Home and Community-Based Services Quality Committee –Public Comments			
Name of Commenter: **James J. Bulot** Director	Organization Affiliated: DHS Division of Aging Services	Comment: My biggest concern, as the director of an agency that provides both Medicaid and Non-Medicaid HCBS services to adults who are older or disabled is that there is no representation on the on the committee from this community. I have had experience administering these programs in two different states and can tell you that there is quite the learning curve. On the committee are individuals who have policy experience at the national level, but virtually no experience with administering a program or implementing quality measures at the state or local level - my division utilizes the Baldrige Performance Excellence Program and has a long history of measuring quality in hcbs program across multiple funding streams. There is not one state director for aging or disability services represented; while there is a representative who has experience with Medicaid Managed Care, this is managed from a contractual standpoint; there are hundreds of state funded, oaa funded, etc programs across the country that will likely never be administered (at least in the near future) by managed care organizations. I encourage you to expand representation to individuals who have experience with aging and adults with disabilities as well. As an aside, there seems to be an over representation of individuals who reside in Massachusetts relative to the size of the committee and other areas represented.	Comment Received: 1/12/2015
		Response: Thank you for your comment. After careful consideration, we have added two additional members to the committee, Kimberly Austin-Oser, MS and Lorraine Phillips, PhD, RN. We believe these two new members will bring additional perspectives and expertise, including the state program administration perspective you suggested. Again, we thank you your feedback and look forward to your continued participation.	
Name of Commenter: **Linda Costal**	Organization Affiliated: None provided	Comment: I don't know what definition you are using for Stakeholder Committees, but people with disabilities call stakeholder the people who actual will receive the services that will be provided. If advocates (with disabilities) for people with disabilities know who your stakeholders are, they will expect the process to be started over because we don't want the services we receive to be developed by the "professionals" we don't consider those to be services that had consumer input from the ground up. Programs that are decided by "professionals" are considered to be medical model services and were discarded several decades ago.	Comment Received: 1/16/2015
		Response: Thank you for your comment. As reiterated during the committee nominations process, NQF agrees that it is imperative to the success of this project that the committee include individuals with personal experience receiving HCBS. Though it was not obvious in the short biographies initially included in the committee roster, six of the twenty-two individuals on the committee have personal or family experience with the receipt of HCBS. Again, we thank you your feedback and look forward to your continued participation.	

Name of Commenter: **Barbara M. Altman** Disability Statistics Consultant	Organization Affiliated: None provided	Comment: I have reviewed the Stakeholder Committee Nominations for the HCBS Committee that you recently published. It is obvious that the members have a lot of experience with gerontology, client management, the Medicare and Medicaid system, standards of care, clinical care, quality improvement even mental health, intellectual disability, autism and a representation of native tribes. They represent the medical profession, including rehabilitation, system directors, researchers, and persons with health policy experience – all good elements for the project. However, (and you knew there would be a however), I am concerned that the experience represented is totally on the service delivery side and not one of the representatives appears to have a consumer familiarity with HCBS services. Having dealt with the HCBS system for more than 25 years as a parent of an individual with severe/profound intellectual disability there are important issues that those who deliver the services or research the services do not address, understand (other than intellectually) or recognize. Let me give you an example related to Service Coordination. In the state of Maryland recently the Service Coordination (the group that keeps tabs on clients who are in the HCBS system and make sure they are being serviced responsibly and appropriately) has been changed from a county program to a statewide program. Prior to this change my son had 6 separate service providers in six months (because the jobs were going to be closed out, so people left ahead of time). None of the actions of those service coordinators were timely therefore necessary actions related to his day program were not carried out until 4 months after the appropriate point. The new system, which is run out of Baltimore has assigned an employee to his case who resides in St Mary's county – about 100 miles away from his location. She also was given 35 new clients in addition to 85 she already has on the day I spoke to her. The clients are in group homes or at home throughout the state. Service coordination is supposed to monitor that each client is safe, healthy, and their needs being attended to. How is a service coordinator going to monitor 120 persons with intellectual disability throughout the state on a regular basis? The indication on the phone is that most of the work will be done long distance without actual interaction. Since many of these folks have no family or their siblings are in other states, the safety, health and well being of these clients are in serious jeopardy. You particularly need a consumer perspective to identify the measurement gaps and to set goals and priorities. Though you indicated in the December 5th webinar that consumer and family members would be included on the committee (slide 14), I only saw one young member of the committee, Dr. Caldwell who indicated a disabled son. It was not clear, however, that Dr. Caldwell had any care giving experience with HCBS. There was also only approximately one person, Dr. Lakin, who I would consider aging (he is a colleague, so I have a general idea of his age), all the rest appeared to be actively employed therefore I assume most are younger than 65 and without later life actual experience. I had been nominated for this committee and while I have 25-30 years experience with disability issues and expertise in measurement, I also had felt that a key contribution I could make was my 25 year HCBS experience and translating that to professionals. I am also 78 years old, so I could have contributed an aging perspective as well. I am sorry to say that in spite of really good intentions, I think you will be prone to overlooking some of the very important issues in the field.	Comment Received: 1/17/2015

		Response: Thank you for your comment. As stated during the committee nominations process, NQF agrees that it is imperative to the success of this project that the committee include individuals with personal experience receiving HCBS. Though it was not obvious in the short biographies initially included in the committee roster, six of the twenty-two individuals on the committee have personal or family experience with the receipt of HCBS. Committee members also represent a range of age groups, including older adults. Again, we thank you your feedback and look forward to your continued participation.	
Name of Commenter: **Brenda**	Organization Affiliated: None provided	Comment: I have a comment concerning the proposed HCBS roster. Primarily I note that the north eastern area of the United States is heavily represented with moderate representation from the central states and even one representative from California. Sorely lacking is representation from Southern states. Aren't Florida and Texas two heavily Hispanic populated states that are suspected of being some of the most fraudulent abusers of the Medicare/Medicaid home base care system? Representation from these areas are vital to ensure those who truly require services are not denied because of stereotyping due to their geographic location. Nursing representation is also noted as lacking in this Stakeholder Committee. How is the nursing profession, the largest healthcare profession in the US, represented in this NQF project?	Comment Received: 1/19/2015
		Response: Thank you for your comment. After careful consideration, we have added two additional members to the committee, Kimberly Austin-Oser, MS and Lorraine Phillips, PhD, RN. We believe these new members will bring additional perspectives and expertise, including the nursing perspective and further geographic diversity. These individuals have professional experience in New Mexico and Missouri, respectively. Again, we thank you your feedback and look forward to your continued participation.	
Name of Commenter: **Robert Egge** Executive Vice President	Organization Affiliated: Alzheimer's Association	Comment: On behalf of the Alzheimer's Association, I appreciate the opportunity to comment on the National Quality Forum's (NQF) Home- and Community-Based Services (HCBS) Quality Proposed Committee Roster. As you know, the number of individuals affected by Alzheimer's disease and other dementias is set to skyrocket, with as many as 13.8 million by 2050. With this growing population and its preference to remain in their homes and communities, it is critical that HCBS be of the highest quality. The Association is pleased to see the aging community--aging being the greatest risk factor for dementia--represented on the committee. We look forward to working with NQF and the Centers for Medicare & Medicaid Services on this important issue as it relates to persons with dementia and their families. Please do not hesitate to contact Laura Thornhill, Manager of Regulatory Affairs at 202/638-7042 or lthornhill@alz.org if we can be of assistance.	Comment Received: 1/20/2015
		Response: Thank you for your comment. We look forward to forward to your continued partipcation.	

Name of Commenter: **Melanie S. McNeil** State Long-Term Care Ombudsman	Organization Affiliated: Georgia Department of Community Health	Comment: In reviewing the roster, it appears that only one of the committee has received LTSS (I presume in the community). It is important to include HCBS consumers to determine gaps. Please consider adding consumers to the committee.	Comment Received: 1/20/2015
		Response: Thank you for your comment. As stated during the committee nominations process, NQF agrees that it is imperative to the success of this project that the committee include individuals with personal experience receiving HCBS. Though it was not obvious in the short biographies initially included in the committee roster, six of the twenty-two individuals on the committee have personal or family experience with the receipt of HCBS. Again, we thank you your feedback and look forward to your continued participation.	
Name of Commenter: **Diane Doumas** Executive Director	Organization Affiliated: Center for Excellence in Assisted Living	Comment: The Center for Excellence in Assisted Living (CEAL) is a unique collaborative of eleven diverse national organizations that work closely together to promote excellence in assisted living. The eleven organizations include four national consumer advocacy organizations (AARP, Alzheimer's Association, CCAL, and Paralyzed Veterans of America), four national provider associations(American Seniors Housing Association, Assisted Living Federation of America, LeadingAge, and National Center for Assisted Living, and three additional organizations that represent other strategic constituencies (American Assisted Living Nurses Association,N ational CooperativeB ank/affordable housing,a nd the Pioneer Network). CEAL is pleased to have the opportunity to comment on the proposed roster for the Home and Community-Based Services Qualiry Committee. In reviewing the roster CEAL identified a gap in experiencein the assisted living profession.We believe that this is a significant oversight as there are over 22,000 assisted living communities and similar residential care communitiest hat serve over 713,000 individuals each day. Over half of these assisted living communities are certified to participate in the Medicaid program. Assisted living has a vital role in home and community-based services and should be considered when examining quality in these services. We would like to recommend the following individual, a CEAL Board Member and Secretary, be added to the roster in order to fill the gap in representation from the assisted living sector. LindsayB . Schwartz, Ph.D. Senior Director, Workforce & Quality Improvement National Center for Assisted Living	Comment Received: 1/21/2015

		Response: Thank you for your comment. After careful consideration, we have added two additional members to the committee, Kimberly Austin-Oser, MS and Lorraine Phillips, PhD, RN. We believe these new members will bring additional perspectives and expertise, including the assisted living experience you suggested. Again, we thank you your feedback and look forward to your continued participation.	
Name of Commenter: **David Gifford** Senior Vice President, Quality and Regularity Affairs	Organization Affiliated: American Health Care Association	Comment: The American Health Care Association (AHCA) is the nation's leading long term care organization representing more than 12,000 non-profit and proprietary centers. Our members deliver the professional, compassionate, quality long term and post-acute care that more than 1.5 million of America's seniors and persons with disabilities rely on each day. AHCA is pleased to have the opportunity to comment on the proposed roster for the Home and Community-Based Services Quality Committee. In reviewing the roster we identified a gap in experience in the assisted living sector. We believe that this is a significant oversight as there are over 700,000 individuals in residential care and almost 20 percent of these individuals have Medicaid coverage for their care. This makes assisted living communities an important component to consider when examining quality in home and community-based services. We would like to recommend that one of the following individuals be added to the roster in order to fill the gap in representation from the assisted living sector. Lindsay B. Schwartz, Ph.D. Senior Director, Workforce & Quality Improvement National Center for Assisted Living Phone: 1-202-898-2848 Ed McMahon, Ph.D. Vice President of Quality Sunrise Senior Living Phone: 1-571-232-1767	Comment Received: 1/21/2015
		Response: Thank you for your comment. After careful consideration, we have added two additional members to the committee, Kimberly Austin-Oser, MS and Lorraine Phillips, PhD, RN. We believe these new members will bring additional perspectives and expertise, including the assisted living experience you suggested. Again, we thank you your feedback and look forward to your continued participation.	

Name of Commenter: **Del M. Conyers** Director of PACE QI & Compliance	Organization Affiliated: National PACE Association	Comment: The National PACE Association (NPA) is a preeminent trade association representing all 107 operating Programs of All-inclusive Care for the Elderly (PACE), and entities pursuing PACE development and supportive of PACE. NPA appreciates the National Quality Forum's efforts to convene a stakeholder committee to develop a conceptual framework and perform an environmental scan to address performance measure gaps in home and community-based services (HCBS) to enhance the quality of community living. NPA is writing to provide comments on the draft HCBS committee roster, to which we nominated Dr. Peter DeGolia. Increasingly, HCBS service options for frail older adults will be offered through integrated care options, such as PACE and managed care, which also incorporate primary and acute care services alongside with community based supports. With 20 years of experience providing comprehensive community based care, PACE has a unique degree of experience and proven focus on quality. Moreover, PACE is open to both Medicare and Medicaid beneficiaries and provides comprehensive medical and social services at home, a day health center, residential care settings, and/or inpatient facility as an alternative for those who would otherwise require nursing home care. In reviewing the roster, among the 20 members selected, there are only two physicians. These physicians do not appear to be employed by a HCBS direct service provider nor do they possess experience in delivering care in a fully integrated care model, such as PACE. As a practicing PACE medical director, and home care physician, Dr. DeGolia has significant and broad-based experience working with frail elderly individuals in their homes and in PACE centers within the community. Moreover, Dr. DeGolia was recently elected by his peers to serve as Chair of NPA's Primary Care Committee, comprised of senior PACE staff clinicians working to meet the needs of their enrollees in their communities. To that end, we recommend to amend the committee roster to include Dr. DeGolia, who offers a unique, clinical perspective on delivering care to frail elders within an integrated service delivery model.	Comment Received: 1/22/2015
		Response: Thank you for your comment. After careful consideration, we have added two additional members to the committee, Kimberly Austin-Oser, MS and Lorraine Phillips, PhD, RN. We believe these new members will bring additional perspectives and expertise, including the clinical background you suggested. Again, we thank you your feedback and look forward to your continued participation.	

Name of Commenter: **Kirk Adams** Executive Vice President	Organization Affiliated: SEIU Healthcare	Comment: The Service Employees International Union (SEIU) is writing to express concerns we have over the National Quality Forum's (NQF) recently proposed committee appointments for the Home and Community-Based Services Quality project. While SEIU applauds the efforts of the NQF to focus a project on the performance gaps in home and community-based services (HCBS) measures that support community living, we feel the proposed committee roster is absent any entity that can adequately represent the interests of the diverse direct care workforce upon which the service delivery system relies. As the Commission on Long Term Care noted in its 2013 report to Congress, "The workforce providing paid LTSS is a critical link in the availability and quality of services. The direct care workforce provides between 70 and 80 percent of paid long-term personal assistance. Due to the aging of the population and the rebalancing towards home and community-based services, demand for direct care workers is set to increase by 48 percent over the next decade, adding 1.6 million positions. The anticipated increase in the demand for workers could lead to a shortage of experienced workers. High turnover and workforce shortages have an impact on care quality."[1] It is clear that front-line workforce practices and job quality are key drivers in both enhancing individual outcomes and achieving systemic quality improvements. Given this, it is essential that this key component of the delivery system be meaningfully incorporated into efforts designed to generate individual and systemic advancements. SEIU Healthcare nominated Kimberly Austin-Oser as a representative to NQF's HCBS project committee with the hopes of providing a voice for the home care workforce. SEIU is uniquely positioned to advocate for this particular segment of the HCBS service delivery system as we represent more than 500,000 direct care home and community based workers across the country that are either employed as individual providers or through agencies, Centers for Independent Living, and other entities. SEIU is asking NFQ to seriously reconsider the proposed committee appointments to include at least one organization that directly represents the perspectives of the direct care workforce, specifically the home care workforce providing essential in-home services and supports through both self-directed and traditional HCBS programs. We appreciate your time and attention and look forward to hearing from you regarding this matter.	Comment Received: 1/22/2015
		Response: Thank you for your comment. After careful consideration, we have added two additional members to the committee, Kimberly Austin-Oser, MS and Lorraine Phillips, PhD, RN. We believe these new members will bring additional perspectives and expertise, including the workforce background you suggested. Again, we thank you your feedback and look forward to your continued participation.	

Name of Commenter: **Amy Melnick** Executive Director	Organization Affiliated: National Coalition for Hospice and Palliative Care	Comment: The Members of the National Coalition for Hospice and Palliative Care write to convey their unified support for NQF's reconsideration of our nomination of Christine Ritchie, MD, MSPH, the Harris Fishbon Distinguished Professor at the University of California San Francisco (UCSF) to serve on NQF's new Measuring Home and Community Based Service Quality Committee. NQF has acknowledged that palliative care is a noted "gap area" in the NQF measurement arena yet no one has been appointed to serve on this Committee from the palliative care community. Dr. Ritchie is a board certified geriatrician and palliative care physician with long-standing experience in clinical care delivery and advanced illness research. Her research focuses on quality of life and health care issues surrounding multi-morbidity of patients in the home and community based setting. Dr. Ritchie is creating an implementation science program for the care of those with serious illness and is facilitating the growth of clinical programs and research that focus on quality of life and community-focused health care delivery models. Attached is a recent Health Affairs article, The Invisible Homebound: Setting Quality Standards for Home Based Primary and Palliative Care, of which Dr. Ritchie is a co-author. This article was just recently published and was not part of our original submission for her nomination. The Coalition is comprised of the leading hospice and palliative care organizations dedicated to advancing care of patients and families living with serious and potentially life-limiting conditions. The organizations that form the Coalition represent the interdisciplinary team of hospice and palliative care providers representing more than 4,800 physicians, 11,000 nurses, 5,000 chaplain, several thousand social workers, hospices and their personnel, researchers and 1,800 hospital palliative care programs, caring for millions of patients with serious illness. Members include the American Academy of Hospice and Palliative Medicine (AAHPM), Association of Professional Chaplains (APC), Center to Advance Palliative Care (CAPC), Hospice and Palliative Nurses Association (HPNA), National Hospice and Palliative Care Organization (NHPCO), National Palliative Care Research Center (NPCRC) and the Social Worker Hospice and Palliative Care Network (SWHPN). The Coalition requests that NQF re-consider appointing Dr. Ritchie to the roster of individuals serving on this new Committee to strengthen NQF's capacity to identify performance measurement gaps in home and community based services and to make recommendation for future work in this area. The National Coalition for Hospice and Palliative Care appreciates the opportunity to request this re-consideration. If you would like to discuss this nomination or the work of the Coalition, please contact Amy Melnick, Executive Director at amym@nationalcoalitionhpc.org or 202.306.3590. We look forward to working with NQF on this critical project to help ensure appropriate performance measures are developed, tested and approved for people in the home and community based settings.	Comment Received: 1/22/2015
		Response: Thank you for your comment. NQF agrees that the palliative care perspective is important. Committee member Barbara McCann was nominated by the National Association for Home Care and Hospice and is familiar with the range of palliative and hospice services you described. Again, we thank you your feedback and look forward to your continued participation.	

Name of Commenter: **Cheryl Peterson** Senior Director for Nursing Services	Organization Affiliated: American Nurses Association	Comment: The work of the Home and Community-Based Services (HCBS) Quality Steering Committee (SC) is at great risk of being incomplete and of a diminished impact due to the lack of balance on the proposed roster. The Nursing Alliance for Quality Care (NAQC), American Nurses Association (ANA) and the Alliance for Nursing Informatics (ANI) are particularly concerned about the lack of nursing representation on the HCBS SC. Registered nurses are the core clinician providing home and community-based care whether it is through traditional service models such as home health services, community-based ambulatory care, or multiple public health venues or via emerging models that utilize other community-based workers and resources. We strongly urge the National Quality Forum to reconsider and appointment at least one registered nurse to this important committee. The NAQC's mission is to advance the highest quality, safety, and value of consumer centered health care. ANA is dedicated to advancing the nursing profession to improve health for all. ANI's mission is to advance nursing informatics practice, education, policy and research through a unified voice of nursing informatics organizations. Nurses provide care in order to promote optimal health and well-being and to engage patients, their families and caregivers through home and community-based services. Moreover, nurses often lead care in home and community-based services to meet the needs of vulnerable populations. These services are provided to patients of all ages, socio-economic background, cultures and at all stages of health and illness, including end of life. An analysis of 2013 U.S. Bureau of Labor statistics finds that approximately 18 percent of the nation's 3 million registered nurses work in home health, outpatient care centers, ambulatory care, individual and family services and developmental disabilities facilities. In order to achieve the expected quality outcomes and savings of the Affordable Care Act it is absolutely necessary to improve home and community-based services to better prevent adverse events such as avoidable admissions and readmissions. Nurses have a wealth of expertise in transitioning patients efficiently and effectively along the continuum of care while meeting patient needs and achieving improved patient centered outcomes cost effectively. The development of a conceptual framework to address performance measure gaps in home and community-based services and to enhance the quality of community living is critically important to a patient centric care model. Consideration of measure gaps and the identification of domains and concepts for future measure development will be incomplete without a strong nursing presence. Three exemplary nursing candidates submitted their names in nomination for this committee. Mary Ann Christopher, former CEO and President of the two largest nonprofit community based organizations in the United States, is a national voice on health care transformation and the importance of home and community-based care. Rebecca Schnall is a nurse informaticist and ANI Emerging Leader at Columbia University with a focus on the use of electronic health records and other technology to improve self-care. Lorraine Phillips specializes in gerontology with particular emphasis on optimizing functioning and slowing disability of older adults. Each of these candidates bring a wealth of knowledge about home and community-based services and would contribute to the framework development and gap analysis for measurement. We urge the NQF to reconsider the proposed roster by adding a nurse member to the HSBC SC.	Comment Received: 1/22/2015

		Response: Thank you for your comment. After careful consideration, we have added two additional members to the committee, Kimberly Austin-Oser, MS and Lorraine Phillips, PhD, RN. We believe these new members will bring additional perspectives and expertise, including the nursing background you suggested. Again, we thank you your feedback and look forward to your continued participation.	

Name of Commenter: **Margaret Terry** Vice President for Quality and Innovation	Organization Affiliated: Visiting Nurse Association of America	Comment: The work of the Home and Community-Based Services (HCBS) Quality Steering Committee (QSC) fills an important need as it seeks to review gaps in measurement and measure development in community-based services. VNAA supports this work and recognizes the need to have measures that offer valid and reliable measurement across the post-acute sector. This is an aspect of health care that is growing significantly through many of the Managed Medicare/Medicaid programs offered across the country through state and national efforts. It is essential to have effective ways for consumers, payers and policy-makers to evaluate the quality of these programs and services. In reviewing the proposed roster of this committee, there appears to be several gaps in representation. VNAA offers two additional individuals to help rebalance this important committee and work. Danielle Pierotti, PhD, RN, offers a unique perspective through her work in hospice and palliative care, as well as her knowledge of family and community-based services. She brings a perspective that would represent end of life considerations as part of the continuum of care provided in home settings. Additionally, as the Chief Nurse for Hospice in a primarily rural part of the country, Dr. Pierotti is responsible for all operational and clinical aspects of delivering high quality, interdisciplinary hospice care to residents across 42, mostly rural, counties of Iowa. Beyond the daily work environment, she participated in a joint task force with the American Organization of Nurse Executives to develop competencies for nurse leaders in the post-acute environment and on the 2014 Hospice Quality Reporting Technical Expert Panel from CMS. Kate Rolf, MBA, offers an additional set of skills that would broaden this committee from a professional's perspective with both extensive work in the management and leadership of an organization serving patients in the long-term care community environment, as well as her experience in New York State as an appointed member to the Medicaid Redesign Team's Managed Long-Term Care Plan Work Group. This group is examining New York State's policies regarding mandatory enrollment of dually eligible individuals in need of long term care services into care coordination models, such as Long-Term Home Health Care Programs and Managed Long-Term Care Plans. She also serves on the Delivery System Reform Incentive Payment Program (DSRIP), Central New York Region's Professional Advisory and Steering Committees, which are committed to restructuring the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing hospital use by 25% over 5 years. This extensive experience in the design and restructuring of long term care services with the goal of reducing hospital use is important to this committee as quality measurement gaps are explored. VNAA urges NQF to consider the addition of these two professionals to this important committee as they would offer unique perspectives and valuable backgrounds and knowledge to the work of NQF's Home and Community-Based Services Committee. They would also bring new balance to the skills and background of committee members. VNAA has submitted all the required materials for both individuals through the portals of the online process.	Comment Received: 1/22/2015

		Response: Thank you for your comment. In fairness to the many other qualified nominees for this committee, NQF was unable to consider these candidates because nomination information was not submitted before the close of the call for nominations on December 16, 2014. However, the committee roster now includes a registered nurse. Again, we thank you your feedback and look forward to your continued participation.	