Mathematica to CMS Draft Report – "Recommendations for Improving The Core Sets of Health Care Quality Measures for Medicaid and CHIP"

DAC & CCD LTSS Affiliated Organizations Public Comments to/on Mathematica Draft Medicaid Core Measures Report

Since 2012, the Disability and Aging Collaborative (DAC) and Consortium for Citizens with Disabilities (CCD) Task Force on Long-Term Services and Supports (LTSS) have advocated through the National Quality Forum (NQF), with CMS, and with other appropriate forums and organizations for robust, meaningful, publicly reported home-and-community-based services (HCBS) quality measures.

We have consistently advocated for the use of person-reported HCBS outcome measures, such as the National Core Indicators (NCI); National Core Indicators-Aging and Disability (NCI-AD); Council for Quality and Leadership (CQL) Personal Outcomes Measures (POM); and the CAHPS (Consumer Assessment of Healthcare Providers and Systems) HCBS Experience Survey. While a range of measures are needed, person-reported measures such as these are critical to advancing meaningful, person-centered outcomes within HCBS.

Last year, we were pleased that CMS added for the first time an HCBS quality measure to the adult core set, the National Core Indicators (NCI). NCI is widely used in states to assess a broad range of quality domains for individuals with intellectual and developmental disabilities (IDD) receiving Medicaid HCBS. However, additional HCBS measures must be included to fill gaps. Most notable, the adult core set currently contains no HCBS measures for individuals with physical disabilities and older adults.

The National Core Indicators-Aging/Disability Omission

The Child and Adult Core Set Review Workgroup facilitated and supported by Mathematica through a contract with CMS considered the National Core Indicators -Aging and Disability (NCI-AD) for addition to the 2021 core set. Despite the expressed support of many members of the committee and public comments, it was ultimately not included for recommendation in the draft report. We respectfully request that Mathematica final report explicitly acknowledge LTSS and HCBS advocacy requests that CMS consider the inclusion of NCI-AD in the 2020 core set.

1. In 2020, the Child and Adult Core Set Review Workgroup – facilitated and supported by Mathematica through a contract with CMS - recommended both the NCI and NCI-AD for inclusion in the core measure set. CMS subsequently included NCI but not NCI-AD. The same Mathematica project that recommended NCI-AD in 2020, excluded NCI-AD in 2021. Why? The report needs to clearly and forthrightly explain why NCI-AD was included in 2020 and excluded in the draft 2021 draft report.

2. While CMS desires that measures meet a 25-state threshold for inclusion in the core set, exclusion of NCI-AD solely based on this requirement is a double standard. As Workgroup member, Lowell Arye, pointed out in his dissent, nine of the existing 2020 core measures do not meet this threshold. Since its inception, the number of states using

NCI-AD has steadily increased each year. In the most current data collection cycle, 24 states are participating in NCI-AD. Inclusion in the core set would likely contribute to additional states adopting.

Areas Requiring Additional Attention

We further recommend that the Mathematica final report to CMS include highlights from the ACL funded, NQF administered reports – Home-and-Community-Based Services and Person-Centered Planning and Practice.

Our organizations have other interests and views in items raised in the draft report. This collective statement focuses on LTSS, HCBS, and the NCI-A/D circumstance. We agree with the Mathematica identification of LTSS gaps and encourage CMS-AHRQ-ACL-SAMHSA and other federal agencies to proactively address these gaps.

The Mathematica report documents but understates the importance of LTSS and the LTSS quality measurement gaps. Further, Mathematica Workgroup member, Lowell Arye in his dissent, has provided LTSS and HCBS Medicaid enrollment and expenditures data to stress the importance of these areas for Medicaid and quality measurement. 7% of Medicaid beneficiaries are seniors; they consume 16% of Medicaid expenditures. 15% of Medicaid beneficiaries are persons with disabilities; they consume 39% of Medicaid expenditures. 30% of Medicaid expenditures are for LTSS; 61% of these expenditures are for seniors and persons with disabilities. 28% of Medicaid LTSS expenditures are for persons with ID/DD and 11% of Medicaid LTSS expenditures are for persons with serious mental illness (or children with serious emotional expenditures).

Thank you for considering our views.

Further information is available from either Dr. Clarke Ross, American Association on Health and Disability (clarkeross10@comcast.net) , and Dr. Joe Caldwell, Brandeis University Community Living Policy Center (joecaldwell@brandeis.edu) .

Submitting Organizations:

American Association on Health and Disability
American Network of Community Options and Resources (ANCOR)
Autistic Self Advocacy Network
Center for Public Representation
Community Catalyst
Community Living Policy Center, Brandeis University
Human Services Research Institute
Justice in Aging
Lakeshore Foundation
National Council on Aging
National Health Law Program
The Arc