



June 10, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
ATTN: CMS-1808-P
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Medicare and Medicaid Programs and the Children's Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes

Dear Administrator Brooks-LaSure:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write in response to the long-term care hospital prospective payment system (LTCH PPS) proposed rule for fiscal year (FY) 2025.

ASHA is the national professional, scientific, and credentialing association for 234,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. SLPs provide critical services to patients in LTCHs and have a vested interest in ensuring that the payment system reflects the value of speech-language pathology services and supports access to care for Medicare beneficiaries.

E. Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
4. Proposal To Collect Four New Items as Standardized Patient Assessment Data Elements and Modify One Item Collected as a Standardized Patient Assessment Data Element Beginning With the FY 2028 LTCH QRP

The Centers for Medicare & Medicaid Services (CMS) proposes to add four new standardized assessment items to the LTCH Continuity Assessment and Record Evaluation (CARE) item set associated with social determinants of health (SDOH); one item for "Living Situation," two items for "Food," and one item for "Utilities." It also proposes to modify the current "Transportation" item.

ASHA agrees that SDOH—or the nonmedical factors such as where people are born, live, learn, work, play, worship, and age—affect a wide range of health, functioning, and quality-of-life outcomes and risks. The identification, documentation, and intervention of such factors is essential for equitable, high-quality, holistic, patient-centered care. In line with CMS' goal to transition virtually all Medicare and Medicaid beneficiaries into accountable care relationships by 2030, ASHA acknowledges the health equity implications of including SDOH assessment items in the IRF QRP. We support the practice of early and holistic identification and treatment of upstream factors to improve downstream outcomes and costs.

Therefore, ASHA strongly supports data collection associated with SDOH and recommends CMS finalize these proposals.

Thank you for considering ASHA's comments. If you have questions, please contact Rebecca Bowen, ASHA's director for value and innovation, at rbowen@asha.org.

Sincerely,

A handwritten signature in cursive script that reads "Tena L. McNamara". The signature is written in black ink and is positioned above the printed name.

Tena L. McNamara, AuD, CCC-A/SLP
2024 ASHA President