



American Association on Health & Disability

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



LAKESHORE

May 18, 2026

Re: CMS 2028 Medicaid Home-and-Community-Based Services (HCBS) Quality Measure Set; CMS-2453-NC [RIN 0938-ZB99]

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-2453-NC
PO Box 8016
Baltimore, MD 21244-1850

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments on the upcoming 2028 Medicaid HCBS quality measure set.

The American Association on Health & Disability (www.aahd.us) is a national cross-disability organization that conducts research, engages the community, and facilitates the development and implementation of programs to advance public health and healthcare policy for the health and wellness of people with disabilities. Through these actions, AAHD is committed to eliminating systemic barriers to healthcare and drive health equity for people across all disabilities, valuing the diverse and intersecting identities within the disability community. AAHD connects people with disabilities, disability advocates, health practitioners, researchers, and policy makers to accessible cross-disability health data and resources—creating a more inclusive society where data-driven healthcare leads to more equitable health outcomes.

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.

AAHD and Lakeshore currently serve on the National Committee for Quality Assurance (NCQA) Consumer Advisory Council; serve on two committees of the Core Quality Measure Collaborative (CQMC), and from 2012-2023 served on multiple committees of the National Quality Forum (NQF) Measure Applications Partnership (MAP), including its Coordinating Committee.

AAHD and Lakeshore have long participated in the Consortium for Constituents with Disabilities (CCD) and Disability and Aging Collaborative (DAC) advocacy of Medicaid home- and-community based services: People with disabilities and older adults rely on Medicaid HCBS every day, when personal care aides and direct support professionals help a person with a disability find employment and get ready for work or ensure they are able to eat, transport brings a grandmother with Alzheimer's to an adult day program to socialize and combat loneliness, and paid family caregivers fill the gaps in the direct care labor market. More than 1 in 4 people in the U.S. have disabilities, and across the country, more than one in five adults receive ongoing support with these and other everyday functional needs, like bathing, dressing, and taking medications. HCBS services and supports allow persons with disabilities and older adults with substantial challenges to continue to live in their community of choice with family and friends.

AAHD and Lakeshore have also long participated in the Mental Health Liaison Group (MHLG) and Coalition for Whole Health (CWH) focused on the needs of persons with mental illness and substance use disorder. Approximately 40% of Medicaid enrollees live with substance use disorders (SUD) and/or mental health (MH) conditions. And, for the 40% of people with chronic medical conditions who have co-occurring SUD/MH conditions, failing to address those conditions leads to more chronic illness complications and double the total costs of care when compared to people with chronic conditions without SUD/MH comorbidity.

During 2022 multiple disability and aging national organizations worked closely together with CMS staff in thinking through a CMS national HCBS quality measure set (leading to the July 2022 CMS State Medicaid Director Letter #22-003). As described in a May 12, 2022 letter to CMS staff, HCBS advocacy organizations listed the following important topics/issues, among many:

1. Importance of bolstering minimum standards.
2. Better transparency and public reporting.
3. Importance (even as the center-piece) of Experience of Care Surveys.
4. Quality Measures consistent with CMS HCBS "Settings Rule" requirements and expectations.
5. Relationship of quality measures and health equity.
6. Greater direct testing and qualitative evaluation approaches.

These topics/issues remain vitally important today.

These disability and aging topics/issues directly correlate to the CMS Federal Register list for public comment:

1. Proposed mandates and voluntary measures for 2028.
2. How states collect, calculate, and report data.
3. Stratification of data.
4. Populations to report measures.
5. Reporting schedule.

AAHD-Lakeshore Foundation Recommendations

- 1. Maintain all previously announced 2028 expectations and timelines (pages 45-46 of the Federal Register pre-publication rule).**
- 2. Maintain and consider greater, (not fewer), public reporting and transparency requirements and expectations (pages 45-46 of the Federal Register pre-publication rule).**
- 3. Disability and Aging, and Mental Illness and SUD, organizations will likely differ on the relative importance of each quality measure. The AAHD-Lakeshore bottom line: Do NOT Reduce previously announced Experience of Care survey requirements (pages 17-21 of the Federal Register pre-publication rule).**
- 4. States should stratify by geography. States should also be required to stratify by under-served populations, so their needs and the system response to their needs do not get lost (pages 40-42 of the Federal Register pre-publication rule).**
- 5. RE: proposed reporting populations and proposed attribution rules for reporting on beneficiaries. RE: proposed reporting populations and proposed attribution rules for reporting on beneficiaries who meet criteria for more than one HCBS population: CMS should convene a cross-section of appropriate stakeholders, including a significant representation of program participants and their representatives, for each population targeted in state HCBS programs (pages 42-44 of the Federal Register pre-publication rule).**

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.

American Association on Health and Disability

And

Lakeshore Foundation

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