American Association on Health & Disability

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

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CMS Administrator Listening Session

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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.

5 Public Policy Issues Discussed by AAHD at the CMS Administrator Listening Session:

1. **Medicaid Home-and-Community-Based Services (HCBS)**

2. **Medicaid Home-and-Community-Based Services (HCBS) – Core Quality Measure Set**

3. **More Effective Coordination (Ultimately Integration) For Persons Dually Eligible for Medicare and Medicaid**

4. **System Silos and Barriers To Serving Persons with Co-Occurring Conditions**

5. Integrating Behavioral Health-General Health-Primary Care

Thank you for considering our concerns and ideas.

1. Medicaid Home-and-Community-Based Services (HCBS)

AAHD, as a member of the Consortium for Citizens with Disabilities (CCD) and Disability and Aging Collaborative (DAC), supports the HCBS provisions contained in the President's Build Back Better proposal. Specifically, we support mechanisms that: (a) eliminate HCBS waiting lists; (b) enhance the employment security, status, and working conditions of HCBS workers; (c) support the important role of family supports; and (d) support person-centered, self-directed, comprehensive and individualized services and supports.

Clarke Ross – father of a 31 year old son who is a client of the Maryland Developmental Disabilities system, using Medicaid HCBS.

2. Medicaid Home-and-Community-Based Services (HCBS) – Core Quality Measure Set

CMS Core HCBS Measures Should Be Issued for Public Comment - Now

Since 2012, the Disability and Aging Collaborative (DAC) and Consortium for Citizens with Disabilities (CCD) Task Force on Long-Term Services and Supports (LTSS) have advocated through the National Quality Forum (NQF), with CMS, and with other appropriate forums and organizations for robust, meaningful, publicly reported home-and-community-based services (HCBS) quality measures.

November 13, 2020 CCD and November 18, 2020 DAC submitted comments to CMS – HCBS Recommended Core Measure Set RFI:

We have consistently advocated for the use of person-reported HCBS outcome measures, such as the National Core Indicators (NCI); National Core Indicators-Aging and Disability (NCI-AD); Council for Quality and Leadership (CQL) Personal Outcomes Measures (POM); and the CAHPS (Consumer Assessment of Healthcare Providers and Systems) HCBS Experience Survey. While a range of measures are needed, person-reported measures such as these are critical to advancing meaningful, person-centered outcomes within HCBS.

CMS Core HCBS Measures Should Include (CCD and DAC 2020 comments):

a. **Report and make decisions with transparency and community input.**
b. **Develop more measures that can be meaningfully implemented at the provider level.**
c. **Strengthen the base measures related community integration**. Underdeveloped measure set domains such as "community inclusion" and "choice and control."
d. **Elevate health equity** in every measure by emphasizing the importance of stratification and cross-tabulation of data by race, ethnicity, disability status, age, sex, sexual orientation, gender identity, race, ethnicity, primary language, rural/urban environment,

and service setting for all core measures. Include measures of Social Determinants of Health (SDOH).

e. **Fill in key measure gaps -** Reinforce the importance of caregiver supports.
f. **Align core quality measures with elements of the HCBS settings rule to streamline oversight.**

We commend as a model report – September 2021, CMS OMH-RAND Corporation on Disparities in Health Care in Medicare Advantage Associated with Dual Eligibility.

Clarke Ross - 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).

3. More Effective Coordination (Ultimately Integration) For Persons Dually Eligible for Medicare and Medicaid

An Example – CMS Proposed Medicare Advantage Rule: Redefining Definitions for Fully-Integrated and Highly Integrated D-SNPs; and, Additional Opportunities for Integration Between D-SNPs and State Medicaid Managed Care Plans (§ 422.2 and § 422.107)

As submitted to CMS proposed Medicare Advantage rules – March 6 by AAHD and the Lakeshore Foundation and March 7 by the Consortium for Citizens with Disabilities (CCD).

There are 12.2 million individuals enrolled in both Medicare and Medicaid (dually eligible persons); 4.6 million are people with disabilities under age 65. Many dually eligible persons have complex care needs, including chronic illness, physical disabilities, behavioral health issues, and cognitive impairments; frequently these are co-occurring conditions. These persons, 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.

As advocates for persons with disabilities including those dually eligible for Medicare and Medicaid, we believe that Congress and the Administration should expand 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.

We support the CMS proposal that Fully-Integrated Dual Eligible (FIDE) D-SNPs would have to offer Medicaid home health, durable medical equipment, behavioral health, and long-term

services and supports (LTSS) through capitated contracts with state Medicaid agencies. FIDE D-SNPs would be required to cover Medicare cost-sharing for acute and primary care. Highly-Integrated Dual Eligible (HIDE) SNPs would be required to cover the vast majority of Medicaid behavioral health or the vast majority of Medicaid LTSS. Ideally, the goal is full Medicare D-SNP and Medicaid integration, including behavioral health and long-term services and supports within each state.

We support the CMS proposed improved CMS and State Medicaid agency coordination of monitoring and oversight of D-SNPs.

4. System Silos and Barriers To Serving Persons with Co-Occurring Conditions

RE: Persons with Co-Occurring Mental Illness and Substance Abuse Disorder; Persons with Co-Occurring Mental Illness and Chronic Medical Conditions; Persons with Co-Occurring Mental Health and Intellectual and Other Developmental Disabilities; Persons with Co-Occurring Behavioral Health Conditions and Disabilities

Clarke Ross – father of a 31 year old son, a client served by the State of Maryland Developmental Disabilities system, who lives with co-occurring developmental disabilities, significant anxiety disorder, and several physical health conditions.

Demonstrating the scope and definition of the challenge, available upon request are the following data point charts.

1. Co-Occurring Serious Mental Illness (SMI) and Substance Use Disorder (SUD) – chart from December 2017 Interdepartmental Serious Mental Illness Coordinating Committee report.
2. People with Serious Mental Illness have higher rates of chronic medical illness (and shorter life spans) – charts from February 24, 2022 National Council on Mental Wellbeing webinars slides on integrating care.
3. Co-Occurring Mental Illness and ID/DD – from August 9, 2018 SAMHSA webinar slides on emerging best practices.
4. Co-Occurring Mental Illness and ID/DD – ID/DD only vs dual diagnosis costs – Vaya Health Managed Care Plan, North Carolina; from SAMHSA April 19, 2017 webinar on the pivotal role of Medicaid in co-occurring ID/DD and BH slides.
5. Co-Occurring Mental Illness and ID/DD – Demographic excerpts from NASDDDS-HSRI October 2019 National Core Indicators Data Brief
6. Persons Dually Eligible for Medicare and Medicaid by Age and Chronic Conditions – February 2022 MACPAC Data Book on Persons Dually Eligible for Medicare and Medicaid

Most of the possible policy ideas being discussed are focused on ACL and SAMHSA block grants and discretionary grant programs. A list of these ideas submitted to the Senate

Committees on Finance and HELP by AAHD and the Lakeshore Foundation are available upon request.

One possible approach involving state Medicaid agencies is the ACL **No Wrong Door** initiative - largely addresses intake and eligibility processing for state and county aging and disabilities programs, and as a possible gateway to long-term services and supports (LTSS). Consideration could be given to expanding No Wrong Door tasks.

a. National Association of Medicaid Directors, February 2021 paper – "Medicaid Forward – Behavioral Health." Paper advocates stream-line eligibility for services; and, continue to promote the integration of physical and behavioral health.
b. Consistent with the NAMD paper – reference the needs of persons with the variety of co-occurring conditions in proposals to expand behavioral health-general health-primary care bi-directional integration.

Another possible approach involving state Medicaid agencies: Consistent with: HHS ASPE, September 22, 2021: "Considerations for Building Federal Data Capacity for Patient-Centered Outcomes Research Related To ID/DD" - Federal grant funds could support public sector service program data systems to specifically address persons with co-occurring conditions.

5. Integrating Behavioral Health-General Health-Primary Care

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

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

AAHD strongly supports the National Association of Medicaid Directors, February 2021 paper – "Medicaid Forward – Behavioral Health." The paper advocates stream-line eligibility for services; and, continue to promote the integration of physical and behavioral health.

AAHD is actively partnering with No Health without Mental Health (NHMH) and the American Psychological Association (APA) in advocating legislative and regulatory flexibilities and enhancements to more meaningfully integrate the delivery of behavioral health, general health, and primary care. NHMH convenes a partnership of: NHMH – No Health without Mental Health, American Association on Health & Disability, Association of Medicine & Psychiatry, Clinical Social Workers Association, International Society of Psychiatric Nurses, Lakeshore Foundation, and Maternal Mental Health Leadership Alliance.

Medicare and Medicaid payment and organization and delivery approaches need to support all evidence-based documented practice models integrating behavioral health-general health-primary care.

LAKESHORE

AAHD and Clarke Ross have served as the Washington Representative of the Lakeshore Foundation since October 2014.

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.