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

July 11, 2011

Edo Banach
Division of Program Alignment
Federal Coordinated Health Care Office
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Washington, DC 20515

**Re: Medicare and Medicaid Programs; Opportunities for Alignment** (CMS–5507–NC)

Dear Mr. Banach:

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 a member of the Consortium for Citizens with Disabilities (CCD) and we endorse the CCD Task Force on Health comments submitted today.

**Dual Eligible Medicaid-Medicare Persons – A Public Health Challenge**

The needs of the dual eligible Medicaid-Medicare populations are significant and challenging. As Melanie Bella of CMS reported to the June 3 Alliance for Health Reform briefing: "Dual eligibles comprise a relatively small share of the Medicare and Medicaid populations, but account for a disproportionate share of spending by both programs. Dual eligibles were 21 percent of the Medicare fee-for-service population in 2006, and accounted for 36 percent of total Medicare spending. In 2007, 15 percent of the 58 million people with Medicaid coverage were dual eligibles, accounting for 40 percent of total Medicaid benefit spending." This spending data emphasizes the illness and co-occurring health challenges of this population cohort. AAHD is particularly concerned with the population eligible for Medicare as recipients of SSDI (Social Security Disability Insurance) and the importance of Medicaid in serving many of these individuals. This population is a national public health challenge and AAHD commends CMS for analyzing and addressing this challenge.

**Alignment Purpose – Greater Access to Integrated Benefits and Services**

"CCD believes that efforts to align care should result in beneficiaries able to more easily access the benefits to which they are entitled. In addition, an improved process would result in smoother transitions between settings of care," including from institutions into the home and community setting. "Any process to better align care for dual eligibles must focus on the quality of care that beneficiaries receive, so as to ensure that quality is not sacrificed in the name of efficiency". AAHD is pleased with beneficiary focused alignments that promote health and reduce or prevent secondary health conditions in persons with disabilities. More effective alignment, supplemented with the evolution of patient-centered medical homes and other integrated and accountable care settings, should significantly improve health delivery to this population cohort.

We further endorse the CCD observations: "To the extent that care coordination for dual eligibles is premised on patient-centered care, patient engagement, performance measurement, and meaningful patient and stakeholder involvement, CCD sees significant value in these efforts. We also support appropriate emphasis on beneficiary choice, beneficiary engagement, and the documentation of grievances and complaints as an indicator of the patient experience under an aligned system."

We share the CCD overarching principles – "CCD strongly believes that no beneficiary should lose access to benefits through the alignment process. Where Medicare and Medicaid have conflicting coverage policies, alignment of these policies should not result in fewer beneficiaries having access to the appropriate services in a timely manner. Likewise, the alignment of policies under Medicare and Medicaid should not broaden current restrictions to needed services and devices."

**Alignment Purpose – Person-Centered Planning**

AAHD fully endorses the CCD recommendation:
"The alignment process should include a "person-centered" planning process where the care needs of beneficiaries are fully considered. During and after alignment, it should be demonstrated that beneficiaries with disabilities can access a sufficient network of providers, suppliers, and a wide range of community-based nonprofit service organizations with experience serving people with disabilities and chronic conditions. There should be a special emphasis on demonstrating capacity, and creating network standards in conjunction with consumer advocates, for those services that may extend beyond traditional acute care medical services including:

a. Home and community based services and supports
b. Personal care and attendant services
c. Rehabilitation and habilitation services and devices
d. Mobility equipment and related services
e. Adult day services
f. Pre-vocational services

g. Transportation related to the provision of covered services
h. Home modifications for accessible and safe living
i. Respite care services"

AAHD recommends CMS consideration of pooled funding ideas presented by Jack Meyer, Health Management Associates, to the June 3, 2011 Alliance for Health Reform briefing: "Better Approach: Pool Financing and Manage Care Under One Roof." Consideration should be given to the following: "Incentives change from pushing dollars onto other payers to finding the setting that is most appropriate for the patient and family. These factors influence in the patient's medical condition, prognosis, family support system, and personal preferences. Whether patient has a spouse (or family) at home is crucial. Determine what can be managed at home."

**Needed – Disability-Specific Performance Measures**

AAHD is concerned with the general lack of disability-specific performance measurements in the nation. We fully endorse the following CCD recommendation: CCD – "We encourage the Federal Coordinated Care Office, partnership with CMMI, to actively seek guidance on an ongoing basis from the disability and rehabilitation research field to identify appropriate measures that will measure meaningful outcomes for people with disabilities and chronic conditions, particularly measures to assess functional status and independence. There are a variety of measurement tools in this area that should be considered. "

"In addition, there are some existing measures that relate to certain aspects of care for people with certain disabilities that we encourage CMS to consider. For instance, the National Quality Forum is working on a variety of post-acute care measures and has already adopted measures for:

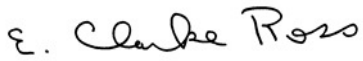
1. Antidepressant medication management;
2. Initiation and engagement of alcohol and other drug dependence treatment;
3. Medication management in the elderly;
4. Patient experience with care (Ambulatory Consumer Assessment of Healthcare Providers and Systems – ACAHPS)."

AAHD particularly advocates the wide use of ACAHPS process and measurements with the dually eligible Medicare-Medicaid population.

AAHD appreciates the CMS initiative and leadership. The disability community, through CCD, stands ready to assist. AAHD is pleased to be part of the CCD network and we appreciate the CCD leadership.

Thank you for considering our views.

Sincerely,



E. Clarke Ross, D.P.A.
Policy Associate
American Association on Health and Disability
1718 Reynolds Street
Crofton, MD 21114
clarkeross10@comcast.net
410-451-4295
Cell: 301-821-5410

Roberta S. Carlin, MS, JD
Executive Director
American Association on Health and Disability
110 N. Washington Street, Suite 328J
Rockville, MD 20850
301-545-6140 ext. 206
301 545-6144 (fax)
rcarlin@aahd.us