January 4, 2016

Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Submitted via www.regulations.gov.

RE: Request for Information regarding Data Metrics and Alternative Processes for Access to Care in the Medicaid Program (42 CFR Part 447, CMS–2328–NC)

Dear Administrator Slavitt:

The Consortium for Citizens with Disabilities (CCD) Health Task Force appreciates the opportunity to provide comments on the request for information regarding what additional data sources and approaches could be used to determine whether access to care is sufficient. The CCD Health task force is a coalition national disability organizations working together to advocate for national public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

We appreciate CMS' focus in the RFI on long term services and supports and home and community based services, which are so crucial for people with disabilities. Unfortunately, there are currently limited quantitative measures, metrics, and thresholds of the type that CMS seeks related to long term care and home and community based services. We urge CMS to develop additional measures and metrics that ensure that people with disabilities have access to the services they need. These measures and metrics should include the number of individuals waiting for services from the state, the types of services, and the wait times. Other critical measures include progress measures for the state in meeting the obligations of the Americans with Disabilities Act (ADA) and the *Olmstead* decision and ensuring that participants receive all services and supports in the full amount, duration, scope, and manner as identified through the person-centered assessment and service planning process.

As CMS begins that process, we would specifically draw CMS' attention to the implementation of the Home and Community Based Services regulation were CMS is already deeply involved in some analysis around access to LTC and HCBS. We urge CMS to utilize this knowledge while developing measures, metrics, and thresholds.

Another source of metrics would be the "extensive review of national practices in MLTSS" conducted by CMS and detailed in *Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term Services and Supports Programs* (May 20, 2013).[1] Many of the elements identified in that guidance are important measures and metrics for LTC and HCBS, including: Provision and/or coordination of the provision of all physical and behavioral health services and LTSS to "ensure that participants receive those services and supports in the amount, duration, scope, and manner as identified through the person-centered assessment and service planning process."

We would also urge CMS to adopt the following principles with regards to measuring access to care:

1) That all measures, metrics, and thresholds prioritize and ensure:
    - consumer choice of providers;
    - participant-directed and person-centered care;
2) That measures, metrics, and thresholds focus on the individual's experience with services and supports (many of the listed measures in the RFI, beginning on page 67380, addresses this principle);
3) That measures, metrics and thresholds also reflect the legal requirements on states, such as the Americans with Disabilities Act and the Olmstead decision, section 1557 of the Affordable Care Act, and the Early and Periodic Screening, Diagnostic, and Treatment benefit
4) That measures, metrics, and thresholds reflect important aspects for people with disabilities such as physical and programmatic access to health care and access to employment services

Additionally, CMS suggests in the RFI that it is "not attempting to develop areas of measurement that indicate causes of access deficiency, such as information on social determinants of health [. . . because] our initial goal is to develop indicators of sufficient access that can be affected by Medicaid policy levers." While CMS has not defined social determinants of health, we caution CMS that some social determinates of health, such as housing, are impacted by Medicaid policy levers, for instance the wraparound supported housing services for people with psychiatric disabilities covered under the 1915(i) state plan amendment, and urge CMS to take those kind of social determinatives of health into account while creating these measures.

Regarding the Access to Care Measures listed in Part D of the RFI, we encourage CMS to include measures of physical and programmatic accessibility. Accessibility is often not measured when considering access to care or network adequacy. However, for someone with a disability, an inaccessible provider may as well not exist, no matter if they are accepting new patients or in the person's network.

Under Measures for Availability of Care and Providers, CMS should include the proportion of primary care physicians, specialists, and dentists with physically accessible offices and equipment, and the proportion of primary care physicians, specialists, and dentists that make

[1] Available at http://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/downloads/1115-and-1915b-mltss-guidance.pdf.

programmatic accessibility modifications to their practices. Physical accessibility has been documented by the US Access Board, including in their soon-to-be-released standards for accessible medical diagnostic equipment at: http://www.access-board.gov/guidelines-and-standards/health-care/about-this-rulemaking.

Under Measures for Beneficiary Reported Access, CMS should include beneficiary-reported access issues related to physical or programmatic accessibility. Programmatic accessibility include, for example, modifications of wait times, office hours, or other business practices that allow an individual with a disability to access care. More examples of programmatic access are available from the Disability Rights Education and Defense Fund: http://dredf.org/healthcare/Healthcarepgmaccess.pdf

CCD appreciates the opportunity to offer comments on behalf of the Health Task Force. If you have questions please contact Julie Ward (ward@thearc.org).

Thank you,

The CCD Health Task Force Co-Chairs

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