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September 11, 2023

Ms. Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services, Department of Health and
Human Services
Attention: CMS–1784-P
P.O. Box 8016
Baltimore, MD 21244–1850

Submitted electronically via: www.regulations.gov

Dear Administrator Brooks-LaSure:

On behalf of ADvancing States, I am writing to you in response to the [Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program](#) Notice of Proposed Rulemaking (proposed rule).

ADvancing States is a nonpartisan association of state government agencies that represents the nation’s 56 state and territorial agencies on aging and disabilities and long-term services and supports directors. We work to support visionary state leadership, the advancement of state systems innovation, and the development of national policies that support home and community-based services (HCBS) for older adults and persons with disabilities. Our members administer services and supports for older adults and people with disabilities, including overseeing a wide range of Medicaid HCBS programs. Together with our members, we work to design, improve, and sustain state systems delivering long-term services and supports (LTSS) for people who are older or have a disability and their caregivers.

Caregiver Training Service

We strongly support the proposal to authorize Medicare payment to practitioners for providing training to informal caregivers to support individuals with certain diseases or illnesses in carrying out a treatment plan. We appreciate CMS’s recognition of the important role informal caregivers play in supporting beneficiaries to live and thrive in home and community-based settings. Caregivers are essential to the development and implementation of person-centered service and treatment plans.



It is difficult, if not impossible, to overstate the need for additional supports for informal caregivers. AARP's 2019 report, [Home Alone Revisited: Family Caregivers Providing Complex Care](#), indicates informal caregivers provide intense and complex care, including medical and nursing tasks, and at least half of informal caregivers have reported feeling worried about making a mistake. Further, caregivers are often on their own learning how to perform complex care tasks. A June 2019 report in JAMA Internal Medicine indicates only seven percent of caregivers for older adults receive training for tasks they perform. The proposed caregiver training service (CTS) is a significant step in providing caregivers with much-needed education and support.

CMS has requested comment regarding whether states typically cover services similar to CTS under their Medicaid programs, and whether such coverage would be duplicative of the CTS service codes. Advancing States confirms that many states' Medicaid 1915(c) waiver programs cover services similar to CTS. A scan of waiver service arrays indicates states offer a caregiver training or support service across approximately 40 waiver programs, out of approximately 269 waiver programs operating nationwide. We expect there could be duplicative coverage for dually eligible individuals who are enrolled in a 1915(c) waiver that offers a similar service; however, we anticipate this overlap would be relatively limited in scope and does not diminish the need for or value of the proposed Medicare coverage of CTS. We encourage CMS to educate states on the availability of CTS, and to emphasize the importance of service coordination for 1915(c) waiver recipients who are dually eligible to avoid duplication of services.

Services Addressing Health-Related Social Needs

Advancing States supports CMS's proposed changes addressing health equity, patient access, and health-related social needs, which will help facilitate access to community-based resources. Specifically, we support CMS's proposed separate coding and payment changes for Community Health Integration (CHI) services, Principal Illness Navigation (PIN) services and Social Determinant of Health (SDOH) Risk Assessment, as well as the clarification that community-based organization (CBO) staff may deliver these services incident to a billing practitioner and under his/her supervision. We would note, however, that without additional funding to support delivery of community-based services that CHI, PIN and SDOH Risk Assessments may indicate an individual needs, the positive impacts of covering these assessment and navigation services will be limited. For example, an assessment may reveal that individuals require transportation, but without additional funding and resources, the CBO may not be able to provide transportation to meet these needs. We encourage CMS to consider strategies and approaches to invest in services that address health-related social needs to ensure state systems and providers are able to meet individuals' needs as identified through assessment and navigation services such as CHI, PIN, and the SDOH Risk Assessment.

We strongly encourage CMS to recognize the need for coordination and data sharing as initiatives to address social determinants of health across publicly funded health and human service programs. By focusing on beneficiaries with significant social and economic needs, the proposed navigation services could reach individuals who may receive similar or related services through other programs, including individuals dually eligible for Medicare and Medicaid services.



We appreciate the opportunity to provide comment on this proposed rule. If you have any questions regarding this letter, please feel free to contact Rachel Neely at rneely@advancingstates.org.

Sincerely,

A handwritten signature in blue ink that reads "Martha Roherty". The signature is written in a cursive, flowing style.

Martha Roherty, Executive Director

ADvancing States