



American Association on Health & Disability

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



LAKE SHORE

June 30, 2023

**Re: May 18 Senate Discussion Draft – Integrated Programs for Persons
Dually Eligible for Medicare and Medicaid**

Honorable U.S. Senator Bill Cassidy, M.D.
Duals_Cassidy@cassidy.senate.gov

cc.

Honorable Senator Thomas Carper
Honorable Senator Tim Scott
Honorable Senator Mark Warner
Honorable Senator John Cornyn
Honorable Senator Robert Menendez

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments.

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.

The legislative discussion draft raises many important and potentially helpful ideas. AAHD and Lakeshore Foundation are active members of aging, disability, mental health, and home-and-community-based services (HCBS) advocacy policy coalitions. We thank you for sharing the May 18 discussion draft. We understand that other national associations, including executives of state administering agencies, are requesting an extension of the comment deadline.

AAHD and Lakeshore currently can not answer a question asked of us: how does this new Social Security Act title fit into the current Medicare and Medicaid framework, benefits, services, and supports? The legislation discussion draft does not address any Medicaid HCBS issues or current approaches, where 7.5 million persons are currently served (Mathematica, July 22, 2022, Medicaid Beneficiaries Who Use LTSS), many being dually eligible for Medicare and Medicaid. We encourage you to deliberatively and carefully bring HCBS expertise and experience into the discussion draft process.

The aging, disability, mental health, and HCBS advocacy communities have ideas on improving the collection, analysis, and public transparency of data. We have ideas on incorporating HCBS person-centered planning. We have ideas on enrollee and beneficiary informed choice, rights, and protections. We have ideas on quality measures.

This preliminary AAHD and Lakeshore Foundation submission merely identifies some of our collection, analysis, and public transparency of data ideas. Our intent is that Medicare and Medicaid programs serving persons dually eligible for Medicare and Medicaid use a comprehensive, inclusive, and consistent data approach, and not piecemeal and inconsistent approaches.

Cassidy Discussion Draft – Section 2205: Data Collection and Reporting (page 17)

Annual Collection and Reporting By States and Integrated Care Plans. – Each State and integrated care plans annually shall collect and report information and data to the Director in accordance with the requirements of this section and guidance and regulations.....

.....that includes data collection by such plans with respect to a plan year regarding age, gender, disability (including specific disability statuses) required to be reported by the Director, smoking status, mobility, employment status, education, race, and ethnicity, and zip code, of dual eligible individuals enrolled in the plan.”

Demographic Data Advocacy

The Consortium for Constituents with Disabilities (CCD) and the Disability and Aging Collaborative (DAC) have advocated for the past few years with CMS and Congress in the domains of HCBS and LTSS: Collect, Analyze, and Publicly Report – demographic data, in all settings and by setting - collect, analyze, and regularly publicly report demographic factors including disability status, race, ethnicity, sex, age, primary language, sexual orientation, gender identity, and socio-economic status. Ideally, the data system analysis should be able to cross-walk between these various precise demographic factors; for example, disability status and race. All Medicare, Medicaid, and HHS health programs should use these comprehensive and consistent demographic categories in the collection, analysis, and publicly transparent reporting of such data. Quality and performance data should be stratified by such categories.

What Data Elements To Include

Cassidy discussion draft: Annual Collection and Reporting - By States and Integrated Care Plans. – Each State and integrated care plans annually shall collect and report information and data to the Director in accordance with the requirements of this section and guidance and regulations.....

Possible amendment to the Cassidy discussion draft: include demographic data, in all settings and by setting, by zip code - collect, analyze, and regularly publicly report demographic factors including disability status, race, ethnicity, sex, age, primary language, sexual orientation, gender identity, and socio-economic status.

Ideally, the data system analysis should be able to cross-walk between these various precise demographic factors; for example, disability status and race.

Possible amendment to the Cassidy discussion draft: include - Health Status data [January 2023, HHS ONC, USCDI (United States Core Data for Interoperability; draft 4)] – Health Status Assessment – health concerns, functional status, disability status, mental/cognitive status, pregnancy status, alcohol use, substance use, physical activity, SDOH Assessment, smoking status.

Possible amendment to the Cassidy discussion draft: include – social needs in health status data including [June 6 Yale CORE for CMS Addressing Social Needs electronic clinical quality measures in health facilities] food insecurity, housing insecurity, utility insecurity, and transportation insecurity. [NCQA HEDIS currently requires food, housing, and transportation.] [Physicians Foundation measures use food, housing, transportation, utility, and interpersonal safety.] Many advocates are encouraging the Yale CORE for CMS to include interpersonal safety.

Cassidy discussion draft: smoking status, mobility, employment status, education.

Possible amendment to the Cassidy discussion draft: include data on persons with co-occurring health conditions, including Persons with Co-Occurring Mental Illness and Substance Abuse; 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.

[Consistent with the Arnold Ventures/Health Affairs December 14, 2022: States should implement data sharing processes to help identify dually eligible individuals with ID/DD and support enhanced care coordination approaches. CMS should give states access to Medicare benefits data.]

[Consistent with Duke Margolis October 24, 2022 guide for states on Medicare and Medicaid integration: data on dually eligible populations community-dwelling LTSS users; populations with significant behavioral health needs; ID/DD and TBI waiver populations; nursing home residents. States describe medically needy dual eligibles; waiver beneficiaries dual eligibles; Medicaid churn dual eligibles.]

Thank you for your work, leadership, and consideration.

Thank you for the opportunity to comment. We hope these very preliminary data ideas are helpful. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,



E. Clarke Ross, D.P.A.

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And
Lakeshore Foundation

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