrate federal and state currently siloed federal-state discretionary grant programs (such as the SAMHSA Mental Health Block Grant and the SAMHSA Substance Use Prevention and Treatment Block Grants) to better serve persons with co-occurring ID-DD and behavioral health challenges; and persons with co-occurring disability and chronic health conditions which includes behavioral health challenges.

Each federal grant program to the states (administered by ACL and SAMHSA) should be required to document the number of persons with co-occurring conditions, and the kinds of services and supports they receive. These grant programs need to integrate and be consistent with Medicaid and Medicare, particularly the Medicaid home-and-community-based-services (HCBS) programs.

Quality Measurement

We refer you to a National Quality Forum, May 14, 2021 members only session presentation by Dr. Heidi Waters, Otsuka Pharmaceutical, "State of the Union for Quality Measures in Mental Health: Is More Really The Merrier." AAHD is a NQF member but are not in a position to share these power points outside the NQF membership. Dr. Waters documents hundreds of mental health quality measures. These are severely limited to narrow diagnosis cohorts, narrow age cohorts, and narrow treatment settings and are largely not connected to other measures. Behavioral health quality measures, both the larger mental health number and the smaller substance use disorder number, are not connected to the CMS "Meaningful Measures" multi-year initiative and priorities.

With respect to quality measures, we recommend HHS, SAMHSA, CDC, HRSA, and AHRQ adopt the "CMS Meaningful Measures" approach, with the addition of Medicaid home-and-community based services (HCBS) and Medicaid long-term services and supports (LTSS). AAHD has been an active member of several National Quality Forum (NQF) committees since 2012, including currently serving on the NQF Measure Applications Partnership (MAP) Coordinating Committee. CMS has continually refined and expanded its "Meaningful Measures" initiative. CMS Meaningful Measures contain many of the major elements that the health and disability communities have been engaged in. CMS has done far more than any other HHS unit in quality measurement. Included: patient (participant) reported measures (PROs); person-centered "care;" chronic conditions; seamless "care" coordination; equity; wellness and prevention; determinants of health, and behavioral health. Emphasized is the "Consumer and Caregiver Voice." The disability community prefers use of the term "services and supports," rather than "care." Behavioral health quality measurements must be developed, piloted, and used in the CMS Meaningful Measures domains, connected to these current initiatives.

The Medicaid HCBS programs are increasingly important community services and supports to persons with mental illness and substance use disorder challenges and disabilities. We support the Consortium for Citizens with Disabilities (CCD) advocacy that HHS prioritize strong implementation of the CMS Medicaid HCBS Settings Rule. With CCD, we support enhancing states' ability to implement Medicaid HCBS and incorporate standardized quality measures to assess and track the adequacy of the HCBS community integration on access, availability,

quality, experience of care, health outcomes, and the workforce. We urge CMS to finalize and work with states to implement core quality measures for HCBS that emphasize person-centered services, compliance with the HCBS Settings Rule, equity in access to HCBS, and best practices.

"Peer Support" and "Community Health Workers" as Reinforcing Community Supports

We fully support the MHLG recommendation: endorse "the bipartisan *PEERS Act of 2021 (S. 2144/H.R. 2767)* (which would require Medicare to cover certified peer support specialists in integrated settings to promote recovery for individuals with mental health and substance use conditions and to provide evidence-based services recognized by SAMHSA and covered by Medicaid.)."

As national disability organizations, we fully support meaningful and financially supported mental health and substance use peers as important and integral components of the workforce. Likewise, as national public health organizations, we fully support meaningful and financially supported community health workers as important and integral components of the workforce. The sadness is this is another example of program silos. Peers and Community Health Workers have many of the same philosophies, characteristics, strengths, bring similar community linkages and lived experiences into their work; yet, operate with separate agency sponsorship and funding. SAMHSA, HRSA, CMS, and others should work to integrate their recognition, funding, and support of these workers.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,

E. Clarke Ross, D.P.A.
Public Policy Director
American Association on Health and Disability
clarkeross10@comcast.net
Cell: 301-821-5410

National Quality Forum (NQF) Member, NQF Measure Applications Partnership (MAP) Coordinating Committee (July 2021-present); NQF Medicare Hospital Star Ratings Technical Expert Panel (June-November 2019 and September-October 2020); workgroup on Medicaid adult measures (appointed 2016 and 2017); Medicaid-CHIP Scorecard Committee (appointed October 2018); and Measure Sets and Measurement Systems TEP (June 2019-August 2020). Member, National Quality Forum (NQF) workgroup on persons dually eligible for Medicare and Medicaid (July 2012-July 2017) and NQF population health task force (2013-2014) http://www.qualityforum.org/) and NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports (http://www.c-c-d.org/). 2016-2017 NQF duals workgroup liaison to the NQF clinician workgroup. 2015-2016 and 2014-

2015 NQF duals workgroup liaison to the NQF PAC/LTC workgroup. AAHD Representative to the CMS-AHIP-NQF Core Quality Measures Collaborative (CQMC) (2019-present).

Roberta S. Carlin, MS, JD
Executive Director
American Association on Health and Disability
110 N. Washington Street, Suite 407
Rockville, MD 20850
301-545-6140 ext. 206
301 545-6144 (fax)
rcarlin@aahd.us

Amy Rauworth
Director of Policy & Public Affairs
Lakeshore Foundation (www.lakeshore.org)
4000 Ridgeway Drive
Birmingham, Alabama 35209
205.313.7487
amyr@lakeshore.org