



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



ALTARUM

SOLUTIONS TO ADVANCE HEALTH

May 14, 2020

Re: National Quality Forum – Person-Centered Planning and Practice: April 9, 2020 Draft Final Report for Comment

The American Association on Health and Disability, the Lakeshore Foundation, and Altarum appreciate the opportunity to provide comments on the draft report on person-centered planning and practice.

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.

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.

Altarum is a health services research organization (www.altarum.org)

General Comments

We thank ACL and NQF for undertaking this important project.

We agree with the report and HSRI comments that person-centered planning is a way to organize community living services and supports.

We endorse the page 8 statement: Person-Centered Planning is based on the core belief that one has the right to make choices and take risks. We agree with HSRI - reinforcing the report that self-direction and the right to take reasonable risks are essential for dignity and self-esteem.

Definitions

We endorse the page 8 statement: Person-Centered Planning is based on the core belief that one has the right to make choices and take risks. We agree with HSRI - reinforcing the report that self-direction and the right to take reasonable risks are essential for dignity and self-esteem.

We agree with HSRI that the report should use plain language in all definitions. We agree with HSRI that health literacy is an essential goal.

We agree with HSRI and the Scan Foundation that the role of facilitation and coordination should be precisely clarified.

RE: Competencies of the Facilitator (pages 8-20) includes reference to CMS HCBS rules. We recommend a precise insert: CMS HCBS “**settings**” rule.

RE: Advocacy Role of the Facilitator – see page 6 diagram. This is identified in the diagram but is not expressly discussed as a separate section of the report. Please provide some narrative.

Changes To Framework

No suggestions

Edits To Research Agenda

We appreciate and support the content recommended by the International Association of Peer Supporters – the SAMHSA sponsored core competencies for peer workers in behavioral health services.

We agree with Brandeis University CLPC submitted comments: The environmental scan is unclear with what “relevant” measures are and what criteria were used in the scan. These should be more precisely defined and described. According to Brandeis, the scan paints a distorted picture that there are a lot of person-centered planning measures out there. According to

Brandeis, unfortunately, the measures in the environmental scan do not align with the definition or the conceptual framework for measuring person-centered planning.

We agree with Brandeis University CLPC submitted comments: recommend that staff go beyond the three searchable databases. The project should include and analyze recently introduced person-centered planning measures from the National Core Indicator (NCI) survey, National Core Indicators -Aging and Disabilities (NCI-AD) survey, Personal Outcome Measures from the Council for Quality and Leadership (CQL), and initial work that The SCAN Foundation has funded with NCQA to develop measures that assess goal attainment.

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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Member, National Quality Forum (NQF) workgroup on Medicaid adult measures (December 2017-present), Medicaid-CHIP Scorecard Committee (October 2018-present) and Measure Sets and Measurement Systems TEP (June 2019-present). Member, National Quality Forum (NQF) workgroup on persons dually eligible for Medicare and Medicaid (July 2012-July 2017) and NQF population health task force (2013-2014) <http://www.qualityforum.org/> and NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports (<http://www.c-c-d.org/>). 2017 member, NQF MAP workgroup on Medicaid adult measures. 2016-2017 NQF duals workgroup liaison to the NQF clinician workgroup. 2015-2016 and 2014-2015 NQF duals workgroup liaison to the NQF PAC/LTC workgroup. Member, NQF Medicare Star Ratings Technical Expert Panel (June-November 2019). AAHD Representative to the CMS-AHIP-NQF Core Quality Measures Collaborative (2019-present). Member, ONC (Office of the National Coordinator for Health Information Technology) Health IT Policy Committee, Consumer Workgroup, March 2013-November 2015; Consumer Task Force, November 2015-April 2016. (<http://www.healthit.gov/policy-researchers-implementers/federal-advisory-committees-facas/consumer-empowerment-workgroup>). Member, SAMHSA Wellness Campaign National Steering Committee – January 2011-September 2014. (<http://promoteacceptance.samhsa.gov/10by10/>).

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