
2028 HCBS Quality Measure Set Review: Orientation Meeting Transcript

October 16, 2024, 1:00 – 2:00 PM ET

Patricia Rowan:

Thank you, everyone, for being here. I'm still seeing lots of people joining the meeting, so I'm just going to give it one more minute and then we will get started. Alright, the numbers of attendees are still climbing, which is great. I want to make sure everybody is able to connect before we get started, so we will just give folks one, couple more seconds and then get started. Thank you again for joining us this afternoon. Alright, let's go ahead and get started. So, hello, everyone, and welcome to the 2028 Home and Community-Based Services, or HCBS, Quality Measures Set Review Workgroup Orientation Meeting. My name is Tricia Rowan. I'm a Principal Researcher at Mathematica, and on behalf of our team, we're glad to have you here. On behalf of CMS, the Centers for Medicare and Medicaid Services, Mathematica is hosting this Orientation Meeting to introduce the Workgroup members and provide an overview of the 2028 HCBS Quality Measures Set Review process. So, whether you're joining us live today or listening to the recording, thank you for being here. Before we get started, let me just cover a few technical instructions. Next slide, please.

If you have any technical issues during today's meeting, please send a message to all panelists through the Q&A function, which should be located at the bottom right corner of your screen. If you're having issues speaking during the portion of the meeting dedicated to questions or public comment, please make sure you are not also muted on your headset or phone. Connecting to audio using your computer's audio or the "Call Me" feature in WebEx are the most reliable options. Next slide.

All attendees of today's meeting have entered the meeting muted. When we are ready for the Q&A portion of the meeting, please use the "Raise Hand" feature in the lower right corner of your participant panel. A little hand icon will appear next to your name in the attendee list, and we will be able to unmute you in the order in which your hand was raised. You should hear a tone once you're unmuted, and so please wait for us to queue you up to speak and remember to mute your line when you are done. Please also lower your hand once you have finished speaking by following that same process you used to raise your hand. Please note that the chat is disabled for this meeting, so if you do have any questions, please use the Q&A feature if you need any technical support. Closed Captioning is available in the WebEx platform. To enable Closed Captioning, click on the CC icon on the lower left corner of your screen. You can also click Control-Shift-A on your keyboard to enable Closed Captioning. Next slide.

So, welcome again to our Orientation Meeting for the 2028 Review Workgroup of the HCBS Quality Measure Set. We'll spend the next several minutes reviewing the meeting's objectives and introducing the Workgroup members. Next slide.

So, we do have several objectives for this meeting, which are listed on the screen. First, I will introduce the Workgroup members whose focus will be on reviewing the suggested changes to the 2028 HCBS Quality Measure Set. Second, I will describe the charge, timeline, and vision for the Quality Measure Set review.

Third, we will discuss our now-completed Call for Measures process and the results. And finally, we will conclude with next steps for the measure review and voting process before opening it up to questions from Workgroup members and the public toward the end of the meeting. Next slide.

I want to take a brief opportunity to acknowledge my colleagues at Mathematica who are part of our HCBS Quality Measure Set review team. They include Asmaa, Kanchana, Rosemary, Deb, Denesha, and Kathleen, so thank you to this wonderful team. Next slide.

So, I am pleased today to introduce the Workgroup for the 2028 HCBS Quality Measure Set review. Our Call for Nominations for the Workgroup received a tremendous amount of interest, and the Workgroup we have assembled represents a diverse variety of professional affiliations, backgrounds and geographic perspectives. We are also pleased to announce that our Workgroup co-chairs will be Laney Bruner-Canhoto from Massachusetts and ShaRhonda Sly from Ohio. This slide, and the next, list the Workgroup members, their affiliations, and whether they were nominated by an organization. However, I will mention that Workgroup members who are nominated by an organization do not represent that organization during the review process. All Workgroup members are asked to be here to provide their expertise as individuals and not as representatives of the organization that nominated them. Today we are going to conduct a brief roll call of the Workgroup members, so when your name is called, please use the raise hand feature to raise your hand in WebEx and we will unmute your line. Please introduce yourself with your name, your role, and your organizational affiliation. We will start with our co-chairs. This is in alphabetical order, so Laney, I'm going to start with you, if you can unmute and introduce yourself.

Laney Bruner-Canhoto:

Yes. Hi. I'm Laney Bruner-Canhoto. I am the Assistant Commissioner for Quality Management with the Massachusetts Department of Developmental Services.

Patricia Rowan:

Thank you, Laney. ShaRhonda?

ShaRhonda Sly:

Hi. ShaRhonda Sly with the Department of Medicaid, and my area manages the HCBS Waiver Policy Programs.

Patricia Rowan:

Thank you. Alright. Joseph Caldwell. Derek, can you unmute Joseph? Go ahead, Joe.

Joseph Caldwell:

It's Joe Caldwell, and I'm at Brandeis University, and I direct a research center called the Community Living Policy Center, which does a lot of work on Medicaid HCBS, and I've been involved in, you know, several different quality measure projects and also worked with some of the measures in our research.

Patricia Rowan:

Thank you, Joe. Eric?

Eric Carlson:

I'm Eric Carlson. I'm from Justice in Aging. I'm a lawyer, and I'm Director of our Advocacy for Long-Term Services and Supports.

Patricia Rowan:

Thank you, Eric. Lorin Chevalier did let me know that he will be absent from today's meeting. He is from Team Public Choices. Next, we'll go to Carolyn Foster. Do we have Carolyn? Let's see. Carolyn, if you're on, you might need to raise your hand. There we go. Can we unmute Carolyn? Go ahead, Carolyn.

Carolyn Foster:

My camera's not working. It normally does. But I'm Carolyn Foster. I'm a pediatrician at Northwestern. I specialize in care of children with disabilities and young adults and do a lot of work in home care and home community-based services, so pleasure to be here. I'm representing partly the pediatric perspective, so looking forward to that.

Patricia Rowan:

Thank you, Carolyn. Tara, do we have Tara? That's on mute. Okay, go ahead, Tara.

Tara Giberga:

The Office of Developmental Programs through the Pennsylvania Department of Human Services, and I am the Quality Management Division Director for the program.

Patricia Rowan:

Great, thank you, Tara. Dennis. There we go. Let's unmute Dennis. Go ahead.

Dennis Heaphy:

Hi, Dennis Heaphy with the Disability Policy Consortium in Massachusetts, and I do engaging qualitative research. I'm also currently a commissioner on MACPAC, and I'm also a person who uses HCBS services in the community. Thanks.

Patricia Rowan:

Thank you, Dennis. Do we have Sarah? Go ahead, Sarah.

Sarah Hoerle:

Hi, sorry. I was like, unmute, mute, and unmute again. I'm with the Colorado Department of Health Care Policy and Financing, this is our state Medicaid agency, and I am the Unit Home and Community-Based Services Supervisor over here.

Patricia Rowan:

Thank you for being here, Sarah.

Sarah Hoerle:

Thank you.

Patricia Rowan:

Heleena. Go ahead, Heleena. Maybe we lost Heleena. Let's try again. Go ahead.

Heleena Hufnagel:

Hi, my name is Heleena Hufnagel. Actually, I know Sarah Hoerle. I used to work in OCL with you. I currently work for the Washington State Health Care Authority. I am the Clinical Quality Coordinator, and my current role is focused on quality measurement, monitoring improvement. That goes into our contracts, and previously my background is in hospital to skilled nursing facility discharge for medically complex individuals. It's a pleasure to be here today.

Patricia Rowan:

Thank you for being here. Misty. Do we have Misty Jenkins? Go ahead, Misty.

Misty Jenkins:

Hi, this is Misty Jenkins. I am the Long-Term Services and Support Solutions Manager here in Mississippi at the Division of Medicaid. I have about 17 years of experience in HCBS operations here in Mississippi, and I'm excited to be joining you guys.

Patricia Rowan:

We're glad you're here. Thank you. Raina.

Raina Josberger:

Good afternoon. My name is Raina Josberger. I work for the New York State Department of Health, and I'm the Center Director for the Center for Applied Research and Evaluation. And in my area, we handle quality measurement performance for the Medicaid arm of the department, so handling the Adult, Child, Health Home and now the HCBS Core Set. Nice to join you. Thanks.

Patricia Rowan:

Thank you for being here. Let's go to the next slide.

Do we have Marci Kramer? Go ahead, Marci.

Marci Kramer:

Am I unmuted?

Patricia Rowan:

Yes, go ahead. We can hear you.

Marci Kramer:

Okay, great. I had a little internet slowness here, so I apologize. Good afternoon. My name is Marci Kramer. I'm the Director of Quality for Long-Term Services and Supports here in Pennsylvania. I work for AmeriHealth Caritas, which is a managed care organization. I've been working in the Long-Term Services and Supports arena for the last seven years and really enjoy my work there and really excited to be a part of this committee, so thank you.

Patricia Rowan:

Great. Let's see. Do we have Cathy? Is Cathy Lerza here? I don't see Cathy. Cathy, if you are a call-in user, drop your information in the Q&A, and we can unmute you. Let's see. Eric Levey. Do we have Eric Levey? Eric, if you're here, can you raise your hand, and we will let you say hi? Go ahead. I'm going to try again. Eric, can you hear us? We're having a little audio trouble. We will come back to you, Eric. Sorry about that. Do we have Morgan? Go ahead, Morgan.

Morgan Loughmiller:

I'm Morgan Loughmiller. I'm from the Kansas Department for Aging and Disability Services in our Long-Term Services and Supports Commission. I'm the Quality Assurance Manager over the waivers.

Patricia Rowan:

Great. Thanks for being here.

Morgan Loughmiller:

Thank you.

Patricia Rowan:

Joseph. Do we have Joseph Macbeth? Let's see. Maybe not. Okay. Let's move on to Deborah. Go ahead, Deborah. Deborah, can you check that you're not muted on your phone? All right. We will work on our technology before our next meeting. Do we have Delan Pillay? Go ahead, Delan.

Delan Pillay:

My name is Delan Pillay, and I'm the Community-Based Services Policy Advisor at the California Department of Health Care Services.

Patricia Rowan:

Thanks, Delan. Do we have Jason Rachel? Let's see. Jason, if you can raise your hand in WebEx, we should be able to unmute you. There you go.

Jason Rachel:

Okay, there we go. I'm unmuted. Sorry about that, everyone. Good afternoon, Jason Rachel. I'm the Division Director for Integrated Care in Virginia's Medicaid Agency, and I oversee our Managed Long-Term Services and Supports program within that role. It's a pleasure to be here. Thank you.

Patricia Rowan:

Thank you for being here. Do we have Dawn Rudolph? Let's unmute Dawn. Go ahead, Dawn.

Dawn Rudolph:

Hi, it's Dawn Rudolph. I am working at the Wyoming Institute for Disabilities at the University of Wyoming, which is the UCEDD in the state of Wyoming. I lead our community living efforts here. I also bring, earlier in my career, significant experience in implementing quality through direct service provision and adjusting service provision at the provider level in response to quality measurement results.

Patricia Rowan:

Great, thank you for being here. Do we have Damon? Let's unmute Damon. Go ahead.

Damon Terzaghi:

My name is Damon Terzaghi, and I am with the National Association for Home Care and Hospice. I lead our Medicaid-focused policy work, and I bring about 20 years in Medicaid Long-Term Services and Supports at the state, federal, and association level. Glad to be here.

Patricia Rowan:

Thank you for being here. Do we have Renata? I don't see Renata. Let's move on to Brent, Brent Watkins. Go ahead, Brent.

Brent Watkins:

I guess I should span the time zones here. So, good afternoon and good morning to all of you. Brent Watkins, at the time of my nomination, I was working as the state quality assurance manager over our waivers for the Office of Developmental Disability Services in Oregon, and am currently serving as the interim Executive Director of the Oregon Council on Developmental Disabilities.

Patricia Rowan:

Great. And Amanda. Let's unmute Amanda. Okay. Go ahead, Amanda.

Amanda Yanez:

The world's longest title, Director of Quality Accountability and Innovation, Policy Planning and Programs at the Division of TennCare LTSS division.

Patricia Rowan:

Okay, great. Let me go back and see. Let's see if Eric, if we can get Eric Levey's audio to work.

Eric Levey:

This is Eric Levey.

Patricia Rowan:

We can hear you now. Go ahead.

Eric Levey:

I'm the Chief Medical Officer at Health Services for Children with Special Needs in D.C. It's a small Medicaid health plan. We're not a Home and Community-Based Service plan, but I do sit on the advisory panel for the Maryland model waiver, which is a Home and Community-Based Services waiver.

Patricia Rowan:

Great. Well, thank you all for being here. If we missed you, either Cathy or Joseph or Renata, if you all are call-in users, let us know in the Q&A. We can have you introduce yourselves. But like I said, we're so pleased to have such a robust group of experts on this Workgroup. So, let's go to the next slide.

Alright. The Disclosure of Interest process that we use with Workgroup members is designed to ensure the highest integrity and public confidence in the activities, advice, and recommendations of the HCBS Quality Measure Set review Workgroup. All Workgroup members will be required to disclose any interest that could give rise to a potential conflict, or the appearance of a conflict related to their consideration of the measures. Each member will review and sign the Disclosure of Interest form before our voting meeting in March. Then any members that are deemed to have an interest in a measure suggested for consideration will be recused from voting on that measure. So, Workgroup members, look out for an email from our team in the coming weeks with that disclosure document. Next slide.

Alright. This slide may look familiar to you if you tuned into our office hours over the summer, but I'd like to briefly review some of the milestones to date and upcoming for the measure set review process. We are taking a very similar approach to how updates are made to the Adult, Child, or Health Home Core Sets process. So, if you're familiar with that process, this may also be familiar. This past July and August, we had a call for Workgroup nominations and separately a Call for Measures. Information on both is available on our website, which we will link to later in these slides and will drop in the chat. During the Call for Measures process, we held two office hour sessions on July 15th and again on August 12th to allow an opportunity for interested parties and the public to ask questions about the process. Those meetings were recorded, and they are available on our website. Today, the Workgroup is convening for the Orientation meeting in anticipation of two key meetings in early 2025. Specifically on February 11th, 2025, the Workgroup will convene for a webinar to prepare for the voting meeting. During that meeting, we will introduce the final list of measures suggested for consideration and describe the process the Workgroup will use to discuss and vote on those measures to recommend for either addition or removal to the HCBS Quality Measure Set. On March 11th and 12th, 2025, the Workgroup will convene for a two-day voting meeting to make recommendations on updates to the measure set. Please note that all webinars and Workgroup meetings will be held virtually and are open to the public. Registration for all these meetings is available on our website. In December 2025, CMS will release the proposed 2028 HCBS Quality Measure Set in the Federal Register for public comment. And no later than December 31st, 2026, CMS will post the final 2028 Quality Measure Set in the Federal Register. Next slide.

Alright. Now I am pleased to pass it to my colleague, Asmaa, who will provide some background on the HCBS Quality Measure Set, including its purpose.

Asmaa Al-Baroudi:

Thanks, Tricia. Next slide, please.

Medicaid HCBS provide individuals who need help with everyday activities the opportunity to receive services in their homes and communities rather than in institutional settings. CMS released the first HCBS Quality Measure Set in 2022 for voluntary use by states. The HCBS Quality Measure Set is a set of nationally standardized quality measures for Medicaid-covered HCBS that promotes common and consistent use of the measures within and across states, allows CMS and states to have comparative quality data on HCBS programs, drives improvement of care and outcomes for people receiving HCBS, and supports states' efforts to promote equity in their HCBS programs. Next slide.

Implementing an effective quality measures reporting program includes periodically reassessing the measures since many factors, such as changes in regulatory guidelines, experiences with reporting, and performance rates may warrant modifying the measure set. The recently published final Medicaid Access Rule requires states to report measures from the HCBS Quality Measure Set every other year and describes the process for updating and maintaining the measure set. To support CMS, Mathematica is establishing and convening an HCBS Quality Measure Set Review Workgroup. The Workgroup will review and identify gaps in the current HCBS Quality Measure Set and recommend changes for improvement. Next slide.

Here, we wanted to share some thoughts about the Workgroup's role in strengthening the HCBS Quality Measure Set. The measure review process is intended to occur on a biannual basis to identify gaps in the measure set and suggest updates to both strengthen and refine them. The Workgroup discussion must determine whether a measure is feasible for state reporting and, if so, that the measure strikes an appropriate balance between the desirability and viability of the measure from the perspective of state-level quality measurement and improvement. Next slide.

Earlier this year, CMS published the 2024 HCBS Quality Measure Set for Medicaid-funded HCBS. They also released a CMCS informational bulletin requiring that states with Money Follows the Person grants report on a subset of the measures starting in the fall of 2026. The HCBS Quality Measure Set draws from four experience of care surveys, HCBS CAHPS, NCI-IDD, NCI-AD, and POM, which states can select from when they submit a measure set, as long as they are surveying all major HCBS population groups. Next slide.

On this slide, and the next two slides, we have listed the 2024 HCBS quality measures that CMS released earlier this year. You can see there are several indicators from the various experience of care measures I mentioned on the previous slide, as well as some measures which use case management records or Medicaid administrative data as the data source. Next slide.

The list of 2024 measures continue on this slide. These slides are also available on our website if you would like to refer to the measure list. Next slide.

And this slide shows the remaining measures which the Workgroup is tasked to review and update based on the suggestions received during our Call for Measure process, which we will review shortly. Next slide.

I would now like to turn it over to Jennifer Bowdoin to share CMS's vision for the 2028 HCBS Quality Measure Set review. Jennifer is the Director of the Division of Community Systems Transformation at the Center for Medicaid and CHIP Services. Derek, can you please unmute Jennifer?

Jennifer Bowdoin:

Thanks so much, and hi, everyone. It's great to be with you today. So, on behalf of CMS, I just wanted to take a few moments to welcome you to the first meeting of the 2028 HCBS Quality Measure Set Review Workgroup. It's quite a mouthful there but thank you so much for your willingness to be a part of the Workgroup and to share your expertise, your perspectives, your recommendations for strengthening and refining the HCBS Quality Measure Set. We really are so thankful for your participation in this important work. So, this was already talked about briefly, CMS published the Ensuring Access to Medicaid Services Final Rule earlier this year. And, among other things, this rule, which folks commonly refer to as the Access

Rule, established a new strategy for oversight, monitoring, quality assurance, and quality improvement for Medicaid HCBS programs. And part of our intent with these requirements in the rule was to create more consistency and standardization in measurement and reporting within and across states' HCBS programs. And we did this in a number of ways, but one of the really important ways that we did this was to require every state to report every other year beginning in 2028 on a standardized set of HCBS quality measures, referred to as the HCBS Quality Measure Set. And as part of this requirement, states are required to set performance targets for the measures in the measure set and describe the quality improvement strategies that they'll pursue to achieve the performance targets.

And then there are also phased-in requirements over eight years for states to stratify their data for certain measures by demographic and other factors to assess disparities and advance health equity. And then one of the other things that we did in the rule, it's actually in the website transparency provisions of the HCBS section of the rule, there are actually requirements for both CMS and states to publicly report the quality data that states report to CMS, along with all the other data that states were reporting to CMS as part of the HCBS requirements. And so, we did a number of things that we're really excited about under these requirements. So, for the first time, all states will be required to report on a common set of quality measures. Up until this point, there are literally thousands of different quality measures in use across states' HCBS programs, and often different measures even within the same state, say different measures for different waiver programs. States can continue to measure additional things as well, but we really want a common set of measures. We want to be able to report quality within and across states. We want to be able to compare different state performance and really tell the story about HCBS quality across states and present a national picture on HCBS quality. We're also, as part of the Access Rule, one of the things that we were very intentional about was to shift the focus in a lot of ways around measurement and reporting activities and the Quality Measure Set is really front and center here. We're really shifting right -- up until now, it's been very much a compliance focus within states' measurement and reporting programs, at least the measures that are required to report to CMS. There are still compliance measures in the rule that states will be required to report on, but we're trying to make a shift towards quality improvement. And so, as part of the requirements in the rule, states not only need to report the data and measure quality, but they have to implement quality improvement strategies to make improvements in their program. We think that's a really important shift in the way that we oversee and monitor states' HCBS programs and really important focus that a lot of states have been wanting to make within their HCBS programs.

So, in the rule, one of the things that you might have noticed that we didn't do was that we didn't list the specific measures that states would be required to report on as part of the HCBS Quality Measure Set requirements. Instead, what we did was something a little bit unique, was that we set requirements for ourselves. So, essentially what we did in the rule, instead of listing the specific measures that states would be required to report on, we set requirements for CMS to develop and update the HCBS Quality Measure Set through a process that will allow for public input and comment, including through the federal register. As required by the Final Rule, we indicated that we'll be updating the measure set through this process that allows for public input and comment no more frequently than every other year, with the exception of annual technical updates and corrections. And we committed to releasing the first version of the measure set for mandatory reporting for all states by December 31, 2026. So, I want to just take a moment to explain how this Workgroup fits in within this process, because it's really an important part of this overall process to establish and update the HCBS Quality Measure Set. So, this Workgroup will have several

different meetings through the end of this year and in the early part of next year. It will provide a set of recommendations around the measures to add and remove and other recommendations around the measures included for the HCBS Quality Measure Set. CMS will then take those recommendations provided by this Workgroup, along with, you know, feedback that was received through a public Call for Measures that will be talked about in just a few minutes, and then also public comment that we received through the Access Rule. We will take all that feedback, but importantly the recommendations of this Workgroup to produce a draft set of measures for public comment in the Federal Register. And we plan to release that in the Federal Register, hopefully by the end of 2025 or at the latest, the beginning of the year of 2026. And then we will, based on the public comments that we received, we will finalize the 2028 HCBS Quality Measure Set by December 31, 2026, and we will release that in the Federal Register. That's where that official version of measures will come from for mandatory state reporting beginning in 2028.

So that's just to level set and explain a little bit about our process and the role of this Workgroup as part of that overall process that we've laid out for updating and maintaining the measure set. And then importantly, because we don't expect -- although we want some consistency in the measures over time, we will be repeating this process, this two-year cycle over time. And so, this is the start of something that will be continuing, you know, at least for as long as the measure set is mandatory for states to report on. So, before I hand things back over to Tricia, I wanted to note a couple of other things. The first is that we recognize, at CMS, we recognize that you have a really hard job ahead of you. It's really difficult -- trust us, we have tried -- to identify a single set of measures for reporting across all states. And, you know, especially given the diversity of states' HCBS programs and the diversity of perspectives of people with an interest in HCBS programs. And I think that one of the things that we recognize is that in a lot of ways, it's easier to identify a lot of measures than to identify a small number of measures.

If you look at the 2024 version of the measure set, it took several different screens to get through the full list of measures. There are a lot of measures in there. And we think there are, in fact, far too many measures for mandatory state reporting. And so, one thing we do want to ask this Workgroup is that you take a hard look at the measures in the measure set and particularly for mandatory measures, be critical. So we, of course, want a robust set of measures that assesses quality in domains that are important to assess. We, of course, want measures that assess quality across states and populations and delivery system types. We, of course, want measures that meet criteria for scientific acceptability. But, I think we're also really mindful of the work ahead for states. We want a set of measures that will be feasible for them to report on, that they will be able to report on accurately. And because we committed in the rule to retaining the measures in the measure set for at least five years, we really want the measure set to focus on measures that will provide meaningful data and opportunities for quality improvement for states, not just at a single point in time, but over time as well. I want to just quickly touch on a couple of other things related to the Access Rule more generally, just while I have an audience. So, if anyone is interested in getting involved in the Access Rule in other ways, I just want to make sure, or you want to send us comments on the measure set or any of the other provisions, there are lots of opportunities and we've been sort of providing new things kind of over time.

So just to make sure everyone's on the same page, we do have an email mailbox specifically for the HCBS provisions in the Access Rule. We love to hear from people. We'd love to hear from all of you. And so, you are welcome to email that mailbox at any point in time. And I will put all of this in the chat so that folks

have things. You don't have to write it down. But the mailbox is HCBSAccessRule@CMS.HHS.gov. We also have a new webpage for the HCBS provisions in the Access Rule. We will be posting policy guidance, training opportunities, technical assistance materials. We will include links to that Federal Register posting or postings when they become available on that webpage. We'll stick that in the chat as well. And then we recently launched a training series on the HCBS provisions in the Access Rule. We actually just did the one on the Quality Measure Set, although this is probably a more knowledgeable audience than the general public anyway. But they are recorded transcripts and things like that. The slides are posted on [Medicaid.gov](https://www.Medicaid.gov). So, if you missed any of the trainings, you are welcome to go to [Medicaid.gov](https://www.Medicaid.gov) and access them at any time. Those trainings are all open to the public. And you can find the registration link and upcoming topics on the training series on [Medicaid.gov](https://www.Medicaid.gov). So, we'll stick that in the chat as well. And with that, I'm going to hand the call back over to Tricia.

Patricia Rowan:

Great. Thank you, Jen, for being here and for sharing all of those great updates. Let's go to the next slide.

Okay. So, these next few slides will review a few key features of our Workgroup review process. So, next slide.

On behalf of CMS, Mathematica issued a public Call for Measures as part of the process to make updates to the HCBS Quality Measure Set. Measures that were suggested for addition to or removal from the HCBS Quality Measure Set will be discussed and voted on in March by the Workgroup. As Jen said, CMS will update the 2028 Quality Measure Set based on the Workgroup's recommendation and other sources of input. The draft 2028 measure set will be in the Federal Register for public comment before it is finalized. And I do want to emphasize that only those measures that meet minimum technical feasibility requirements, which we discuss more in the next slide, will be considered for addition to the HCBS Quality Measure Set. Next slide.

Alright. So, during the public Call for Measures, submitters were asked to consider criteria that fit into three areas when suggesting measures either to add to or remove from the measure set. The first area is technical feasibility requirements. Measures that were suggested for addition to the measure set must meet minimum technical feasibility requirements in order to be considered by the Workgroup. So, for example, a measure must have a fully developed specification for state-level reporting and an available data source for calculation. It must also have been used or tested in one or more state Medicaid HCBS programs. We also want to emphasize these minimum technical feasibility criteria because only measures that meet these criteria will be discussed and voted on by the Workgroup for addition in March. The second area is actionability and strategic priority. And there, our criteria included measures that are useful for estimating national HCBS quality, those that advance health equity or fill a gap in the measure set, and measures that allow for comparative analyses and to be used to assess and compare state progress in HCBS service delivery and outcomes. And finally, other considerations for suggesting measures for addition included whether the thing being measured was prevalent enough to produce reliable and meaningful state-level data, whether there was considerable data collection burden for the measure, and possible alignment of the measure specifications with other CMS programs. The criteria for suggesting removals were largely the inverse of our criteria for suggesting addition, so I'm not going to walk through

that today. I will note that detailed information on the criteria for addition and removal are available on our website, and those were made public prior to the Call for Measures. Next slide.

Alright. Members of the public had an opportunity to suggest measures for addition or removal from the HCBS Quality Measure Set over the summer between July 8th and August 16th. As I mentioned earlier, we hosted office hour sessions during that period to answer questions about the process while the call was open. In total, we received 44 measure suggestions, 28 for addition to the set, and 16 for removal from the HCBS Quality Measure Set. Next slide.

So, here and on the coming slides, we are sharing the measures that were suggested for addition by folks who suggested measures. I want to emphasize that Mathematica is still assessing these measures suggested for addition to determine whether they meet those technical feasibility criteria. So, please note that this list may change based on our outreach to measure stewards and to the individuals who suggested measures. We will present the final list of measures that will be discussed and voted on by the Workgroup during our preparation meeting in February. As you'll see from this list, many of the measures suggested come from the experience of care surveys, which are currently included in the HCBS Quality Measure Set, such as HCBS CAHPS and NCI-IDD. This list is in the slides, which are available on our website as well. Next slide.

I will not read all of these out in the interest of time, but the suggested measures for addition continue here.

On the next slide, you will see more of the measures suggested by the public. Notice here that this slide includes some measures from a survey instrument known as the Rehabilitation Research and Training Center on HCBS Outcome Measurement, which would be a new experience of care survey that is not currently included in the measure set. Next slide.

This slide wraps up the measures that were suggested for addition. Next slide.

The next couple of slides include the measures that were suggested for removal from the HCBS Quality Measure Set. The measures that were suggested for removal will all be discussed and voted on by the Workgroup, because they are already included in the Quality Measure Set. They do not need to meet minimum criteria in order to be discussed. Next slide.

This slide continues the measures for removal, and on the next slide shows the remaining measures as well.

Alright. So, this slide includes information about what our team will be focused on between now and February, which is when this Workgroup will reconvene. As I mentioned, we are still closely reviewing the measure suggestions that we received in order to determine whether they meet technical feasibility criteria to be considered by the Workgroup. To support the Workgroup's discussion at the voting meeting in March, Mathematica is preparing Measure Information Sheets for each of those suggested 44 measures. We will send those Measure Information Sheets to the Workgroup members right around the time of our prep meeting in February so that folks have sufficient time to review them prior to the voting meeting in March. Measure Information Sheets will also be made public on our website prior to the voting meeting. We are also reaching out to measure stewards for each of the measures that were suggested to

confirm details about the measure and the accuracy of the information that was contained in the suggestion form. And finally, we are also communicating with measure nominators to address any outstanding questions based on those submissions. So, please do look out for any emails from our team if we have any of these questions and to give you the opportunity to review. We appreciate your engagement and your feedback. Next slide.

Our Workgroup voting meeting will be held on March 11th and 12th, and it is, like all of our Workgroup meetings, open to the public. During that meeting, the Workgroup will discuss each of the measures that meet technical feasibility criteria for addition and all of the removals that were suggested. Measure stewards will also be invited to participate in that meeting and be available to answer questions about their measures that might come up during the Workgroup discussion. The Workgroup will then vote on whether to recommend each of the measures, whether it should be added to or removed from the Quality Measure Set. And only those measures that receive two-thirds of the Workgroup vote will meet our threshold for being considered recommended by the Workgroup. As Jen mentioned, CMS will take into consideration the Workgroup's recommendations when drafting the draft 2028 measure set, which will be posted in the Federal Register for public comment. Now I would like to give our co-chairs, ShaRhonda and Laney, a chance to offer a brief welcome and some remarks. So, they flipped a coin, and, ShaRhonda, you will be going first. So, I'll hand it over to you.

ShaRhonda Sly:

Thank you. ShaRhonda Sly with the Department of Medicaid in Ohio. Changes CMS is implementing with the access requirements provide states with an opportunity to ensure our Home and Community-Based Service programs are operated in a way that meets the clinical, functional, and support needs states are obligated to meet in Medicaid programs in an integrated and person-centered way. My professional background includes over 20 years of experience in various Home and Community-Based Service programs, focusing on both program policy and operations with various populations. In my experience in the waiver programs, I've observed that nursing facility-based programs do a great job focusing on the clinical aspects of care needs and have room for improvement with doing so in a person-centered way. Intermediate care facility-based waiver programs do a great job focusing on the person-centered planning aspects of the coordination of care and have room for improvement in the area of focusing on the clinical aspects of care needs. HCBS reporting measures are the avenues that states should use to ensure each program has a balanced approach to meeting the needs of all of the people we serve. As we consider recommendations to CMS, it's important to keep in mind that measures reported should provide an apples-to-apples comparison of similar aspects of service delivery across all program types, regardless of the population the program serves. The measures should also be actionable and provide states with the ability to implement quality improvement activities that will result in true, meaningful and measurable changes for people supported through our programs. I'm excited and grateful for the opportunity to participate in this important work and getting to work with various people from all over the states. Thank you.

Patricia Rowan:

Thank you, ShaRhonda. Laney?

Laney Bruner-Canhoto:

Thank you. ShaRhonda and I should have looked at each other's remarks because I think we're going to overlap in a lot of ways. I'm Laney Bruner-Canhoto, as I said. I'm the Assistant Commissioner of Quality Management for the Massachusetts Department of Developmental Services. In this role, I oversee quality measurement for eight 1915c HCBS waivers in Massachusetts, including waivers for folks with IDD, brain injury, physical disabilities and children with autism. In this role, over the past ten years, I've really been focused on creating consistency across performance measures across all of these waivers to the greatest extent possible, given the different populations served by the waivers. So, with the Access Rule, I'm incredibly excited about the opportunity that it affords us to create a Quality Measure Set that provides us with this consistency across waivers. I'm really happy that I can be a part of a group, this group, to make sure that the set that is considered by CMS has been looked at from a lot of different perspectives, both clinical and person-centered based, individual based, what makes sense for waivers, to assure that the measures are addressing the most appropriate targets for these vital Home and Community-Based Services, while understanding and recognizing the diversity, flexibility and variety inherent in the waiver programs in the 700-plus waivers across the country and in the waiver populations that are served. And ultimately, give states the ability to improve the quality of these services in a real meaningful way. I am really excited about this, and I am so excited to thank you all for agreeing to take part in this important endeavor. Thank you.

Patricia Rowan:

Thank you, Laney and ShaRhonda. We're so glad that you were willing to be co-chairs for this group. Next slide.

Alright. Now we would like to open it up for questions from Workgroup members about the review process or anything else that has been shared today. Please use the raise hand feature in the lower right corner of your participant panel, similar to what you did when we were doing the roll call. And so let me open it up. If folks left questions in the Q&A, please do raise your hand and ask those questions publicly. We like to have all of the questions on the record and in our transcript and recording so everyone can hear the answers. I'm going to start with Carolyn.

Carolyn Foster:

Thanks, everyone. That was a really informative overview. I really appreciate it, and I'm excited about this work. I had put a question in the chat, and I appreciate the chance to put it on the record. So, I was hoping that you'd be able to speak to whether, when you share the details for the measure review with us in February, if you'll be able to include whether the measures are validated in patients 18 or younger and, in particular, whether there's an option for proxy report, right, so that parent speaking on behalf of, let's say, a 5-year-old who wouldn't obviously be able to answer the surveys. It's just important to ensure this population has measures that are represented. I'm curious if you'll have that data available.

Patricia Rowan:

Thank you for that question. The measure information sheets that our team is preparing will include information on the age range that the measure is specified for. I appreciate the recommendation about

whether there's a proxy response available. We can definitely add that in if it would be helpful. So, thank you, Carolyn.

Carolyn Foster:

Great. Thanks.

Patricia Rowan:

I see a question from Damon.

Damon Terzaghi:

Hi. I just want to echo my thanks for the ability to participate and the great information today. One question I had is that some of the measures in the data set are more open-source available, such as the HCBS CAHPS, whereas others are maybe a little bit more proprietary with fees and stuff like that required for state participation. Is any of that taken into account in inclusion in the measure set and the mandatory or optional nature?

Patricia Rowan:

That is a good question. That was not a criterion for our consideration, for folks to suggest measures. I don't know, Jen, if you want to comment on that at all. I don't know if Jen's still with us.

Jennifer Bowdoin:

Hi. Sorry, took me a minute to get off mute. So, I think it's a good question, Damon. I think it is something that we've wrestled with over time. The way that we've handled it in the past, and I think we would welcome feedback from the Workgroup as well as just, you know, feedback from the general public -- apologies for the barking dog in the background -- is, you know, what we've done is we essentially tried to include a choice. So, we recognize that a lot of states are using, for instance, surveys that are proprietary or measures that are proprietary. But where they were proprietary, we tried to include other measures, either a different version of the same measure, for instance, a CMS version of the same measure, or a CMS survey that was publicly available at no cost. So, I think we are, you know, we kind of recognize that in a lot of cases the measures are proprietary, they're already in use by states, but that does create other kind of challenges when they are proprietary. So, I think we're interested in feedback in terms of how to weigh those considerations.

Patricia Rowan:

Thank you, Jen. Any other questions from members of the Workgroup? And then we'll turn to members of the public who have questions. Alright, I'm not seeing any other questions from Workgroup members, so let's go to the next slide.

At this point, we're opening it up to public comment. So, again, if folks are interested in asking a question or making a comment, please use the raise hand feature, and we will unmute you and answer your question. Okay, I am going to read out a couple of questions that are in the Q&A, just in the interest of time. Again, we do encourage folks to raise their hand, but I will read these out. So, we did get a question. Jen said there would be multiple meetings later this year and next, but only two were listed in the slides. That is true. This Workgroup process is somewhat separate from CMS and the other opportunities to

engage with CMS that Jen mentioned. So, we encourage you to keep an eye on the website that Jen dropped in the chat for other opportunities to provide feedback. We also see another question that says, will there be other regular meetings of this group before next February? No. This group will meet again in February, but as I mentioned, there will be other opportunities to engage and learn about the Quality Measure Set and other components of the Access Rule.

And if you have specific questions, again, we encourage you to reach out to CMS in their general inbox, which is again in the chat, HCBSAccessRule@CMS.HHS.gov. I also see a suggestion from Deborah regarding proxy respondents. Can you also speak to the testing of measures when proxy responses are reviewed, and that this is also relevant for persons with Alzheimer's disease or other related dementias? Yes, we can look at that. Thank you for the suggestion, Deborah. Alright. We're just about out of time, so I will give one last opportunity for folks to raise any questions? Okay. Let's go to the next slide.

So, just another quick overview of the next steps. The next Workgroup meeting will be held on February 11th from 1 to 2 p.m. Eastern Time via webinar. That meeting will, again, go over information on the measures that were suggested for addition and removal and to prepare for the March voting meeting. That voting meeting will take place March 11th and 12th via webinar. Both meetings are open to the public, and registration information is on our website. You are also welcome to send the Mathematica team questions directly using the e-mail address that's on this slide. We'll also put it in the chat as well. And next slide.

We want to thank everyone for participating in today's meeting. And, again, if you have any questions that we weren't able to answer or other questions for our team, please feel free to reach out to us at the e-mail address that was on the slide. It is HCBSQMS, for Quality Measure Set, review@Mathematica.org (HCBSQMSreview@mathematica.org). Thank you, everyone. And this meeting is now adjourned. Take care.