



advocacy | action | answers on aging

**National Association of
Area Agencies on Aging**

1100 New Jersey Avenue, SE
Suite 350
Washington, DC 20003
P 202.872.0888
F 202.872.0057

n4a.org

November 18, 2020

Submitted electronically to:
HCBSMeasuresRFI@cms.hhs.gov

From: National Association of Area Agencies on Aging (n4a)

Re: Request for Information Regarding Recommended Measure Set for Medicaid-Funded Home-and-Community-Based Services (HCBS)

On behalf of the National Association of Area Agencies on Aging (n4a), which represents the country's 622 Area Agencies on Aging (AAAs) and serves as a voice in the nation's capital for the more than 250 Title VI Native American aging programs, we are writing in response to the recent Request for Information Regarding Recommended Measure Set for Medicaid-Funded Home-and-Community-Based Services (HCBS) from the Centers for Medicare and Medicaid Services (CMS). Thank you for the opportunity to comment on these proposed draft measure sets.

n4a is also the home of the Aging and Disability Business Institute (Business Institute), which seeks to build and strengthen partnerships between aging and disability community-based organizations (CBOs) and the health care system. Collectively, n4a's mission to serve as a national advocacy voice for AAAs and Title VI Native American aging programs and as a leader and key partner in the Aging and Disability Business Institute's efforts to build and strengthen partnerships between aging and disability CBOs and the health care system, speak to the importance of considering AAA and other CBO stakeholders' input in informing CMS's efforts to identify, develop and disseminate any recommended quality measure sets for Medicaid-funded HCBS programs.

AAAs and other CBOs have been on the frontlines of the efforts to integrate health care and social services across the country. AAAs serve as regional and local leaders and key partners at every level of service delivery in ensuring the health and safety of older adults and supporting their caregivers. They provide services and supports that target the social determinants of health (SDOH) and help older adults age with dignity and independence in their homes and communities, and, as such, are integral partners with state Medicaid programs and health care entities to address the

holistic, person-centered needs of older adults, people with disabilities and caregivers. According to n4a's 2020 AAA National Survey Report, nearly half of all AAAs are involved in at least one integrated care initiative—most commonly Medicaid HCBS waiver programs.¹

While we appreciate CMS's effort to identify and endorse robust, meaningful, publicly reported quality measures for Medicaid home and community-based services (HCBS), we also urge deliberation, flexibility and caution in proliferating standard quality measure sets for vital person-centered programs that serve a diversity of beneficiaries across the age, disability and needs spectrums. **While we agree that measures are essential to ensure HCBS participants are receiving services that meet their needs, goals and preferences and help them thrive in the community, the AAA network intrinsically understands that community integration may not be the overarching goal for all beneficiaries, and that any measure set should also represent the goals of many older adults and caregivers who simply want to age with independence and dignity in their homes.**

We appreciate that CMS has recognized the importance of creating a recommended set of HCBS measures but **urge the agency ensure that any measure set takes into account the personal circumstances of all demographics served by these programs.** While we certainly understand the potential of a draft measure set to raise expectations for states and health plans to prioritize HCBS measurement, we want to ensure that those measurements accurately capture the needs and wants of individuals who desire to be fully integrated into the community, as well as those who simply need supports to age in place.

Regardless of individual beneficiary goals, we are optimistic that quality measures will ultimately help improve HCBS and will provide consumers with data they can use to choose health plans (and eventually providers). Given how critical these services are to the people who use them, and given that HCBS now represents nearly one quarter of Fee-for-Service Medicaid spending and additional spending in managed care, we urge CMS to promote a core set of HCBS measure that are reflective of the broad diversity of consumer needs.

In the meantime, we join with other colleague organizations to urge CMS to consider a few additional important factors toward identifying and promoting quality measures:

1. **Focus on health equity in every measure by considering how demographic and socioeconomic status could affect outcomes.** It is important that states consider how circumstances including, but not limited to, race, ethnicity, disability status, age, primary language, rural/urban environment and service setting affect quality reports for core measures. We urge CMS to provide states with technical support and, where possible, financial resources to

¹ National Association of Area Agencies on Aging (n4a) and Scripps Gerontology Center at Miami University. AAA National Survey Report: Meeting the needs of Today's Older Adults. 2020. https://www.n4a.org//Files/AAA-Survey-Report-508_August%202020.pdf.

enhance ability to deploy quality measures that effectively capture demographic and socioeconomic data.

2. **Emphasize the importance of caregiver supports** by recommending that states require care managers or health plans to assess the needs of family caregivers and address the identified needs.
3. **Focus on developing measures to identify HCBS workforce challenges and gaps** that impede care quality and urge states to track and report ratios of support workers to participants and worker turnover.
4. **Ensure appropriate public disclosure** of all state reporting results and review and revision of the measure set involving extensive consumer and consumer advocate engagement.

Focus on health equity in every measure by considering how demographic and socioeconomic status could affect outcomes

We recommend that CMS specify that state reporting on each measure include stratified data by race, ethnicity, disability status, age, sex, gender identity, sexual orientation, , primary language, rural/urban environment and service setting. Where possible, such data should also be cross-tabulated; for example, showing the interaction between race and health status. This data is essential to identify health inequities and track progress in reducing or eliminating them. Health equity should be at the forefront of any Medicaid quality measurement endeavor, particularly one involving older adults.

The proposed measure set includes only a suggestion that states attempt to stratify data from one or more measures (to be determined), and a single measure of language access in the extended set, without any further discussion of health equity or disparities. This is a missed opportunity. We also recommend CMS provide states with technical assistance and enhanced administrative match to update information technology systems to facilitate reporting each HCBS measure by key demographic groups.

Emphasize the importance of caregiver supports

Given the importance of family and informal caregivers supports to ensuring that older Americans can age in their homes and communities, we are very troubled by the complete absence of measures assessing caregiver supports. This oversight is particularly troubling in light of the fact that more than 50 million adults provide unpaid LTSS to family and friends, and that nearly one-quarter report caregiving is worsening their own health and one-fifth report caregiving is straining their finances.²

While measures are being developed, we recommend that CMS urge states to require care managers or health plans to conduct assessments of the physical, emotional, mental, social, and financial well-being needs of family caregivers or natural supports, and address the needs identified.

² National Alliance for Caregiving. Caregiving in the U.S. 2020. <https://www.caregiving.org/caregiving-in-the-us-2020/>

Focus on developing measures to identify HCBS workforce challenges and gaps

The proposed measures on workforce do not include any that address the effect that workforce shortages and gaps have on the quality of care in HCBS programs. We echo recommendations of our colleague organizations urging CMS to support development of these measures, including measures of cultural competence (defined by the National Quality Forum as the degree to which the workforce delivers services aligned with the cultural background, values and principles of the people who use HCBS). We also urge CMS to recommend states track and report ratios of support workers to participants and staff turnover.

Ensure appropriate public disclosure

State-level transparency among quality reporting results will be especially important in improving care quality. As such, we support recommendations urging that CMS publicly disclose, on an appropriate and manageable timeframe, state-reported results from adopted core and extended measure sets. Without that transparency, consumers will not be able to use quality data for plan or provider selection. To the extent that states use proprietary tools (such as National Core Indicators (NCI) or National Core Indicators–Aging and Disability (NCI-AD)) to collect core measure data, CMS should work to ensure data will be publicly available at no charge for quality measure reporting, with minimal data lag.

Lastly, we urge CMS to ensure that the HCBS core measures inform oversight and monitoring of important Medicaid HCBS regulatory requirements, such as the Settings Rule, person-centered planning, and the Medicaid managed care regulations. Thank you again for moving forward on HCBS quality measurement, and we look forward to continuing to work with you to ensure that any future recommended or mandatory quality measures address the diverse needs of Medicaid HCBS beneficiaries and caregivers across age and needs spectrums. Please don't hesitate to contact me or our policy team at policy@n4a.org should you have any additional questions regarding these comments.

Sincerely,



Sandy Markwood
Chief Executive Officer