



American Association on Health & Disability

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



LAKESHORE

March 15, 2023

**Re: PCORI Workforce Development RFI:
RFI #WD-2023
workforcedevelopment@pcori.org**

RE: Non-traditional workers – community-based, non-medical credentialled, and a lived-experience framework serving persons with disabilities, aged individuals requiring long-term services and supports (LTSS), persons with mental illness and substance use disorder, persons served in the Medicaid home-and-community-based services (HCBS) programs, and persons with co-occurring conditions including those with chronic health conditions.

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide ideas and insights on the PCORI workforce development RFI.

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.

Our workforce focus here are non-traditional workers – community-based, non-medical credentialled, and a lived-experience framework serving persons with disabilities, aged individuals requiring long-term services and supports (LTSS), persons with mental illness and substance use disorder, persons served in the Medicaid home-and-community-based services (HCBS) programs, and persons with co-occurring conditions including those with chronic health conditions. We can provide citations and studies on persons with co-occurring conditions.

Our ideas and insights are consistent with the **PCORI vision**: patients and the public have information they can use to make decisions that reflect their desired health outcomes.

Our ideas and insights are consistent with the **PCORI first of 5 areas of emphasis**: effectiveness on interventions and care delivery approaches; and the PCORI emphasis on diversity, equity, and inclusion.

Our ideas and insights are consistent with the **PCORI national priority** of innovations in health care delivery.

Our ideas and insights address **PCORI RFI question #one** – opportunities, gaps, and challenges and **PCORI RFI question #four** – other priorities or considerations.

There are at least six federal agencies supporting some of these non-traditional workers – community-based, non-medical credentialled, and a lived-experience framework serving persons with disabilities, aged individuals requiring long-term services and supports (LTSS), persons with mental illness and substance use disorder, persons served in the Medicaid home-and-community-based services

(HCBS) programs, and persons with co-occurring conditions including those with chronic health conditions.

1. ACL (Administration for Community Living) – Direct Support Professionals (DSPs) – employed in the State ID/DD systems; Medicaid Home-and-Community-Based Services (HCBS) is a significant financing source.
2. ACL (Administration for Community Living)– Long Term Services and Supports (LTSS) direct care workforce – Medicaid HCBS funded services is a significant funding source.
3. HRSA (Health Resources and Services Administration) – Community Health Workers (CHWs) – employed through-out public health settings, many funded thru Medicaid.
4. SAMHSA (Substance Abuse and Mental Health Services Administration)– Mental Health (Behavioral Health) Peer Support Workers – largely employed in public mental health systems and Medicaid managed care programs (both general health and LTSS) – with Medicaid HCBS as a significant financing source. [The VA also has significant investment in MH/BH peers.]
5. CMS (Centers for Medicare and Medicaid) have Medicaid and Medicare funding mechanisms for these workers.
6. DOL (Department of Labor) (and OMB) considerations of standard occupational classifications for these workers.

There is a need for closer coordination within HHS on these workers initiatives. We understand that HHS has launched a cross-agency workgroup on these worker groups, under the umbrella of community health workers.

AAHD is a public health and disability focused organization. We are particularly interested and concerned with persons with co-occurring conditions (disability, mental illness, substance use disorder, and chronic health conditions) and with our current silos of state government public systems that, in general, only effectively serve and support individuals with predominantly single conditions. There is a whole universe of public policy issues around silo programs and persons with co-occurring conditions. We are also focused on persons dually eligible for Medicare and Medicaid. Federal agencies, recently, have significantly increased their activity addressing the needs of persons with co-occurring conditions.

We are happy to share resources on the federal agencies activities on these workers.

Different DC-based public policy coalitions are focused on largely single occupational categories. We are happy to introduce you to the co-chairs of these coalitions:

Consortium for Constituents with Disabilities (CCD): DSPs and Medicaid HCBS workforce.

Disability and Aging Collaborative (DAC): LTSS workforce, including Medicaid HCBS.

Mental Health Liaison Group (MHLG): MH/BH peer support workers

RE: Community Health Workers (CHWs). We have begun discussions with ASTHO (Association of State and Territorial Health Officers). Through the coalitions identified above, we also work closely with NASDDDS (National Association of State Directors of Developmental Disabilities Services) and NASMHPD (National Association of State Mental Health Program Directors). In our view, the role of state government executives are important to these discussions. Obviously, engaging the National Association of Medicaid Directors (NAMD) and other similar organizations would be important given the federalism system of state administered public systems.

We support efforts to recognize, acknowledge, and be supportive of all these non-traditional community-based lived experience workers (while staying focused on their particular priority worker category). The idea is to better serve persons with co-occurring conditions beyond single silo program boundaries.

We hope that PCORI and its newly established Workforce Development Unit will keep these non-traditional community-based workers with important lived experience in mind as your sort through the RFI responses. HHS agency officials and the previously identified DC public policy coalition leaders are available to provide more in-depth information on the occupational categories previously identified.

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

Sincerely,

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