



August 31, 2020

Lance Robertson  
Assistant Secretary for Aging  
Administrator  
Administration for Community Living  
Washington, D.C. 20201

Submitted via: [ACLFramework@acl.hhs.gov](mailto:ACLFramework@acl.hhs.gov)

**Re: Strategic Framework for Action: State Opportunities to Integrate Services and Improve Outcomes for Older Adults and People with Disabilities**

Dear Mr. Robertson:

Community Catalyst is pleased to submit comments to the Administration for Community Living (ACL) on the *Strategic Framework for Action: State Opportunities to Integrate Services and Improve Outcomes for Older Adults and People with Disabilities*.

Community Catalyst is a national non-profit advocacy organization dedicated to quality affordable health care for all. Since 1998, Community Catalyst has been working to build the consumer and community leadership required to transform the American health system. The Center for Consumer Engagement in Health Innovation at Community Catalyst is a hub devoted to teaching, learning and sharing knowledge to bring the consumer experience to the forefront of health. We have been working to improve Medicaid and Medicare for older adults and people with disabilities for more than a decade, including by working with consumer leaders and advocates to increase the skills and power they have to establish an effective voice at all levels of the health care system. We collaborate with innovative health plans, hospitals and providers to incorporate the consumer experience into the design of their systems of care. We work with state and federal policymakers to spur change that makes the health system more responsive to consumers, particularly those who are most vulnerable.

We applaud the Administration for Community Living's vision of a holistic health care system that works for low-income older adults and people with disabilities, and are encouraged by the support for the cross-collaboration of states, health care entities, and community-based organizations that serve these populations. Further, we agree with the emphasis on addressing the social determinants of health that play a critical role in the health and well-being of older adults and people with disabilities. Below, we offer general overarching comments followed by comments on specific sections of the framework.

**Consumer Engagement**

In order to transform our health care system to achieve person-centered care, older adults and people with disabilities need to play a central role at the decision-making table. They are uniquely positioned to share what their health and social needs are thus creating a system that responds to those needs. We recognize the important role of Area Agencies on Aging (AAA), Centers for Independent Living (CILs) and other community-based organizations (CBOs) in advocating for consumers, and support including these organizations along with consumer representatives. We strongly encourage ACL to urge states who take up this framework for action have a robust stakeholder engagement process, and to ensure that there is consumer input shaping all of the activities described in this framework.

### **Health Equity and Racial Justice**

The strategic framework lacks an explicit recognition of the importance of health equity, which should be at the forefront of any effort to deliver person-centered care. [Discrimination is a itself a social determinant of health](#), and the impacts of structural racism are especially apparent for health care consumers with complex needs. The strategic framework must explicitly recognize the unique health inequities experienced by communities of color, especially in Black and indigenous communities. As states and health systems seek to address these inequities, they must authentically engage with communities of color and acknowledge their own role in perpetuating racism and discrimination.

### **Impact of COVID-19**

The COVID-19 pandemic has radically disrupted the lives of older adults and people with disabilities, particularly those who are from communities of color. Access to essential long-term services and supports has been limited and inequitable in many cases, and community-based organizations have had to rapidly restructure both their service and financing models. Many consumers have experienced major interruptions in their medical care and their community-based services and supports. ACL should consider how its framework can address the urgency of the current situation, including the health, long-term service and supports, and social determinant of health needs of this community. As part of this effort, bridging the technology access gap for consumers is also a critical priority. ACL should call out the need to strengthen the current infrastructure for care delivery, particularly around addressing social determinants of health and prepare for future public health emergencies.

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## **Section 1: Opportunities for Aging and Disability Networks**

### ***Governance and Administration***

***We strongly recommend that states establish feedback loops with Community Integrated Health Networks (CIHNs) and aging and disability networks, that include consumer representatives – in the form of advisory councils or implementation councils with a majority of consumer members/advocates – that would allow for state leaders to rapidly detect and respond to implementation challenges.*** Tables such as these allow for stakeholders to regularly assess how different initiatives, programs and partnerships are going, identify issues or gaps and develop policies and processes for collaboration and improvement. These types of councils -

their membership and mission - can be embedded in state contracts with health care plans, and health plan subcontracts with network lead entities, CBOs, CIHNs, etc. Additionally, states should require that CIHNs/aging and disability networks establish their own feedback loops with consumers to assess whether and how their services are sufficiently and effectively meeting consumers' needs.

### **State's Role in Supporting Community Integrated Health Networks**

We agree with the ACL that state health leaders can play a critical role in advancing the relationships between aging and disability networks and health systems. However, we also strongly believe that to be successful partners, CIHNs will need increased funding, resources and other forms of support to meet the increased demand for services that will likely come from partnerships with health systems. Therefore, ***we strongly recommend that the ACL provide direct funding and/or technical assistance to CIHNs so that they can be full and effective partners with health systems when serving older adults and individuals with disabilities.*** For example, providing training and technical assistance on how to obtain and use the funding provided under the Older Americans Act, or any new sources of funding that become available, could help CIHNs learn how to increase their capacity by using this funding.

### **Policy Levers to Support Evolution of Aging and Disability Networks**

#### ***Medicaid Policy Levers – 1115 waivers***

We appreciate that the ACL included Medicaid Section 1115 Demonstration waivers as a way for the health care system, as well as partnerships between the health care system and community integrated health networks (CIHNs), to better address the social determinants of health for older adults and individuals with disabilities. It is also worth noting, however, that pursuing stronger partnerships between health systems and CIHNs through an 1115 waiver has some limitations. Specifically, Section 1115 demonstrations must be budget neutral to the federal government, which may therefore constrain the amount of funding CBOs may receive. Our concern is that health plan referrals to CBOs may become a “bridge to nowhere,” where the health sector is identifying patients' social needs but CBOs lack the resources to meet those needs. Additionally, payments to health systems under these demonstrations should be adjusted appropriately to account for varying levels of social needs. ***We urge the ACL to include information about limitations of an 1115 approach in this framework so states and CBOs can be fully aware of their options.***

#### ***Medicare and Dual Eligible Policy Levers***

Overall, we strongly support the integration of Medicare and Medicaid benefits, care delivery and financing as a way to improve coverage and care for dual eligibles, and believe that integrated care models – such as Medicare-Medicaid plans and the Dual-Eligible Special Needs Plans - can be critical partners for aging and disability networks while they serve and support older adults and individuals with complex care needs. Robust outreach, education and engagement with consumers, providers and other key stakeholders is needed to ensure that integrated care programs are an attractive option for consumers over a fee-for-service system. We agree with the recommendation for state leaders to review and consider how to coordinate their current programs addressing social needs with similar programs offered by Medicare, such as Special Supplemental Benefits for the Chronically Ill (SSBCI) and Dual Eligible Special Needs Plan (D-SNP) requirements related to partnering with CBOs to address social needs, and emphasize the need to communicate with beneficiaries about these programs. Conscious efforts

to coordinate current programs with emerging programs through Medicare can help alleviate regulatory and service delivery challenges, and avoid duplication of services and consumer confusion.

In addition, we strongly believe that state health leaders such as Medicaid officials would be well-served by having a thorough and comprehensive understanding of Medicare policy, particularly with regard to how Medicare plans and policies interact with Medicaid, such as through integrated care products for dually- eligible consumers like Medicare-Medicaid Plans, the Program of All-Inclusive Care for the Elderly and D-SNPs. A well-informed Medicaid staff can better serve consumers in integrated care programs, therefore, ***we encourage the ACL to invest in building the capacity of Medicaid officials and staff through trainings, continuing education opportunities and other forms of technical assistance.***

### **Management and Oversight**

We appreciate the ACL's recognition of the need for transparency as CBOs are increasingly working with managed care organizations, health plans and providers. As policies and procedures are put in place, ***we encourage ongoing dialogue with CBOs to ensure they have the capacity, infrastructure and funding to manage these contractual relationships. Ongoing training is also a critical component of effective management and oversight of these relationships.***

### **Section 2: Building State-Driven Roadmaps**

We applaud the ACL for recognizing the essential role of state leadership in influencing a culture shift to collaboration on health systems transformation and social services integration.

Community Catalyst stresses that health system and community partnerships are most successful when consumers, consumer advocates and community-based organizations, have a role in every step of the decision-making process. ***We encourage all state-driven roadmaps give these stakeholders opportunities to advise on all stages of the policymaking process, beyond simply implementation and evaluation. With adequate financing and technical support, consumer and community-based organizations are critical players in any state strategic plan for transformation.***

### ***Leadership and Policy Opportunities***

We are encouraged by the strategic framework's recognition of the influence of the social determinants of health. Importantly, the framework recognizes the impact of local, community-based aging and disability network in reaching consumers and provides for a roadmap for their leadership in delivering non-medical services such as care coordination. ***The roadmap for states should include a clarification that as managed care organizations (MCOs) build relationships with aging and disability networks and incentivize the use of community-based organizations, they should also consider working with CBOs to boost their capacity, especially in areas such as screening infrastructure and data collection capabilities.***

We welcome the recommendation that MCO Requests for Proposals award additional points for the effective use and role of aging and disability networks. ***We encourage clearly articulated metrics for effective partnerships with community-based organizations so non-medical organizations have a clear pathway to success. We encourage the use of quality benchmarks to evaluate CBO collaborations with health plans to ensure all services are high-quality and adequately person-centered.***

The emphasis on CIHNs and support for building business skills are critical elements to ensuring CBOs have the tools they need to partner with health systems. The differing scale of service delivery, financial risk, and access to resources between CBOs and health systems can significantly impact the ability to collaborate, and efforts to foster collaboration must bridge these gaps.

### ***Social Determinants of Health***

The strategic framework's recognition of the influence of the social determinants of health on outcomes for older adults and people with complex needs is an important step in taking a holistic approach to improving health outcomes. While we appreciate the inclusion of transportation, assistive technology, and nutrition, ***we encourage the ACL to incorporate other critical determinants for the aging and disability communities, especially social isolation, housing security and economic opportunity for people with disabilities.*** These determinants of health have become particularly important during the COVID-19 pandemic.

In addition, we believe the framework would be further strengthened by noting additional opportunities for states to better address the social determinant of health needs of low-income older adults and people with disabilities, particularly through Medicaid. This includes expanding housing and housing-related services, simplifying access to SNAP benefits, and collaborating with beneficiaries to improve non-emergency medical transportation as well as non-medical transportation.

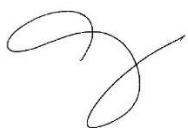
We encourage the ACL to explicitly name racial justice throughout the strategic framework, but especially in its discussion of the social determinants of health. The impacts of systemic racism are especially pronounced for older adults and people with disabilities of color. ***All state-led collaborations should be conscious of racial inequities and must build in strategies to address racial disparities in health outcomes.***

We strongly support the strategic framework's proposal to enlist community-based organizations in efforts to improve outcomes on the social determinants of health, and ***we strongly encourage the inclusion of consumer representatives as well.*** Finally, as these collaborations emerge, it is essential that consumer organizations and CBOs receive adequate reimbursement for their services and that this funding is streamlined to eliminate administrative burden.

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We appreciate this opportunity to comment, and we welcome the opportunity to provide additional input in the future. Please do not hesitate to contact me at [ahwang@communitycatalyst.org](mailto:ahwang@communitycatalyst.org) with any questions.

Sincerely,



Ann Hwang, MD  
Director