



October 24, 2017

John R. Graham, Acting Assistant Secretary  
U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Planning and Evaluation, Strategic Planning Team  
Attn: Strategic Plan Comments  
200 Independence Avenue SW., Room 415F  
Washington, DC 20201

Submitted by email: [HHSPan@hhs.gov](mailto:HHSPan@hhs.gov)

**RE:** Request for Comments on the Department of Health and Human Services [Draft Department Strategic Plan for FY 2018-2022](#). 82 FR 45032

Dear Acting Assistant Secretary Graham:

LeadingAge appreciates the opportunity to comment on Request for Comments on the Department of Health and Human Services [Draft Department Strategic Plan for FY 2018-2022](#).

The members of LeadingAge and affiliates touch the lives of 4 million individuals, families, employees and volunteers every day. The LeadingAge community ([www.LeadingAge.org](http://www.LeadingAge.org)) includes 6,000 not-for-profit organizations in the United States, 39 state partners, hundreds of businesses, research partners, consumer organizations, foundations and a broad global network of aging services organizations that reach over 30 countries. The work of LeadingAge is focused on advocacy, education, and applied research. We promote home health, hospice, community-based services, adult day service, PACE, senior housing, assisted living residences, Life Plan communities, nursing homes as well as technology solutions and person-centered practices that support the overall health and wellbeing of seniors, children, and those with special needs.



**Comments and Recommendations:** We concur with the Strategic Goals, but would like to emphasize the inclusion of the following in the HHS Strategic plan:

- Quantify outcomes that reflect the scope of services offered and adjust for the social determinant of health that may influence outcomes. There should be less emphasis on process measures, and more emphasis on care outcomes that impact the lives of older adults. There should also be more emphasis on Quality Assurance Performance Improvement. The goal should be to improve provider services using quality data as a starting point to improve services.
- Pursue initiatives and programs to provide support to older adults, people with disabilities, and their families and caregivers as individuals move between institutional settings and home. Increase collaboration with HUD and the VA on housing with services since the lack of affordable housing is a major barrier for transitioning older adults from a nursing home back into the community.
- Payment rates must align with the true cost of providing services, so providers can offer competitive wages and benefits. Improve rate setting process to include both acuity based and value based payments for Medicaid waiver services, such as adult day services and personal care services.
- Reduce costs for states to implement federal regulations to facilitate their ability to offer more home and community-based services options. Many states implement restrictive financial and functional eligibility standards, enrollment caps, service unit limits, or waiting lists in an effort to contain costs. In 2013, there were over 536,000 individuals in 39 states on a Section 1915(c) waiver waiting list. Part of the problem is the federal requirements that hinder innovation in Medicaid HCBS and access to services, such as the Department of Labor new regulations raising the salary threshold test for the white collar exemptions, the CMS HCBS settings regulations and the Department of Labor Overtime rule. All of these regulations are unfunded mandates. The cost of implementing these regulations draw from state funds that could have been used to provide personal care services, non-emergency transportation and reduce or eliminate HCBS waiting lists.
- Provide opportunities for CMS/ACL to work with stakeholders to develop timely, practical, realistic guidance from CMS on the implementation of the HCBS settings rule for all Medicaid populations, especially vulnerable older adults. Implementing unrealistic heightened scrutiny and remediation policies have been a barriers for maintaining and expanding Medicaid HCBS options in many states.



- Assess the impact of regulations under Medicaid and Medicare on the implementation of quality long-term services and supports in rural and frontier areas of the country. Develop changes to regulations that incorporate modifications that take into account the challenges of providing quality long-term services and supports, such as the limited availability of a qualified workforce, affordable transportation and financial sustainability of services based on the volume of services offered in a rural, frontier area.
- Supporting the development of telehealth models to increase access to care in rural and other underserved areas.
- Provide incentives for states to implement programs similar to the Tailored Supports for Older Adults (TSOA) program in the Washington State Medicaid Transformation program. This program establishes a new eligibility category and benefit package for individuals at risk of future Medicaid LTSS use who currently do not meet Medicaid financial eligibility criteria but do meet functional criteria for care. It is designed to help individuals and their families avoid or delay impoverishment and the future need for Medicaid-funded services while providing support to individuals and unpaid family caregivers. This program will include necessary supports such as training, support groups, respite services, and help with housework, errands, and home-delivered meals.
- Provide incentives for states with no Medically needy program for HCBS to implement one in order to improve access to community services
- More needs to be done by HHS to support family caregivers. 50 percent of seniors who have a long-term care need but no family available to care for them are in nursing homes, while only 7 percent who have a family caregiver are in institutional settings. NY recently joined other states that allow specially trained home care aides to administer medications to patients. Nurses will not typically go to a patient's home three times a day to administer routine medications. That often means a family caregiver has to come home from work in the middle of the day to do it.
- Phase out the perverse incentives inherent in fee-for-service payment system. Washington State allocates 1 percent of the premium paid to a managed care plan to be tied to performance. By year five of the demonstration waiver, 3 percent of premiums will be tied to performance. LeadingAge recommends that the same pay for performance type program be applied to adult day services, personal care services and non-emergency medical transportation.



Please do not hesitate to contact us if you have any questions or would like further discussion. We look forward to our continued work with you on this and related issues.

Sincerely,

A handwritten signature in black ink that reads "Peter Notarstefano".

Peter Notarstefano,  
Director, Home and Community-Based Services