

# **Home and Community-Based Services (HCBS) Quality Measure Set Review:**

**Supplementary Materials for the Call for Measures**

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**July 2024**

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## INSTRUCTIONS FOR SUGGESTING MEASURES FOR ADDITION OR REMOVAL

The Home and Community-Based Services (HCBS) Quality Measure Set is a set of nationally standardized quality measures for Medicaid-covered HCBS. It is intended to promote more common and consistent use within and across States of nationally standardized quality measures in HCBS programs, create opportunities for the Centers for Medicare & Medicaid Services (CMS) and States to have comparative quality data on HCBS programs, drive improvement in quality of care and outcomes for people receiving HCBS, and support States' efforts to promote equity in their HCBS programs.

On behalf of CMS, Mathematica is issuing a call for measures as part of CMS's process to make updates to the HCBS Quality Measure Set. Anyone can suggest measures for addition to or removal from the HCBS Quality Measure Set. Measures suggested for addition to or removal from the HCBS Quality Measure Set will be considered by CMS in finalizing the 2028 HCBS Quality Measure Set, which will be the first state reporting cycle for all states. CMS will update the HCBS Quality Measure Set based on Workgroup recommendations, along with other sources of input. The draft 2028 HCBS Quality Measure Set will be posted in the Federal Register for public comment before it is finalized.

### Submission Process

The call for measures will be conducted via an online form. All suggestions for adding or removing measures must be submitted using the forms linked below. Separate forms must be submitted for each measure.

- **Form to Suggest a Measure for Addition:** <https://mathematica.questionprogov.com/t/ADhzZGew>
- **Form to Suggest a Measure for Removal:** <https://mathematica.questionprogov.com/t/ADieZGir>

After submitting a form, you will receive a confirmation email with your recorded responses. If you cannot locate this email, please contact us to confirm your submission was received.

**All measure suggestion forms must be submitted by 8 PM ET on Friday, August 16, 2024, in order to be considered for the 2028 review.**

### Opportunities to Ask Questions

If you have questions about the process for submitting measure suggestions, you can email the Mathematica team at [HCBSQMSReview@mathematica-mpr.com](mailto:HCBSQMSReview@mathematica-mpr.com).

Mathematica will also be hosting two Office Hours sessions to demonstrate the measure submission process and answer questions. To register for these sessions, please click the link in the table below.

Monday, July 15, 2024 from 2:00 – 3:00 pm ET	<a href="#">Registration link</a>
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## Criteria for Suggesting Measures

When considering measures for addition or removal, please note the following criteria used to assess measure suggestions. This information should inform your measure suggestion and will inform discussions by the HCBS Quality Measure Set review workgroup.

**Table 1. Criteria for Suggesting Measures for Addition**

<b>Technical Feasibility</b>	
<input type="checkbox"/>	The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets). (Specifications must be provided as part of the submission.)
<input type="checkbox"/>	The measure must have been tested in state Medicaid HCBS programs or be in use by one or more state Medicaid HCBS programs. (Documentation is required as part of the submission.)
<input type="checkbox"/>	An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries receiving HCBS (or the ability to link to an identifier). (Evidence about the reliability and validity of measures is required as part of the submission or explain why such information is not available.)
<input type="checkbox"/>	The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness). (Documentation of data quality and consistency across states is required as part of the submission.)
<input type="checkbox"/>	The measure must include technical specifications (including code sets) that are provided free of charge for state use in the HCBS Quality Measure Set.
<b>Actionability and Strategic Priority</b>	
<input type="checkbox"/>	Taken together with other measures in the HCBS Quality Measure Set, the measure can be used to estimate the overall national quality of HCBS service delivery, advance health equity in Medicaid HCBS programs, or contributes to the measure set in a way that justifies its inclusion while aligning with the goal of a parsimonious measure set.
<input type="checkbox"/>	The measure addresses a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs (e.g., it addresses the most pressing needs of beneficiaries receiving HCBS).
<input type="checkbox"/>	The measure can be used for comparative analyses of disparities among Medicaid beneficiaries receiving HCBS by all the required stratification categories included in the Medicaid Access Final Rule: race, ethnicity, sex, age, rural/urban status, disability, language, or other such factors. Considerations could include adequate sample and population sizes and available data in the required data source(s).
<input type="checkbox"/>	The measure can be used to assess and compare state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs overall (e.g., the measure has room for improvement, performance is trendable, and similar measure constructs can be measured across different survey instruments permitted within the measure set).
<input type="checkbox"/>	The measure aligns with priorities that are important for and important to Medicaid beneficiaries receiving HCBS.

<input type="checkbox"/>	The measure would fill a gap in the HCBS Quality Measure Set, would address an imbalance in data source types within the measure set, or would add value when compared to related measures that are already in the HCBS Quality Measure Set. (If this measure is being proposed as a replacement of an existing measure, a removal form must be submitted for the existing measure.)
<b>Other Considerations</b>	
<input type="checkbox"/>	The prevalence of the outcome being measured is sufficient to produce reliable and meaningful state-level results, taking into account Medicaid HCBS population sizes and demographics.
<input type="checkbox"/>	The measure and measure specifications are aligned with those used in other CMS programs, where possible.
<input type="checkbox"/>	Adding the measure to the HCBS Quality Measure Set does not result in substantial additional data collection burden for providers or Medicaid beneficiaries receiving HCBS relative to the measure's benefits.
<input type="checkbox"/>	States should be able to produce the measure for all relevant Medicaid HCBS populations within two years of the measure being added to the HCBS Quality Measure Set.
<input type="checkbox"/>	The code sets and codes specified in the measure must be in use by states or otherwise be readily available to states to support calculation of the measure.

**Table 2. Criteria for Suggesting Measures for Removal**

<b>Technical Feasibility</b>	
<input type="checkbox"/>	The measure is being retired by the measure steward and will no longer be updated or maintained.
<input type="checkbox"/>	The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the state level (e.g., numerator, denominator, and value sets).
<input type="checkbox"/>	The majority of states report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries receiving HCBS (or the ability to link to an identifier).
<input type="checkbox"/>	The specifications and data source do not allow for consistent calculations across states (e.g., there is meaningful variation in coding or data completeness across states).
<b>Actionability and Strategic Priority</b>	
<input type="checkbox"/>	Taken together with other HCBS Quality Measure Set measures, the measure does not contribute to estimating the overall national quality of HCBS service delivery or advancing health equity in Medicaid HCBS programs and does not contribute to the measure set in a way that justifies its inclusion while aligning with the goal of a parsimonious measure set.
<input type="checkbox"/>	The measure does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs (e.g., it does not address the most pressing needs of Medicaid beneficiaries receiving HCBS).

<input type="checkbox"/>	The measure cannot be used for comparative analyses of disparities among Medicaid beneficiaries receiving HCBS by all the required stratification categories included in the Medicaid Access Final Rule: race, ethnicity, sex, age, rural/urban status, disability, language, or other such factors. Considerations could include a lack of adequate sample and population sizes or lack of available data in the required data source(s).
<input type="checkbox"/>	The measure cannot be used to assess and compare state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs (e.g., the measure is topped out, trending is not possible, or similar measure constructs cannot be measured across different survey instruments permitted within the measure set).
<input type="checkbox"/>	Improvement on the measure is outside the direct influence of Medicaid HCBS programs/providers.
<input type="checkbox"/>	The measure no longer aligns with priorities that are important for and important to Medicaid beneficiaries receiving HCBS.
<input type="checkbox"/>	Another measure is recommended for replacement and that other measure is: (1) more broadly applicable (across populations or disability types) for the topic, and/or (2) more proximal in time to desired outcomes for Medicaid beneficiaries receiving HCBS, and/or (3) more strongly associated with desired outcomes for Medicaid beneficiaries receiving HCBS.
<b>Other Considerations</b>	
<input type="checkbox"/>	The measure does not produce reliable and meaningful state-level results, given Medicaid HCBS population sizes and demographics.
<input type="checkbox"/>	The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
<input type="checkbox"/>	Including the measure in the HCBS Quality Measure Set could result in substantial additional data collection burden for providers or Medicaid beneficiaries receiving HCBS that outweighs the measure's benefits.
<input type="checkbox"/>	States may not be able to produce the measure for all relevant Medicaid HCBS populations within two years of the measure being added to the HCBS Quality Measure Set.

## For More Information

If you have questions about the Call for Measures or any technical difficulties with the forms, please contact us at [HCBSQMSReview@mathematica-mpr.com](mailto:HCBSQMSReview@mathematica-mpr.com).

## 2024 Home and Community-Based Services Quality Measure Set, by Measure Steward and Data Source

BE #	Measure Steward	Measure Name	Data Source/Data Collection Method
2967	CMS	HCBS CAHPS: Choosing the services that matter to you (Q 56, 57)	Survey
2967	CMS	HCBS CAHPS: Community Inclusion and Empowerment Composite Measure (Q 75, 77, 78, 79, 80, 81)	Survey
2967	CMS	HCBS CAHPS: Personal Safety & Respect Composite Measure (Q 64, 65, 68)	Survey
2967	CMS	HCBS CAHPS: Physical Safety Single-Item Measure (Q 71)	Survey
2967	CMS	HCBS CAHPS: Staff Are Reliable and Helpful Composite Measure (Q 13, 14, 15, 19, 37, 38)	Survey
2967	CMS	HCBS CAHPS: Staff Listen and Communicate Well Composite Measure (Q 28, 29, 30, 31, 32, 33, 41, 42, 43, 44, 45)	Survey
2967	CMS	HCBS CAHPS: Transportation to Medical Appointments Composite Measure (Q 59, 61, 62)	Survey
2967	CMS	HCBS CAHPS: Unmet Needs Single-Item Measures (Q 18, 22, 25, 27, 40)	Survey
3593	CMS	FASI-1: Identification of Person-Centered Priorities <sup>3</sup>	Case Management Record
3594	CMS	FASI-2: Documentation of a Person-Centered Service Plan <sup>3</sup>	Case Management Record
NA	CMS	HCBS-10: Self-direction of services and supports among Medicaid beneficiaries receiving LTSS through managed care organizations	Case Management Record
NA	CMS	MLTSS-1 and FFS LTSS-1: Comprehensive Assessment and Update <sup>1,2,3</sup>	Case Management Record <sup>5</sup>
NA	CMS	MLTSS-2 and FFS LTSS-2: Comprehensive Person-Centered Plan and Update <sup>1,2,3</sup>	Case Management Record <sup>5</sup>
NA	CMS	MLTSS-3 and FFS LTSS-3: Shared Person-Centered Plan with Primary Care Provider <sup>1,2</sup>	Case Management Record <sup>5</sup>
NA	CMS	MLTSS-4 and FFS LTSS-4: Reassessment and Person-Centered Plan Update after Inpatient Discharge <sup>1,2</sup>	Case Management Record <sup>5</sup>
NA	CMS	MLTSS-5: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls	Case Management Record <sup>5</sup>
NA	CMS	MLTSS-6 and FFS LTSS-6: Admission to a Facility from the Community <sup>1</sup>	Administrative <sup>5</sup>
3457	CMS	MLTSS-7 and FFS LTSS-7: Minimizing Facility Length of Stay <sup>1</sup>	Administrative <sup>5</sup>
NA	CMS	MLTSS-8 and FFS LTSS-8: Successful Transition after Long-Term Facility Stay <sup>1</sup>	Administrative <sup>5</sup>
NA	NCQA	MLTSS: Plan All-Cause Readmission (HEDIS) <sup>4</sup>	Administrative
NA	Advancing States, HSRI	NCI-AD: Percentage of non-English speaking participants who receive information about their services in the language they prefer	Survey
NA	Advancing States, HSRI	NCI-AD: Percentage of people in group settings who have enough privacy where they live	Survey

BE #	Measure Steward	Measure Name	Data Source/Data Collection Method
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who are able to see or talk to their friends and family when they want to	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who are as active in their community as they would like to be	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who are ever worried for the security of their personal belongings	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change their support staff	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change what kind of services they get	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change when and how often they get their services	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who feel safe around their support staff	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who had adequate follow-up after being discharged from a hospital or rehabilitation/nursing facility	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who had somebody talk or work with them to reduce their risk of falling or being unstable	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who have transportation to get to medical appointments when they need to	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who have transportation when they want to do things outside of their home	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who know how to manage their chronic conditions	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose money was taken or used without their permission in the last 12 months	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose service plan reflects their preferences and choices	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose support staff do things the way they want them done	Survey
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose support staff show up and leave when they are supposed to	Survey
3622	NASDDDS, HSRI	NCI-IDD CC-3: Can Stay Home When Others Leave (The proportion of people who live with others who report they can stay home if they choose when others in their house/home go somewhere)	Survey
3622	NASDDDS, HSRI	NCI-IDD CC-4: Life Decision Composite Measure (The proportion of people who report making choices (independently or with help) in life decisions)	Survey
3622	NASDDDS, HSRI	NCI-IDD CI-1: Social Connectedness (The proportion of people who report that they do not feel lonely)	Survey
3622	NASDDDS, HSRI	NCI-IDD CI-3: Transportation Availability Scale (The proportion of people who report adequate transportation)	Survey
3622	NASDDDS, HSRI	NCI-IDD HLR-1: Respect for Personal Space Scale (The proportion of people who report that their personal space is respected in the home)	Survey



BE #	Measure Steward	Measure Name	Data Source/Data Collection Method
3622	NASDDDS, HSRI	NCI-IDD PCP-2: Person-Centered Goals (The proportion of people who report their service plan includes things that are important to them)	Survey
3622	NASDDDS, HSRI	NCI-IDD PCP-5: Satisfaction with Community Inclusion Scale (The proportion of people who report satisfaction with the level of participation in community inclusion activities)	Survey
NA	NASDDDS, HSRI	NCI-IDD preventive screening single-item measures: Percentage of people who are reported to have received preventive health screenings within recommended time frames (physical exam, routine dental exam, vision screening, hearing test, mammogram, pap test, colorectal cancer screening)	Survey
NA	NASDDDS, HSRI	NCI-IDD: Percentage of people who report their staff come and leave when they are supposed to	Survey
NA	NASDDDS, HSRI	NCI-IDD: Percentage of people who report that they helped make their service plan	Survey
NA	CQL	POM: People are free from abuse and neglect	Survey
NA	CQL	POM: People choose services	Survey
NA	CQL	POM: People have the best possible health	Survey
NA	CQL	POM: People interact with other members of the community	Survey
NA	CQL	POM: People live in integrated environments	Survey
NA	CQL	POM: People participate in the life of the community	Survey
NA	CQL	POM: People realize personal goals	Survey

<sup>1</sup> The FFS version of the equivalent MLTSS measure has been added to the HCBS QMS.

<sup>2</sup> For measures with a HEDIS equivalent, states can opt to use the HEDIS equivalent for their managed care and FFS populations.

<sup>3</sup> At a state's option, FASI-1 can be used in place of MLTSS-1 and FFS LTSS-2, and FASI-2 can be used in place of MLTSS-2 and FFS LTSS-2; FASI-1 and FASI-2 are not expected to be used by all states implementing the measure set and instead are included only as options in place of MLTSS-1/FFS LTSS-1 and MLTSS-2/FFS LTSS-2, respectively.

<sup>4</sup> The MLTSS measure, Flu Vaccinations for Adults Ages 18-64, has been removed from the HCBS QMS.

<sup>5</sup> Technical specifications for these measures are available at <https://www.medicaid.gov/license/form/8586/3396>.

Source: Centers for Medicare & Medicaid Services, 2024 Home and Community-Based Services Quality Measure Set, CMCS Informational Bulletin, April 11, 2024. Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib041124.pdf>.

Notes: This measure list is organized by measure name, which reflects the data source and data element(s). Please refer to the State Medicaid Director Letter cited above for more details on how the measures address the 1915(c) waiver assurances and sub assurances and whether they can be used to assess access, rebalancing, and/or community integration.

CMS = Centers for Medicare & Medicaid Services; CQL = The Council on Quality and Leadership; FASI = Functional Assessment Standardized Items; HCBS = Home and Community-Based Services; HCBS CAHPS = HCBS Consumer Assessment of Healthcare Providers and Systems; HSRI = Human Services Research Institute; MLTSS = Managed Long-Term Services and Supports; NA = Not endorsed by CBE; NASDDDS = National Association of State Directors of Developmental Disability Services; NCI-AD = National Core Indicators–Aging and Disabilities; NCI-IDD = National Core Indicators–Intellectual and Developmental Disabilities; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; POM = Personal Outcome Measure