



Leaders in Aging Well at Home

November 4, 2022

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore MD 21244-1850  
*Submitted electronically via regulations.gov*

USAgings appreciates the opportunity to provide comments on behalf of our membership on CMS's Requests for Information (RFI). USAgings is the national association representing and supporting the network of Area Agencies on Aging (AAAs) and advocating for the Title VI Native American Aging Programs. Our members are the local leaders that develop, coordinate and deliver a wide range of home and community-based services, including information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, transportation, evidence-based health and wellness programs and more. That's why we are particularly interested in responding to two of the latest RFI's questions for providers and other stakeholders on promoting efficiency and health equity.

## **2. Understand Provider Experiences**

*CMS wants to better understand the factors impacting provider well-being and learn more about the distribution of the healthcare workforce. CMS is particularly interested in understanding the greatest challenges for healthcare workers in meeting the needs of their patients, and the impact of CMS policies, documentation and reporting requirements, operations, or communications on provider well-being and retention. Recommendations for CMS policy and program initiatives that could support provider well-being and increase provider willingness to serve certain populations:*

USAgings believes it is important to encourage meaningful collaboration between health care providers and community-based organizations (CBOs) that are social care experts—such as Area Agencies on Aging—to screen and connect patients to the resources they need to be healthy. USAgings notes that many clinicians are not trained nor comfortable conducting social risk screening and instead delegate screening and assessment to CBOs. This should be permitted, encouraged and allowed to be paid for, and guidance and training for clinicians should also be made available. In most cases,

CBOs are best positioned to conduct this screening due to their history and trust within the community. USAging encourages CMS to ensure any quality measures on clinician referrals to community-based services upon screening positive for a social driver of health do not discourage clinicians from partnering with CBOs to conduct the screening where appropriate.

### **3. Advancing Health Equity**

*CMS wants to further advance health equity across our programs by identifying and promoting policies, programs, and practices that may help eliminate health disparities. It wants to better understand individual and community-level burdens, health-related social needs (such as food insecurity and inadequate or unstable housing), and recommended strategies to address health inequities, including opportunities to address social determinants of health and burdens impairing access to comprehensive quality care.*

Screening for social needs and SDOH is a first step in identifying health disparities across groups and addressing health inequities. USAging was grateful to see the proposal of social needs screening measures in CMS' annual Medicare payment proposed rules and the inclusion of those measures in the finalized CY 2023 Medicare Physician Fee Schedule (PFS) Rule. We encourage CMS to issue guidance for SDOH screening across all of its programs using a standardized set of common screening elements, such as the Screening for Social Drivers of Health measure included in the PFS rule, which includes screening for food insecurity, housing instability, transportation problems, utility help needs and interpersonal safety.

Role of CBOs in Screening: To this end, CMS should allow entities outside of health care to screen for the five domains, CBOs in the social service sector, such as Area Agencies on Aging. Often, CBOs are best positioned to conduct this screening due to their history and trust within the community. USAging encourages CMS to allow providers under federal health care programs to contract with AAAs and CBOs to conduct screening on the five domains above. We also note that it is important that there continues to be flexibility for providers to pursue more in-depth assessment in the clinical setting as they deem appropriate. There are clinical reasons for tailoring questions or conducting more in-depth screening; for example, screening that is tailored to an older adult population, and the ability to conduct a more in-depth screening once need is identified to inform interventions or care plans.

Accountability Mechanisms: Importantly, stratifying by demographic factors and screening for social needs and SDOH is not enough to address the

identified health disparities. USAging strongly encourages CMS to consider how it will move beyond screening and related quality measures to what is done with this information. While this information can be useful for administrative use and payment adjustment, information about an individual's social risk and needs has been shown to be sensitive, and individuals are often hesitant to disclose this information for fear of bias, misuse or discrimination. Asking beneficiaries to disclose this information without also offering them services and supports to address identified needs may lead to increased distrust, impact reliability of data overtime and worsen disparities. It is essential that we quickly move beyond assessing structures to assessing action taken and impact to ensure that our efforts are achieving the health equity and disparities reduction goals to which CMS is committed. To advance health equity, CMS must develop accountability mechanisms that link the identified health-related social needs to allowable interventions. That is, beneficiaries should be asked about needs that can actually be met within program authorities or through partnerships.

Meeting the Social Care Needs of Beneficiaries with Additional Resources: In addition to CMS reimbursement where available, USAging encourages CMS to consider how funding can be leveraged through braiding, blending and pooling with other sources to maximize the services that AAAs and other CBOs are able to provide when needs are identified through screening and assessment. Aggregating funding—including via braiding, blending and pooling—from multiple sources can reduce the financial barriers to addressing social needs. In the SDOH context, pooling acts as a mechanism to align incentives to collaborate across sectors and aggregate resources from different stakeholders and sectors over time.

We appreciate the responsiveness of policymakers at CMS to thoughtfully consider stakeholder feedback as it promotes efficiency and equity within CMS programs. Should you have additional questions or require feedback from USAging, please don't hesitate to contact me or USAging's policy team at [policy@usaging.org](mailto:policy@usaging.org) or 202.872.0888.

Sincerely,

A handwritten signature in black ink that reads "Sandy Markwood". The signature is written in a cursive, flowing style.

Sandy Markwood  
Chief Executive Officer