

**Home and Community-Based Services Quality
Measure Set Review Workgroup:
Materials to Prepare for the
Voting Meeting**

April 2025

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Acronyms

CAHPS	Consumer Assessment of Healthcare Providers and Systems
FFS	Fee-for-service
HCBS CAHPS®	Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems
LTSS	Long-term services and supports
MLTSS	Managed long-term services and supports
NCI-AD™	National Core Indicators- Aging and Disability™
NCI®-IDD	National Core Indicators®- Intellectual and Developmental Disabilities
POM	Personal Outcome Measures®
RTC/OM	Research and Training Center on HCBS Outcome Measurement

TABLE OF CONTENTS

Acronyms	iii
Measure Information Sheets: Choice and Control Domain	1
National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People in Group Settings Who Are Able to Choose Their Roommate	2
National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People in Group Settings Who Are Able to Furnish and Decorate their Room However They Want To	7
National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People in Group Settings Who Are Able to Lock the Door to Their Room	12
National Core Indicators® – Intellectual and Developmental Disabilities (NCI®-IDD): The Percentage of People who Report That There Are Rules About Having Friends or Visitors at Home	17
National Core Indicators® – Intellectual and Developmental Disabilities (NCI®-IDD): The Percentage of People Reported to Be Using a Self-Directed Supports Option	22
National Core Indicators® – Intellectual and Developmental Disabilities (NCI®-IDD): The Percentage of People who Report Staff Do Things the Way They Want Them Done	26
National Core Indicators® – Intellectual and Developmental Disabilities (NCI®-IDD): The Percentage of People Who Report That They Know Whom to Talk To if They Want to Change Services	30
Research and Training Center on HCBS Outcome Measurement (RTC/OM): Personal Choices and Goals – Self-Determination Index	34
Research and Training Center on HCBS Outcome Measurement (RTC/OM): Services and Supports – Self-Determination Index	41
Measure Information Sheets: Consumer Leadership and Development	49
Research and Training Center on HCBS Outcome Measurement (RTC/OM): System Supports Meaningful Consumer Involvement	50
Measure Information Sheets: System Performance and Accountability Domain	57
Fee-for-Service Long-Term Services and Supports/Managed Long-Term Services and Supports Minimizing Facility Length of Stay (FFS LTSS-7/MLTSS-7)	58
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Adult Version: Enrollees’ Rating of Health Plan	61
Measure Information Sheets: Service Delivery and Effectiveness Domain	65
Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems (HCBS CAHPS) Survey: Staff Listen and Communicate Well	66

National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who Had Adequate Follow-up After Being Discharged from a Hospital or Rehabilitation/Nursing Facility.....	69
National Core Indicators – Aging and Disabilities (NCI-AD™): Percentage of People Who Know Whom to Contact if They Have a Complaint About Their Services	72
Measure Information Sheets: Person-Centered Planning and Coordination	
Domain	77
Fee-for-Service Long-Term Services and Supports/Managed Long-Term Services and Supports Comprehensive Assessment and Update (FFS LTSS-1/MLTSS-1).....	78
Fee-for-Service Long-Term Services and Supports/Managed Long-Term Services and Supports Comprehensive Person-Centered Plan and Update (FFS LTSS-2/MLTSS-2)	82
Fee-for-Service Long-Term Services and Supports/Managed Long-Term Services and Supports Shared Person-Centered Plan with Primary Care Provider (FFS LTSS-3/MLTSS-3)	86
Measure Information Sheets: Community Inclusion Domain.....	91
National Core Indicators-Aging and Disability (NCI-AD™): Percentage of People Who are Able to See or Talk to Their Friends and Family When They Want to	92
Research and Training Center on HCBS Outcome Measurement (RTC/OM): Experiences Seeking Employment.....	95
Research and Training Center on HCBS Outcome Measurement (RTC/OM): Experiences Using Transportation	102
Research and Training Center on HCBS Outcome Measurement (RTC/OM): Job Experiences	109
Research and Training Center on HCBS Outcome Measurement (RTC/OM): Meaningful Activity	116
Research and Training Center on HCBS Outcome Measurement (RTC/OM): Social Connectedness.....	124
Measure Information Sheets: Access and Resource Allocation Domain	131
Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems (HCBS CAHPS) Survey: Transportation to Medical Appointments.....	132
National Core Indicators – Aging and Disability (NCI-AD™): Percentage of Non-English-Speaking Participants Who Receive Information About Their Services in the Language They Prefer.....	135
Measure Information Sheets: Holistic Health and Functioning Domain.....	139
Managed Long-Term Services and Supports (MLTSS): Plan All-Cause Readmission	140
National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who Know How to Manage Their Chronic Conditions	144
National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People With Concerns About Falling Who Had Someone Work With Them to Reduce Risk of Falls	147

National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who Can Get an Appointment to See or Talk to Their Primary Care Doctor When They Need To	150
National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who Have Access to Mental Health Services if They Want Them.....	155
National Core Indicators – Aging and Disabilities (NCI-AD™): Percentage of People Who Have Needed Assistive Equipment and Devices	160
Measure Information Sheets: Human and Legal Rights Domain	165
National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who are Ever Worried for the Security of Their Personal Belongings.....	166
National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who Feel Safe Around Their Support Staff	169
National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Whose Money was Taken or Used Without Their Permission in the Last 12 Months.....	172
National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People in Group Settings Who Always Have Access to Food	175
Research and Training Center on HCBS Outcome Measurement (RTC/OM): Feelings of Safety Around Others	180
Research and Training Center on HCBS Outcome Measurement (RTC/OM): Freedom from Experiences of Abuse and Neglect	186
Research and Training Center on HCBS Outcome Measurement (RTC/OM): Knowledge of Abuse and Neglect and How to Report It.....	193
Additional Resources	201
HCBS Quality Measure Set: Domains of Measures	202

Measure Information Sheets: Choice and Control Domain

The level to which individuals who use HCBS, on their own or with support, make life choices, choose their services and supports, and control how those services and supports are delivered.

MEASURE INFORMATION SHEET

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People in Group Settings Who Are Able to Choose Their Roommate
Measure description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: Are you able to choose who your roommate is here/where you live?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	Yes, the individual who suggested this measure noted that this measure is consistent with the National Core Indicators® – Intellectual and Developmental Disabilities (NCI®-IDD) measure on the HCBS Quality Measure Set: <i>NCI-CC-4: Life Decision Composite Measure (The Proportion of People Who Report Making Choices [Alone or with Help] in Life Decisions)</i> .
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Program-level.
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” to the question.

Technical Specifications	
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. • The individual does not share a living unit with another person. • The individual does not live in a group setting. <p>Only the individual receiving services may respond (proxies are not allowed for this question).</p>
Continuous enrollment period	<p>The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.</p>
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact ADvancing States and HSRI regarding current measure specifications for the NCI-AD™ Adult Consumer Survey. ¹
Information on testing or use in state Medicaid HCBS programs	The NCI-AD™ 2022-2023 report identified that the following states currently administer the NCI-AD™ survey: Alabama, Colorado, Delaware, Georgia, Indiana, Kansas, Michigan, Minnesota Missouri, Nebraska, New Jersey, North Dakota, Ohio, Tennessee, Washington, and Wisconsin. ²
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The measure steward indicated that variation in responses may result from the use of proxy respondents and participation rates (e.g., who agrees to participate in the survey). The steward also noted that, significant variability of administrative information across states and programs within states may impact a state’s knowledge of who is being served and/or to contact people receiving services. Further, some questions in the survey are applicable to only a subset of individuals, which creates variation in the overall sample, and may introduce additional state-level factors.

Actionability and Strategic Priority	
<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>None identified by the individual who suggested the measure.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure expressed that this measure would appropriately assess residential provider owned and controlled group settings (which are compliant with the HCBS Settings Rule), which is a high priority for Medicaid HCBS programs and recipients at a national and state level.</p>
<p>Whether the data source allows for stratification</p>	<p>The measure steward indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>However, the steward emphasized that it may be too cumbersome and complex for states to ensure that they have large enough subsamples for each of the stratification categories to ensure that there is an adequate sample size for stratified reporting, and that it would be necessary for states to have access to each of stratification category in the administrative records to develop a stratified sample. The steward shared that, despite this barrier, many states do develop samples that allow for stratification for one or two NCI-AD™ measures.</p> <p>The steward also shared that, because the NCI-AD™ survey collects data from existing data sources on one or more stratification categories, reporting data for these different demographic and geographic factors can be done. However, they noted that some of these factors may have very few people within each group who respond, therefore comparisons across groups and states should be made with caution. The completeness and accuracy of those data for each individual surveyed has historically varied by state and by measure, though the steward has been working with states to improve the accuracy of those data.</p> <p>Increasing the sample size to have statistically valid samples for each of those groups may pose a challenge to states and may change the nature of the survey if certain people are surveyed every year to ensure large enough sub-samples. This may also impact response rates for states, particularly in smaller sub-groups, as survey fatigue may grow. It may also pose a threat to confidentiality if there are small numbers of certain groups in some states.</p>

Actionability and Strategic Priority	
Evidence of a performance gap on the measure	<p>The individual who suggested this measure indicated evidence of a performance gap. To meet the settings requirements specified for provider-owned and controlled residential settings in 42 CFR § 441.301(c)(4)(vi), many states have developed corrective action plans to assess existing providers and bring all Medicaid-funded providers of HCBS in such settings into compliance. Inclusion of this NCI-AD™ indicator in the HCBS Quality Measure Set would facilitate assessment within and across states as to provider compliance with 42 CFR § 441.301(c)(4)(vi) and the effectiveness of settings compliance monitoring.</p> <p>According to the 2022-2023 NCI-AD™ National Results, 33 percent of respondents receiving HCBS can choose or change their roommate.</p>
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	<p>The individual who suggested this measure shared that this measure can be trended over time to assess provider compliance with settings requirements impacting provider-owned and controlled residential settings as specified in 42 CFR § 441.301(c)(4)(vi). Medicaid HCBS providers directly influence improvement on this measure as it is a reflection of providers' compliance with this federal regulation, as experienced by HCBS program participants.</p>
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	<p>The individual who suggested this measure noted that this measure directly reflects the compliance of providers who deliver HCBS in provider-owned and controlled residential settings with the requirements at 42 CFR § 441.301(c)(4)(vi). Ensuring individuals' autonomy and independence in the setting in which they reside is intrinsic to ensuring the rights of HCBS recipients are protected and their health and well-being is promoted through Medicaid-funded HCBS programs.</p>

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	<p>The individual who suggested this measure noted that the outcome being measured is applicable to 100 percent of individuals who receive HCBS in provider-owned and controlled settings, which are subject to heightened requirements as specified in 42 CFR § 441.301(c)(4)(vi).</p>
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	<p>Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-AD™, as this is an existing NCI-AD™ indicator.</p>

Additional Information for Consideration

Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure noted that this measure is only limited by its applicability to people with physical disabilities and/or older adults who receive at least one service other than case management. Because the measure is an existing NCI-AD™ indicator and NCI-AD™ indicators are currently included in the HCBS Quality Measure Set, no additional barriers and technical assistance needs would apply for states that are already administering the NCI-AD™ survey to this population.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-AD™ survey for the purposes of HCBS Quality Measure Set reporting.

Citations

¹ <https://NCI-AD™.org/resources/technical-reports/>.

² https://NCI-AD™.org/upload/reports/2022-23_NCI-AD™_ACS_Part1_Final240412.pdf.

MEASURE INFORMATION SHEET

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People in Group Settings Who Are Able to Furnish and Decorate their Room However They Want To
Measure description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: Are you able to furnish and decorate your room however you want to?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	No
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Program-level.
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” to the question.

Technical Specifications	
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. • The individual does not live in a group setting. <p>Only the individual receiving services may respond (proxies are not allowed for this question).</p>
Continuous enrollment period	<p>The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.</p>
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact ADvancing States and HSRI regarding current measure specifications for the NCI-AD™ Adult Consumer Survey. ¹
Information on testing or use in state Medicaid HCBS programs	The NCI-AD™ 2022-2023 report identified that the following states currently administer the NCI-AD™ survey: Alabama, Colorado, Delaware, Georgia, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Dakota, Ohio, Oklahoma, Tennessee, Washington, and Wisconsin. ²
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The measure steward indicated that variation in responses may result from the use of proxy respondents and participation rates (e.g., who agrees to participate in the survey). The steward also noted that, significant variability of administrative information across states and programs within states may impact a state’s knowledge of who is being served and/or to contact people receiving services. Further, some questions in the survey are applicable to only a subset of individuals, which creates variation in the overall sample, and may introduce additional state-level factors.

Actionability and Strategic Priority	
How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion	None identified by the individual who suggested the measure.
How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs	The individual who suggested this measure expressed that this measure would appropriately assess residential, provider-owned and controlled group settings (which are compliant with the HCBS Settings Rule), which is a high priority for Medicaid HCBS programs and recipients at a national and state level.
Whether the data source allows for stratification	<p>The measure steward indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>However, the steward emphasized that it may be too cumbersome and complex for states to ensure that they have large enough subsamples for each of the stratification categories to ensure that there is an adequate sample size for stratified reporting, and that it would be necessary for states to have access to each of stratification category in the administrative records to develop a stratified sample. The steward shared that, despite this barrier, many states do develop samples that allow for stratification for one or two NCI-AD™ measures.</p> <p>The steward also shared that, because the NCI-AD™ survey collects data from existing data sources on one or more stratification categories, reporting data for these different demographic and geographic factors can be done. However, they noted that some of these factors may have very few people within each group who respond, therefore comparisons across groups and states should be made with caution. The completeness and accuracy of those data for each individual surveyed has historically varied by state and by measure, though the steward has been working with states to improve the accuracy of those data.</p> <p>Increasing the sample size to have statistically valid samples for each of those groups may pose a challenge to states and may change the nature of the survey if certain people are surveyed every year to ensure large enough sub-samples. This may also impact response rates for states, particularly in smaller sub-groups, as survey fatigue may grow. It may also pose a threat to confidentiality if there are small numbers of certain groups in some states.</p>

Actionability and Strategic Priority	
Evidence of a performance gap on the measure	<p>The individual who suggested this measure indicated evidence of a performance gap. To meet the settings requirements specified for provider-owned and controlled residential settings in 42 CFR § 441.301 (c)(4)(vi), many states have developed corrective action plans to assess existing providers and bring all Medicaid-funded providers of HCBS in such settings into compliance. Inclusion of this NCI-AD™ indicator in the HCBS Quality Measure Set would facilitate assessment within and across states as to provider compliance with 42 CFR § 441.301 (c)(4)(vi) and the effectiveness of settings compliance monitoring.</p> <p>According to the 2022-2023 NCI-AD™ National Results, 89 percent of respondents receiving HCBS are able to furnish and decorate their room however they want to.¹</p>
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	<p>The individual who suggested this measure shared that this measure can be trended over time to assess provider compliance with settings requirements impacting provider-owned and controlled residential settings as specified in 42 CFR § 441.301 (c)(4)(vi). Medicaid HCBS providers directly influence improvement on this measure as it is a reflection of providers' compliance with this federal regulation, as experienced by HCBS program participants.</p>
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	<p>The individual who suggested this measure noted that this measure directly reflects the compliance of providers who deliver HCBS in provider-owned and controlled residential settings with the requirements at 42 CFR § 441.301 (c)(4)(vi). Ensuring individuals' privacy in the setting in which they reside is intrinsic to ensuring the rights of HCBS recipients are protected and their health and well-being is promoted through Medicaid-funded HCBS programs.</p>

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	<p>The individual who suggested this measure noted that the outcome being measured is applicable to 100 percent of individuals who receive HCBS in provider-owned and controlled settings, which are subject to heightened requirements as specified in 42 CFR § 441.301 (c)(4)(vi).</p>
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	<p>Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-AD™, as this is an existing NCI-AD™ indicator.</p>

Additional Information for Consideration	
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure noted that this measure is only limited by its applicability to people with physical disabilities and/or older adults who receive at least one service other than case management. Because the measure is an existing NCI-AD™ indicator and NCI-AD™ indicators are currently included in the HCBS Quality Measure Set, no additional barriers and technical assistance needs would apply for states that are already administering the NCI-AD™ survey to this population.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-AD™ survey for the purposes of HCBS Quality Measure Set reporting.

Citations

¹ <https://NCI-AD™.org/resources/technical-reports/>.

² https://NCI-AD™.org/upload/reports/2022-23_NCI-AD™_ACS_Part1_Final240412.pdf.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People in Group Settings Who Are Able to Lock the Door to Their Room
Measure description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: Are you able to lock the doors to your room if you want to?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	No
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Program-level.
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” to the question.

Technical Specifications	
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. • The individual does not live in a group setting. <p>Only the individual receiving services may respond (proxies are not allowed for this question).</p>
Continuous enrollment period	<p>The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.</p>
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact ADvancing States and HSRI regarding current measure specifications for the NCI-AD™ Adult Consumer Survey. ¹
Information on testing or use in state Medicaid HCBS programs	The NCI-AD™ 2022-2023 report identified that the following states currently administer the NCI-AD™ survey: Alabama, Colorado, Delaware, Georgia, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Dakota, Ohio, Oklahoma, Tennessee, Washington, and Wisconsin. ²
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The measure steward indicated that variation in responses may result from the use of proxy respondents and participation rates (e.g., who agrees to participate in the survey). The steward also noted that, significant variability of administrative information across states and programs within states may impact a state’s knowledge of who is being served and/or to contact people receiving services. Further, some questions in the survey are applicable to only a subset of individuals, which creates variation in the overall sample, and may introduce additional state-level factors.

Actionability and Strategic Priority	
How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion	None identified by the individual who suggested the measure.
How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs	The individual who suggested this measure expressed that this measure would appropriately assess residential provider owned and controlled group settings (which are compliant with the HCBS Settings Rule), which is a high priority for Medicaid HCBS programs and recipients at a national and state level.
Whether the data source allows for stratification	<p>The measure steward indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>However, the steward emphasized that it may be too cumbersome and complex for states to ensure that they have large enough subsamples for each of the stratification categories to ensure that there is an adequate sample size for stratified reporting, and that it would be necessary for states to have access to each of stratification category in the administrative records to develop a stratified sample. The steward shared that, despite this barrier, many states do develop samples that allow for stratification for one or two NCI-AD™ measures.</p> <p>The steward also shared that, because the NCI-AD™ survey collects data from existing data sources on one or more stratification categories, reporting data for these different demographic and geographic factors can be done. However, they noted that some of these factors may have very few people within each group who respond, therefore comparisons across groups and states should be made with caution. The completeness and accuracy of those data for each individual surveyed has historically varied by state and by measure, though the steward has been working with states to improve the accuracy of those data.</p> <p>Increasing the sample size to have statistically valid samples for each of those groups may pose a challenge to states and may change the nature of the survey if certain people are surveyed every year to ensure large enough sub-samples. This may also impact response rates for states, particularly in smaller sub-groups, as survey fatigue may grow. It may also pose a threat to confidentiality if there are small numbers of certain groups in some states.</p>

Actionability and Strategic Priority	
Evidence of a performance gap on the measure	<p>The individual who suggested this measure indicated evidence of a performance gap. To meet the settings requirements specified for provider-owned and controlled residential settings in 42 CFR § 441.301 (c)(4)(vi), many states have developed corrective action plans to assess existing providers and bring all Medicaid-funded providers of HCBS in such settings into compliance. Inclusion of this NCI-AD™ indicator in the HCBS Quality Measure Set would facilitate assessment within and across states as to provider compliance with 42 CFR § 441.301 (c)(4)(vi) and the effectiveness of settings compliance monitoring.</p> <p>According to the 2022-2023 NCI-AD™ National Results, 75 percent of respondents receiving HCBS are able to lock the door to their room.¹</p>
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	<p>The individual who suggested this measure shared that this measure can be trended over time to assess provider compliance with settings requirements impacting provider-owned and controlled residential settings as specified in 42 CFR § 441.301 (c)(4)(vi). Medicaid HCBS providers directly influence improvement on this measure as it is a reflection of providers' compliance with this federal regulation, as experienced by HCBS program participants.</p>
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	<p>The individual who suggested this measure noted that this measure directly reflects the compliance of providers who deliver HCBS in provider-owned and controlled residential settings with the requirements at 42 CFR § 441.301 (c)(4)(vi). Ensuring individuals' privacy in the setting in which they reside is intrinsic to ensuring the rights of HCBS recipients are protected and their health and well-being is promoted through Medicaid-funded HCBS programs.</p>

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	<p>The individual who suggested this measure noted that the outcome being measured is applicable to 100 percent of individuals who receive HCBS in provider-owned and controlled settings, which are subject to heightened requirements as specified in 42 CFR § 441.301 (c)(4)(vi).</p>
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	<p>Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-AD™, as this is an existing NCI-AD™ indicator.</p>

Additional Information for Consideration

Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure noted that this measure is only limited by its applicability to people with physical disabilities and/or older adults who receive at least one service other than case management. Because the measure is an existing NCI-AD™ indicator and NCI-AD™ indicators are currently included in the HCBS Quality Measure Set, no additional barriers and technical assistance needs would apply for states that are already administering the NCI-AD™ survey to this population.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-AD™ survey for the purposes of HCBS Quality Measure Set reporting.

Citations

¹ <https://NCI-AD™.org/resources/technical-reports/>.

² https://NCI-AD™.org/upload/reports/2022-23_NCI-AD™_ACS_Part1_Final240412.pdf.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators® – Intellectual and Developmental Disabilities (NCI®-IDD): The Percentage of People who Report That There Are Rules About Having Friends or Visitors at Home
Measure description	Description: Single-item measure derived from a question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system. Question: Are there rules about having friends or visitors in your home? Like times of day they can be over, who can be over, places in the house where they can be.
Measure steward	National Association of State Directors of Developmental Disabilities Services (NASDDDS), Human Services Research Institute (HSRI)
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	No
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	State-level.
Denominator	The number of people who provided a valid response to this question and meet all survey eligibility requirements.

Technical Specifications	
Numerator	The number of respondents who indicated the most positive response to the question (lower rates are better).
Exclusions	Exclude individuals who fall into any of the following categories: <ul style="list-style-type: none"> • Surveyor indicated that the individual did not give consistent or valid responses. • All questions in Section I^a were left blank or marked “Not Applicable” or “Don’t Know.”
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact NASDDDS and HSRI regarding current measure specifications for the NCI-IDD [®] Survey. ¹
Information on testing or use in state Medicaid HCBS programs	The individual who suggested this measure noted that the NCI-IDD survey is currently being used in the following states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Washington D.C., Wisconsin, and Wyoming. ²
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	None identified by the individual who suggested this measure.

^a Section I of the In-Person Survey (IPS) refers to the face-to-face portion conducted either in person or through a secure video meeting. This section can only be answered by the individual receiving state services, and proxy responses are not permitted.

Actionability and Strategic Priority	
<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>The individual who suggested this measure highlighted its value as a quantifiable indicator of whether individuals are experiencing their home environment in a manner consistent with the intent of the HCBS Settings Rule. The measure directly addresses whether individuals have the freedom to engage with friends and visitors, a cornerstone of meaningful access to community life and personal agency. Its inclusion enables states and providers to identify and address barriers to compliance, ultimately improving the quality of HCBS. This measure emphasizes the importance of access to a full and integrated life. It serves as a practical tool for states and providers for assessing compliance with the HCBS Settings Rule, informing policy decisions, and enhancing participant experience.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure for addition shared that this measure assesses compliance with the HCBS Settings Rule in relation to choice and control. Central to the HCBS Settings Rule is the requirement that individuals receiving services should have the same rights and freedoms as others in the community, including (1) control over who visits their homes, reflecting a basic human right to maintain relationships and build social networks; and (2) freedom from unnecessary restrictions, including rules imposed by service providers that are arbitrary rather than based on a documented and individualized assessment of need that is consistent with the person-centered service plan. The individual who suggested this measure further noted that, when rules about visitors are overly restrictive, they may not only violate the intent of the HCBS Settings Rule but also signal broader issues with how person-centered planning and individual rights are being respected.</p>
<p>Whether the data source allows for stratification</p>	<p>The measure steward shared that this measure allows for reporting based on one or more of the stratification categories used in other CMS programs.</p> <p>However, the measure steward indicated that the number of individuals surveyed within each state may not allow for statistically valid samples for each of the stratification categories. The measure steward further noted that increasing the sample size as to have statistically valid samples for each of these groups could create several challenges for states, including creating survey fatigue among individuals who are asked to respond to the survey every year to ensure large enough sub-samples and posing a threat to confidentiality if there are very small numbers of groups within any of these subsamples.</p>
<p>Evidence of a performance gap on the measure</p>	<p>In 2021-2022, 69 percent of NCI-IDD respondents living in provider-owned settings indicated they have no rules about having visitors.³</p>

Actionability and Strategic Priority	
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	The individual who suggested this measure indicated that states can educate and provide technical assistance to providers to improve performance on the measure.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The individual who suggested this measure noted that there is empirical evidence indicating that this measure could lead to improvement in the quality of HCBS service delivery and outcomes for Medicaid beneficiaries receiving HCBS, but did not share specific sources. This measure reflects the compliance of providers who deliver HCBS in provider-owned and controlled residential settings with HCBS Settings Rule requirements at 42 CFR 441.301(c)(4)(vi)(D). ⁴

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	None identified by the individual who suggested this measure.
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-IDD since this is an existing NCI-IDD indicator.
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	None identified by the individual who suggested this measure.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-IDD survey for the purposes of HCBS Quality Measure Set reporting.

Additional Information for Consideration

Other information

The individual who suggested the measure shared that the HCBS Quality Measure Set Workgroup should consider stratifying questions by residential setting type so states can assess compliance with the HCBS Settings Rule for people living in provider-controlled/owned homes.

Citations

¹ <https://idd.nationalcoreindicators.org/how-to-engage/for-researchers/>.

² <https://idd.nationalcoreindicators.org/how-it-works/participating-states/>.

³ https://idd.nationalcoreindicators.org/wp-content/uploads/2023/05/0519_NCIIDD_Visusummary-A.pdf.

⁴ [https://www.ecfr.gov/current/title-42/part-441/subpart-G#p-441.301\(c\)\(4\)\(vi\)\(D\)](https://www.ecfr.gov/current/title-42/part-441/subpart-G#p-441.301(c)(4)(vi)(D)).

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators® – Intellectual and Developmental Disabilities (NCI®-IDD): The Percentage of People Reported to Be Using a Self-Directed Supports Option
Measure description	Single-item measure derived from a question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state developmental disability service system. Information can be obtained through state records. Question: Is this person currently using a self-directed supports option?
Measure steward	National Association of State Directors of Developmental Disabilities Services (NASDDDS), Human Services Research Institute (HSRI)
Measure type	Process
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	HCBS-10: Self-Direction of Services and Supports among Medicaid Beneficiaries Receiving LTSS through Managed Care Plans
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Administrative or Case Management Records.
Level of reporting for which specifications were developed	State-level.
Denominator	The number of people with a valid response and meet all survey eligibility requirements.
Numerator	The number of people reported to use a self-directed support option.
Exclusions	None.

Technical Specifications	
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact NASDDDS and HSRI regarding current measure specifications for the NCI-IDD [®] Survey. ¹
Information on testing or use in state Medicaid HCBS programs	The individual who suggested this measure noted that the NCI-IDD survey is currently being used in the following states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Washington D.C., Wisconsin, and Wyoming. ²
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	None identified by the individual who suggested the measure.

Actionability and Strategic Priority	
How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion	None identified by the individual who suggested the measure.

Actionability and Strategic Priority	
How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs	None identified by the individual who suggested the measure.
Whether the data source allows for stratification	<p>The measure steward shared that this measure allows for reporting based on one or more of the stratification categories used in other CMS programs.</p> <p>However, the measure steward indicated that the number of individuals surveyed within each state may not allow for statistically valid samples for each of the stratification categories. The measure steward further noted that increasing the sample size as to have statistically valid samples for each of these groups could create several challenges for states, including creating survey fatigue among individuals who are asked to respond to the survey every year to ensure large enough sub-samples and posing a threat to confidentiality if there are very small numbers of groups within any of these subsamples.</p>
Evidence of a performance gap on the measure	None identified by the individual who suggested the measure.
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	None identified by the individual who suggested the measure.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The individual who suggested the measure submitted a peer-reviewed systematic review which found that self-direction is associated with positive outcomes for caregivers. Self-direction has been shown to improve caregivers' well-being, reduce unmet needs, and increase access to care for recipients. Self-direction has been linked to a higher use of respite care, increased perception of choice, and greater intention among caregivers to continue providing care. ³

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	In 2022, 7.8 million people received Medicaid-funded HCBS. ⁴ According to AARP’s 2023 LTSS State Scorecard, 1,520,267 people self-direct some services, and the majority of those self-directed services are delivered through Medicaid-funded HCBS programs. ⁵
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-IDD since this is an existing NCI-IDD indicator.
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	None identified by the individual who suggested the measure.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-IDD survey for the purposes of HCBS Quality Measure Set reporting.

Citations

¹ <https://idd.nationalcoreindicators.org/how-to-engage/for-researchers/>.

² <https://idd.nationalcoreindicators.org/how-it-works/participating-states/>.

³ <https://pubmed.ncbi.nlm.nih.gov/38853407/>.

⁴ <https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-rebalancing-brief-2022.pdf>.

⁵ <https://pb.appliedselfdirection.com/api/files/xdr1oqesscyfjmm/omgolew8lh8ekdj/National%20Inventory%20of%20Self-Directed%20Long-Term%20Services%20and%20Supports%20Programs.pdf>.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators® – Intellectual and Developmental Disabilities (NCI®–IDD): The Percentage of People who Report Staff Do Things the Way They Want Them Done
Measure description	Single-item measure derived from a question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system. Question: Do staff do things the way you want them done?
Measure steward	National Association of State Directors of Developmental Disabilities Services (NASDDDS), Human Services Research Institute (HSRI)
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	National Core Indicators – Aging and Disabilities (NCI-AD™): Percentage of People Whose Support Staff Do Things the Way They Want Them Done
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	State-level.
Denominator	The number of people who provided a valid response and meet all survey eligibility requirements
Numerator	The number of respondents who report “Yes” to the question.

Technical Specifications	
Exclusions	Exclude individuals who fall into any of the following categories: <ul style="list-style-type: none"> • Surveyor indicated that the individual did not give consistent or valid responses. • All questions in Section I^a were left blank or marked “Not Applicable” or “Don’t Know.”
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact NASDDDS and HSRI regarding current measure specifications for the NCI-IDD [®] Survey. ¹
Information on testing or use in state Medicaid HCBS programs	The individual who suggested this measure noted that the NCI-IDD survey is currently being used in the following states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Washington D.C., Wisconsin, and Wyoming. ²
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	None identified by the individual who suggested this measure.

^a Section I of the In-Person Survey (IPS) refers to the face-to-face portion conducted either in person or through a secure video meeting. This section can only be answered by the individual receiving state services, and proxy responses are not permitted.

Actionability and Strategic Priority	
How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion	The individual who suggested this measure noted that the inclusion of this measure in the HCBS Quality Measure Set would appropriately assess control of service selection, service scheduling, who and how services are provided.
How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs	The individual who suggested this measure shared that this measure assesses the delivery of person-centered services that respect and honor an individual’s needs, wants, and cultural preferences.
Whether the data source allows for stratification	<p>The measure steward shared that this measure allows for reporting based on one or more of the stratification categories used in other CMS programs.</p> <p>However, the measure steward indicated that the number of individuals surveyed within each state may not allow for statistically valid samples for each of the stratification categories. The measure steward further noted that increasing the sample size as to have statistically valid samples for each of these groups could create several challenges for states, including creating survey fatigue among individuals who are asked to respond to the survey every year to ensure large enough subsamples and posing a threat to confidentiality if there are very small numbers of groups within any of these subsamples.</p>
Evidence of a performance gap on the measure	In 2022-2023, 86 percent of NCI-IDD respondents indicated that staff do things the way they would like them done. ³
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	None identified by the individual who suggested the measure.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The individual who suggested this measure noted that there is empirical evidence indicating that this measure could lead to improvement in the quality of HCBS service delivery and outcomes for Medicaid beneficiaries receiving HCBS but did not provide a source for or summary of the evidence.

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	None identified by the individual who suggested the measure.
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-IDD since this is an existing NCI-IDD indicator.
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	None identified by the individual who suggested the measure.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-IDD survey for the purposes of HCBS Quality Measure Set reporting.

Citations

¹ <https://idd.nationalcoreindicators.org/how-to-engage/for-researchers/>.

² <https://idd.nationalcoreindicators.org/how-it-works/participating-states/>.

³ https://idd.nationalcoreindicators.org/wp-content/uploads/2024/07/22-23_NCI-IDD_IPS_DataGlance.pdf.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators® – Intellectual and Developmental Disabilities (NCI®-IDD): The Percentage of People Who Report That They Know Whom to Talk To if They Want to Change Services
Measure description	Single-item measure derived from a question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state developmental disability service system. Question: If you want to change something about your services, do you know who to talk to?
Measure steward	National Association of State Directors of Developmental Disabilities Services (NASDDDS), Human Services Research Institute (HSRI)
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	<ul style="list-style-type: none"> National Core Indicators – Aging and Disabilities (NCI-AD™): Percentage of People Who Can Choose or Change What Kind of Services They Get NCI-AD™: Percentage of people who can choose or change when and how often they get their services NCI-IDD: The Percentage of People who Report that They Helped Make their Service Plan
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	State-level.
Denominator	The number of people who provided a valid response to this question and meet all survey eligibility requirements.

Technical Specifications	
Numerator	The number of respondents who report “Yes” to the question.
Exclusions	Exclude individuals who fall into any of the following categories: <ul style="list-style-type: none"> • The individual receiving supports was marked as the sole respondent to all questions in Section II^a, but Section I^b was deemed invalid because the individual’s responses were not consistent or valid. • All questions in Section II were left blank or marked “Not Applicable” or “Don’t Know.”
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact NASDDDS and HSRI regarding current measure specifications for the NCI-IDD [®] Survey. ¹
Information on testing or use in state Medicaid HCBS programs	The individual who suggested this measure noted that the NCI-IDD survey is currently being used in the following states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Washington D.C., Wisconsin, and Wyoming. ²
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	None identified by the individual who suggested the measure.

^a Section II of the IPS may be conducted in the presence of and with the assistance of a proxy respondent, if deemed appropriate by the interviewer.

^b Section I of the In-Person Survey (IPS) refers to the face-to-face portion conducted either in person or through a secure video meeting. This section can only be answered by the individual receiving state services, and proxy responses are not permitted.

Actionability and Strategic Priority	
How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion	The individual who suggested the measure noted that inclusion of this measure in the HCBS Quality Measure Set would assess compliance with person-centered planning requirements.
How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs	The individual who suggested the measure noted that this measure assesses compliance with and the quality of person-centered planning.
Whether the data source allows for stratification	<p>The measure steward shared that this measure allows for reporting based on one or more of the stratification categories used in other CMS programs.</p> <p>However, the measure steward indicated that the number of individuals surveyed within each state may not allow for statistically valid samples for each of the stratification categories. The measure steward further noted that increasing the sample size as to have statistically valid samples for each of these groups could create several challenges for states, including creating survey fatigue among individuals who are asked to respond to the survey every year to ensure large enough subsamples and posing a threat to confidentiality if there are very small numbers of groups within any of these subsamples.</p>
Evidence of a performance gap on the measure	In 2021-2022, 1 out of every 5 respondents do not know who to talk if they want to change something about their services. ³
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	None identified by the individual who suggested the measure.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The individual who suggested this measure noted that there is empirical evidence indicating that this measure could lead to improvement in the quality of HCBS service delivery and outcomes for Medicaid beneficiaries receiving HCBS but did not provide a source for or summary of the evidence.

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	Not identified by the individual who suggested the measure.
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-IDD as this is an existing NCI-IDD indicator.
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	None identified by the individual who suggested the measure.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-IDD survey for the purposes of HCBS Quality Measure Set reporting.

Citations

¹ <https://idd.nationalcoreindicators.org/how-to-engage/for-researchers/>.

² <https://idd.nationalcoreindicators.org/how-it-works/participating-states/>.

³ https://idd.nationalcoreindicators.org/wp-content/uploads/2023/05/0519_NCIIDD_Visusummary-A.pdf.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Research and Training Center on HCBS Outcome Measurement (RTC/OM): Personal Choices and Goals – Self-Determination Index
Measure description	<p>The <i>Personal Choices and Goals – Self-Determination Index</i> measure is one of three measures in the RTC/OM survey that are designed to determine a participant’s ability to make important decisions and exercise control over those areas of their daily lives and services. This is a person-centered composite measure that determines whether the areas in which participants exercise control are important to them and the degree to which their control is consistent with their desired degree of choice and control.</p> <p>The composite score is derived by summing scores derived from 7 combinations of three items (the measure contains 21 items in total). Each of the three-item combinations produce a Self-Determination Index (SDI) score. The SDI is obtained using three separate questions which are structured as follows (response options are also provided):</p> <ul style="list-style-type: none"> • How much control the participant currently exercises in an <area of their life>. <ul style="list-style-type: none"> - “SOMEONE ELSE makes the decisions” - “SOMEONE ELSE makes the decisions with MY help” - “I make decisions with SOMEONE ELSE’S help” - “I make decisions by MYSELF” • How much control they would prefer to have in that <area of their life>. <ul style="list-style-type: none"> - “I want SOMEONE ELSE to decide” - “I want SOMEONE ELSE to decide with MY help” - “I want to decide with SOMEONE ELSE’S HELP” - “I want to decide by MYSELF” • How important that <area of their life> is to them. <ul style="list-style-type: none"> - “Not important at all” - “Not very important” - “Important” - “Very important”

Measure Information

Measure description (continued)

The Self-Determination Index is an algorithm that computes the difference between a participant's exercised and preferred level of control in an area of their life and weights this difference by how important the area is to them. Scores for each three-item combination range from 1 (lowest amount of self-determination) to 20 (highest amount of self-determination). The composite score can range from 7 to 140. Higher scores correspond to a greater alignment between a person's preferred and exercised level of control.

Below lists all 21 items on the measure, followed by the combination of items used to create SDI scores:

- G1. Who decides what you do in your personal life?
- G2. Who do you want to decide what you do in your personal life?
- G3. How important is it who decides what you do in your personal life?
- S1a. Who decides what you do in your free time?
- S1b. Who do you want to decide what you do in your free time?
- S1c. How important is it who decides what you do in your free time?
- S2a. Who decides how you spend your personal money?
- S2b. Who do you want to decide how you spend your personal money?
- S2c. How important is it who decides how you spend your personal money?
- S3a. Who decides your daily routine?
- S3b. Who do you want to decide your daily routine?
- S3c. How important is it who decides your daily routine?
- S4a. Who decides what you do with friends and family?
- S4b. Who do you want to decide what you do with friends and family?
- S4c. How important is it who decides what you do with friends and family?
- S5a. Who decides what food you eat?
- S5b. Who do you want to decide what food you eat?
- S5c. How important is it who decides what food you eat?
- S6a. Who decides when you eat?
- S6b. Who do you want to decide when you eat?
- S6c. How important is it who decides when you eat?

Measure Information	
Measure description (continued)	<p>The item combinations to generate SDI scores, which are then summed to obtain the composite score:</p> <ul style="list-style-type: none"> • G1, G2, G3 • S1a, S1b, S1c • S2a, S2b, S2c • S3a, S3b, S3c • S4a, S4b, S4c • S5a, S5b, S5c • S6a, S6b, S6c
Measure steward	Institute on Community Integration (ICI) - University of Minnesota, Twin Cities
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	<p>The individual who suggested this measure indicated that it is similar to the following measure on the HCBS Quality Measure Set:</p> <ul style="list-style-type: none"> • National Core Indicators®-Intellectual and Developmental Disabilities (NCI®- IDD) CC-4: Life Decision Composite Measure (The proportion of people who report making choices (independently or with help) in life decisions)
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool or reported by measure steward.

Technical Specifications	
Ages	Ages 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Provider-level. If a state wanted to use the measures for state-level reporting, the measure steward indicated they would provide technical assistance to the state regarding collection of the measure and calculation of state-level rates.
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. HCBS-like services are defined by the measure steward as those that resemble services covered by federal HCBS waivers but are not directly funded through a traditional 1915(c) waiver. This includes Medicaid state plan services as well as non-Medicaid services such as Older Americans Act (OAA) services, which may be funded by the state.

Technical Specifications	
Numerator	The number of survey respondents who obtained a score in the measure-derived interquartile range of 41 to 106. This is derived from the overall composite score range of 7 to 140.
Exclusions	None.
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	More information about the RTC/OM HCBS Outcome Measures can be found here: https://rtcom.umn.edu/rtcom-measures .
Information on testing or use in state Medicaid HCBS programs	<p>The individual who suggested this measure shared that the measure was tested through a national field study¹ that sampled individuals from participating HCBS providers in the following states: Minnesota, Pennsylvania, Kansas, Utah, Florida, Georgia, Massachusetts, Iowa, Ohio, California, Arizona, and Maine.</p> <p>The sample of HCBS recipients included those with age-related disabilities, physical disabilities, psychiatric disabilities, intellectual and developmental disabilities, and traumatic or acquired brain injuries. The participants were required to be receiving HCBS through, for example, 1915(c) waivers, or “HCBS-like” service in their state of residence.</p>
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The individual who suggested this measure indicated that interpretation of the coding of items used to score/calculate the measures should not vary. Data should be collected in a consistent manner at the provider level and there should not be inconsistency in the completeness of the data between states. No claims or administrative data is required to calculate the measure scores and the survey itself contains all the data required for calculations.

Actionability and Strategic Priority

<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>The individual who suggested this measure highlighted that the measure was developed in response to national HCBS stakeholder input into the most important outcomes that should be assessed within HCBS programs. Specifically, the measure was selected for development based on the input of HCBS administrators, recipients, providers, and family members as to the highest priority domains of the National Quality Forum’s HCBS Outcome Measurement Framework.² In addition, the measures were developed with multiple stages of stakeholder involvement in the testing and review process that followed the CMS Measure Development Blueprint and the American Psychological Association guidelines. Field testing was longitudinal, tracking participants at three separate time points to ensure reliable data comparison over time. The measure is designed for use at the HCBS provider level at no cost. Its modular nature allows for collection and calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure.</p> <p>This measure would provide a measure of the extent to which a person has the level of control they desire in those areas most important to them.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure commented that effective service delivery in HCBS provides recipients with the support needed to have the level of choice they desire in important areas of their lives. The HCBS Settings Rule also requires services to promote recipients receiving the highest level of choice and control possible. Use of this measure would provide an assessment of the level of control HCBS recipients have within a setting and can also be used to address individual concerns that are reported by HCBS recipients. Moreover, during the measure selection and development phase, participating stakeholders placed high importance on the need for measures of choice and control in the HCBS system.</p>
<p>Whether the data source allows for stratification</p>	<p>The individual who suggested this measure indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>The measure steward confirmed that specifications can be provided that stratify RTC/OM measures by several categories, and three disability populations: intellectual/developmental disability, physical disability, and severe mental illness.</p> <p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>

Actionability and Strategic Priority	
Evidence of a performance gap on the measure	The individual who suggested this measure shared parts of the technical specifications that summarized findings from the initial pilot study. The specifications note that composite scores of this measure can range from 0 to 140. During the measure’s pilot study, 12.1 percent of participants obtained a top box score of 140 and the interquartile range of scores was 113 to 134, indicating a significant performance gap on this measure for participants.
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	The individual who suggested this measure stated that the measure is designed to assess both the HCBS recipient’s experiences of choice and control over their personal lives. The measure is person-centered in that the primary respondent is the HCBS recipient and the items obtain their reported control over their daily lives. The measure was also designed and tested for longitudinal use so that the outcome can be trended and compared over time. The measure can be used for measuring HCBS programs or provider initiatives designed to improve the level of choice over daily life that a person’s HCBS support.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	<p>The individual who suggested this measure stated that the measure can lead to improvement of service delivery and outcomes due to its strong psychometric properties³ and ability to provide reliable and valid outcomes for HCBS recipients. Further empirical testing from a national field study has demonstrated measure outcomes demonstrate good to excellent reliability and validity. Data were collected across three time points on 168 individuals and are able to assess trends across time.</p> <p>The measure steward noted that they are also in the process of writing technical reports and publications from a recent field study of the RTC/OM measures which includes three sets of analyses: (1) whether the measures are behaving psychometrically in a similar manner when they are used longitudinally, (2) whether the measures can detect change in outcomes over an 18-month period of time, and (3) a set of analyses of a subset of measure outcomes among populations of individuals with and without disabilities. The measure steward shared that they anticipate that unpublished findings from these analyses will be complete in early 2025 and can be shared with the Workgroup prior to publication.</p>

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	The individual who suggested this measure stated that it is not applicable to consider the prevalence of the outcome being measured. This is not a measure of presence or absence of an outcome. Rather, this is a composite outcome measure where all HCBS recipients have more or less choice and control over their personal choices and goals.

Additional Information for Consideration	
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Yes. The individual who suggested this measure indicated that workflow modifications would impose moderate to significant additional data entry burden on a provider to collect the data elements to report the measure because data are not routinely collected during care, or are not collected using structured electronic health record fields.
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure does not anticipate that states will encounter unique barriers when calculating this measure. However, technical assistance will be provided free of charge by ICI if it is needed. The measure steward confirmed that they would provide free training in the form of training modules. ICI will also provide the computation algorithm for the self-determination index. States or providers needing additional assistance beyond the asynchronous training will have the option of contacting ICI directly and they will work to provide additional assistance. The measure steward further noted that ICI is a University Center for Excellence in Developmental Disabilities with a mission of providing support needed to implement the various initiatives and grant deliverables that they produce; they will continue to provide this level of support and technical assistance for these measures throughout their stewardship.
Could this measure be calculated by CMS on behalf of states using an existing data source?	No. The individual who suggested this measure highlighted that the measure is a person-centered outcome survey that involves collecting data directly from HCBS recipients and does not draw from existing administrative data sources.
Other information	The individual who suggested this measure emphasized that all RTC/OM measures were developed through a National Institute on Disability, Independent Living, and Rehabilitation Research grant with the goal of creating measures that are both essential for HCBS programs and providers and are specifically tailored to the target populations. These measures are the product of several years of development with stakeholder involvement at every stage. RTC/OM is committed to disseminating these measures and takes this responsibility seriously.

Citations

¹ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)

² [https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.](https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx)

³ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Research and Training Center on HCBS Outcome Measurement (RTC/OM): Services and Supports – Self-Determination Index
Measure description	<p>The <i>Services and Supports</i> measure is one of two measures in the RTC/OM suite of measures that is focused on participants’ levels of choice and control in their daily lives. This measure assesses the participant’s level of choice with their services and supports.</p> <p>The composite score is derived by summing scores derived from 5 combinations of three items (the measure contains 15 items in total). Each of the three-item combinations produce a Self-Determination Index (SDI) score. The SDI is obtained using three separate questions which are structured as follows (response options are also provided):</p> <ul style="list-style-type: none"> • How much control the participant currently exercises in an <area of their life>. <ul style="list-style-type: none"> - “SOMEONE ELSE makes the decisions” - “SOMEONE ELSE makes the decisions with MY help” - “I make decisions with SOMEONE ELSE’S help” - “I make decisions by MYSELF” • How much control they would prefer to have in that <area of their life>. <ul style="list-style-type: none"> - “I want SOMEONE ELSE to decide” - “I want SOMEONE ELSE to decide with MY help” - “I want to decide with SOMEONE ELSE’S HELP” - “I want to decide by MYSELF” • How important that <area of their life> is to them. <ul style="list-style-type: none"> - “Not important at all” - “Not very important” - “Important” - “Very important”

Measure Information

Measure description (continued)

The SDI is an algorithm that computes the difference between a participant's exercised and preferred level of control in an <area of their life> and weights this difference by how important the area is to them. Scores for each three-item combination range from 1 (lowest amount of self-determination) to 20 (highest amount of self-determination). The composite score can range from 5 to 100. Higher scores correspond to a greater alignment between a person's preferred and exercised level of control.

Below lists all 15 items on the measure, followed by the combination of items used to create SDI scores:

- G1. Who decides what services and supports you get?
- G2. Who do you want to decide what services and supports you get?
- G3. How important is it who decides what services and supports you get?
- S1a. Who decides who your staff members are?
- S1b. Who do you want to decide who your staff members are?
- S1c. How important is it who decides who your staff members are?
- S2a. Who decides what your staff does for you?
- S2b. Who do you want to decide what your staff does for you?
- S2c. How important is it who decides what your staff does for you?
- S3a. Who decides what goals are set during planning meetings?
- S3b. Who do you want to decide what goals are set during planning meetings?
- S3c. How important is it who decides what goals are set during planning meetings?
- S4a. Who decides who you live with?
- S4b. Who do you want to decide who you live with?
- S4c. How important is it who decides who you live with?

The item combinations to generate SDI scores, which are then summed to obtain the composite score:

- G1, G2, G3
- S1a, S1b, S1c
- S2a, S2b, S2c
- S3a, S3b, S3c
- S4a, S4b, S4c

Measure Information	
Measure steward	Institute on Community Integration (ICI) - University of Minnesota, Twin Cities
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	<p>The individual who suggested this measure indicated that the measure is similar to the following measures that are currently in the HCBS Quality Measure Set:</p> <ul style="list-style-type: none"> • HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]): Choosing the services that matter to you (Q56 and Q57) • National Core Indicators- Aging and Disability (NCI-AD[™]): Percentage of people who can choose or change their support staff • NCI-AD[™]: Percentage of people who can choose or change what kind of services they get • NCI-AD[™]: Percentage of people who can choose or change when and how often they get their services • Personal Outcome Measures (POM)[®]: People choose services <p>The individual who suggested this measure highlighted that, although similar to other measures in the Quality Measure Set, this measure provides a much more comprehensive measurement of a recipient's choice and control over their services. The measure includes a combination of the level of importance, the current level of control, and the desired level. These three concepts together provide additional information not available in the current measure set.</p>
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool or reported by the measure steward.

Technical Specifications	
Ages	Ages 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Provider-level. If a state wanted to use the measures for state-level reporting, the measure steward indicated they would provide technical assistance to the state regarding collection of the measure and calculation of state-level rates.

Technical Specifications	
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. HCBS-like services are defined by the measure steward as those that resemble services covered by federal HCBS waivers but are not directly funded through a traditional 1915(c) waiver. This includes Medicaid state plan services as well as non-Medicaid services such as Older Americans Act (OAA) services, which may be funded by the state.
Numerator	The number of survey respondents who obtained a score in the measure-derived interquartile range of 29 to 76. This is derived from the overall composite score range of 5 to 100.
Exclusions	None.
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	More information about the RTC/OM HCBS Outcome Measures can be found here: https://rtcom.umn.edu/rtcom-measures .
Information on testing or use in state Medicaid HCBS programs	<p>The individual who suggested this measure shared that the measure was tested through a national field study¹ that sampled individuals from participating HCBS providers in the following states: Minnesota, Pennsylvania, Kansas, Utah, Florida, Georgia, Massachusetts, Iowa, Ohio, California, Arizona, and Maine.</p> <p>The sample of people receiving HCBS included those with age-related disabilities, physical disabilities, psychiatric disabilities, intellectual and developmental disabilities, and traumatic or acquired brain injuries. The participants were required to be receiving HCBS through, for example, 1915(c) waivers, or “HCBS-like” service in their state of residence.</p>
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The individual who suggested this measure indicated that interpretation of the coding of items used to score/calculate the measures should not vary. Data should be collected in a consistent manner at the provider level and there should not be inconsistency in the completeness of the data between states. No claims or administrative data is required to calculate the measure scores and the survey itself contains all the data required for measure calculations.

Actionability and Strategic Priority

<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>The individual who suggested this highlighted that the measure was developed in response to national HCBS stakeholder input into the most important outcomes that should be assessed within HCBS programs. Specifically, the measure was selected for development based on the input of HCBS administrators, recipients, providers, and family members as to the highest priority domains of the National Quality Forum’s HCBS Outcome Measurement Framework². In addition, the measures were developed with multiple stages of stakeholder involvement in the testing and review process that followed the CMS Measure Development Blueprint and the American Psychological Association guidelines. Field testing was longitudinal, tracking participants at three separate time points to ensure reliable data comparison over time. The measure is designed for use at the HCBS provider level at no cost. Its modular nature allows for collection and calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure.</p> <p>This measure provides an index regarding choice over various aspects of a person’s services that includes how important having control is to the person, how much control they currently have, and how much they desire to have. The current measures in the HCBS Quality Measure Set do not include a way of calculating a score that brings each of these concepts together into a single measure.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure commented that effective service delivery includes a need for HCBS recipients to be involved in the selection of the services and control over how their services are delivered. Use of this measure would gain an understanding of how much control HCBS recipients report having over their services and supports and whether that level of control matches their desired level. Moreover, during the development phase of this measure, participating stakeholders placed high importance on the need for measures of the level of control over services an HCBS recipient has in the HCBS system.</p>

Actionability and Strategic Priority	
<p>Whether the data source allows for stratification</p>	<p>The individual who suggested this measure indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>The measure steward confirmed that specifications can be provided that stratify RTC/OM measures by several categories, and three disability populations: intellectual/developmental disability, physical disability, and severe mental illness.</p> <p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>
<p>Evidence of a performance gap on the measure</p>	<p>The individual who suggested this measure shared parts of the technical specifications that summarized findings from the initial pilot study. The specifications note that composite scores of this measure can range from 0 to 100. During the measure’s pilot study, 5.7 percent of participants obtained a top box score of 100 and the interquartile range of scores was 63 to 90, indicating a significant performance gap on this measure for participants.</p>
<p>Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states</p>	<p>The individual who suggested this measure stated that the measure is person-centered in that the primary respondent is the HCBS recipient and the items obtain their reported level of choice and control over their services. The measure was also designed and tested for longitudinal use so that the outcome can be trended and compared over time. The measure can be used for measuring HCBS program or provider initiatives regarding improving the level of control HCBS recipients have over their services.</p>
<p>Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes</p>	<p>The individual who suggested this measure stated that the measure can lead to improvement of service delivery and outcomes due to its strong psychometric properties and ability to provide reliable and valid outcomes for HCBS recipients.³ Further empirical testing from a national field study has demonstrated measure outcomes demonstrate good to excellent reliability and validity. Data were collected across three time points on 168 individuals and are able to assess trends across time.</p>

Actionability and Strategic Priority	
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes (continued)	The measure steward noted that they are also in the process of writing technical reports and publications from a recent field study of the RTC/OM measures which includes three sets of analyses: (1) whether the measures are behaving psychometrically in a similar manner when they are used longitudinally, (2) whether the measures can detect change in outcomes over an 18-month period of time, and (3) a set of analyses of a subset of measure outcomes among populations of individuals with and without disabilities. The measure steward shared that they anticipate that unpublished findings from these analyses will be complete in early 2025 and can be shared with the Workgroup prior to publication.

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	The individual who suggested this measure stated that it is not applicable to consider the prevalence of the outcome being measured. This is not a measure of presence or absence of an outcome. Rather, this is a composite outcome measure where all HCBS recipients have more or less choice and control over their services and supports.
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Yes. The individual who suggested this measure indicated that workflow modifications would impose moderate to significant additional data entry burden on a provider to collect the data elements to report the measure because data are not routinely collected during care, or are not collected using structured electronic health record fields.
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure does not anticipate that states will encounter unique barriers when calculating this measure. However, technical assistance will be provided free of charge by ICI if it is needed. The measure steward confirmed that they would provide free training in the form of training modules. ICI will also provide the computation algorithm for the Self-Determination Index. States or providers needing additional assistance beyond the asynchronous training will have the option of contacting ICI directly and they will work to provide additional assistance. The measure steward further noted that ICI is a University Center for Excellence in Developmental Disabilities with a mission of providing support needed to implement the various initiatives and grant deliverables that they produce; they will continue to provide this level of support and technical assistance for these measures throughout their stewardship.
Could this measure be calculated by CMS on behalf of states using an existing data source?	No. The individual who suggested this measure highlighted that the measure is a person-centered outcome survey that involves collecting data directly from HCBS recipients and does not draw from existing administrative data sources.

Additional Information for Consideration

Other information

The individual who suggested this measure emphasized that all RTC/OM measures were developed through a National Institute on Disability, Independent Living, and Rehabilitation Research grant with the goal of creating measures that are both essential for HCBS programs and providers and are specifically tailored to the target populations. These measures are the product of several years of development with stakeholder involvement at every stage. RTC/OM is committed to disseminating these measures and takes this responsibility seriously.

Citations

- ¹ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)
- ² [https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.](https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx)
- ³ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)

Measure Information Sheets: Consumer Leadership and Development

The level to which individuals who use HCBS are well supported to actively participate in the design, implementation, and evaluation of the system at all levels.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Research and Training Center on HCBS Outcome Measurement (RTC/OM): System Supports Meaningful Consumer Involvement
Measure description	<p>The <i>System Supports Meaningful Consumer Involvement</i> measure is a composite outcome measure that evaluates the extent to which either the organization that provides an HCBS recipient’s services and/or the HCBS system as a whole is providing opportunities for leadership and supporting the HCBS recipient to be involved in the design and improvement of HCBS.</p> <p>The composite score is derived by summing the response scores to 10 items. The composite score can range from 0 to 30. Higher scores correspond to participants having higher perceptions of support in their leadership roles.</p> <p>The 10 items are:</p> <ul style="list-style-type: none"> • G1. [Your provider organization] asks for your input when they make important decisions. • G2. You get the support you want to be involved in improving the services and supports at [your provider organization]. • S1. [Your provider organization] provides you with the training you want to grow as a leader. • S2. [Your provider organization] asks for your ideas about how to improve services for everyone. • S3. [Your provider organization] encourages you to take part in developing resources to explain services and supports. • S4. [Your provider organization] offers you a chance to work with a person who is more experienced to help you develop leadership skills. • S5. You receive the supports you want to participate in events where you can be a leader. • S6. You feel welcomed to participate in leadership activities by [your provider organization’s] directors or staff. • S8. There are enough chances for you to provide input about the services at [your provider organization]. • S9. You are encouraged to make suggestions about how to improve [your provider organization].

Measure Information	
Measure description (continued)	<p>The two items “G1” and “G2” are scored 0 to 3 on a frequency scale with response options:</p> <ul style="list-style-type: none"> • 0 = “Never/Rarely” • 1 = “Sometimes” • 2 = “Often” • 3 = “Almost Always/Always” <p>The remaining items “S1” through “S6”, “S8”, and “S9” are scored 0 to 3 on an agreement scale with response options:</p> <ul style="list-style-type: none"> • 0 = “Strongly Disagree” • 1 = “Disagree” • 2 = “Agree” • 3 = “Strongly Agree”
Measure steward	Institute on Community Integration (ICI) - University of Minnesota, Twin Cities
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	No
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool or reported by measure steward.

Technical Specifications	
Ages	Ages 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Provider-level. If a state wanted to use the measures for state-level reporting, the measure steward indicated they would provide technical assistance to the state regarding collection of the measure and calculation of state-level rates.
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. HCBS-like services are defined by the measure steward as those that resemble services covered by federal HCBS waivers but are not directly funded through a traditional 1915(c) waiver. This includes Medicaid state plan services as well as non-Medicaid services such as Older Americans Act (OAA) services, which may be funded by the state.

Technical Specifications	
Numerator	The number of survey respondents who obtained a score in the measure-derived interquartile range of 8 to 22. This is derived from the overall composite score range of 0 to 30.
Exclusions	None.
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	More information about the RTC/OM HCBS Outcome Measures can be found here: https://rtcom.umn.edu/rtcom-measures .
Information on testing or use in state Medicaid HCBS programs	<p>The individual who suggested this measure shared that the measure was tested through a national field study¹ that sampled individuals from participating HCBS providers in the following states: Florida, Georgia, and Minnesota.</p> <p>The sample of HCBS recipients included those with age-related disabilities, physical disabilities, psychiatric disabilities, intellectual and developmental disabilities, and traumatic or acquired brain injuries. The participants were required to be receiving HCBS through, for example, 1915(c) waivers, or “HCBS-like” services in their state of residence.</p>
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The individual who suggested this measure indicated that interpretation of the coding of items used to score/calculate the measures should not vary. Data should be collected in a consistent manner at the provider level and there should not be inconsistency in the completeness of the data between states. No claims or administrative data is required to calculate the measure scores and the survey itself contains all the data required for measure calculations.

Actionability and Strategic Priority

<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>The individual who suggested this measure highlighted that the measure was developed in response to national HCBS stakeholder input into the most important outcomes that should be assessed within HCBS programs. Specifically, the measure was selected for development based on the input of HCBS administrators, recipients, providers, and family members as to the highest priority domains of the National Quality Forum’s HCBS Outcome Measurement Framework.² In addition, the measures were developed with multiple stages of stakeholder involvement in the testing and review process that followed the CMS Measure Development Blueprint and the American Psychological Association guidelines. Field testing was longitudinal, tracking participants at three separate time points to ensure reliable data comparison over time. The measure is designed for use at the HCBS provider level at no cost. Its modular nature allows for collection and calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure.</p> <p>The individual who suggested this measure also pointed out that the current HCBS Quality Measure Set does not include measures of how the HCBS system supports meaningful consumer involvement in the improvement of services. This new measure would complement existing measures by providing more information on how well the system supports the meaningful involvement of HCBS recipients in decision-making and service improvement.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure noted that effective service delivery in HCBS should prioritize the meaningful involvement of recipients in improving services. This measure provides a means of tracking the extent to which HCBS recipients report feeling supported in their involvement in decision-making processes. Medicaid HCBS programs have a responsibility to ensure that services actively encourage consumer participation. Using this measure would promote the identification and enhancement of system support for consumer involvement within an HCBS program and can be used to address any gaps in participation that are reported by HCBS recipients. During the development phase of this measure, participating stakeholders emphasized the importance of measuring system support for meaningful consumer involvement in the HCBS improvement.</p>

Actionability and Strategic Priority	
<p>Whether the data source allows for stratification</p>	<p>The individual who suggested this measure indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>The measure steward confirmed that specifications can be provided that stratify RTC/OM measures by several categories, and three disability populations: intellectual/developmental disability, physical disability, and severe mental illness.</p> <p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>
<p>Evidence of a performance gap on the measure</p>	<p>The individual who suggested this measure shared parts of the technical specifications that summarized findings from the initial pilot study. The specifications note that composite scores of this measure can range from 0 to 36. During the measure’s pilot study, one participant obtained a top box score of 36 and the interquartile range of scores was 13 to 23, indicating a significant performance gap on this measure for participants.</p>
<p>Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states</p>	<p>The individual who suggested this measure noted that this measure is designed to assess how well the HCBS system supports meaningful consumer involvement and improvement in the overall quality of their services. It is person-centered, with the primary respondent being the HCBS recipient, who reports on their experiences of being supported to be involved in HCBS improvement within their program/provider. The measure is also designed and tested for longitudinal use, allowing trends in support of consumer involvement to be tracked and compared over time. This measure can be used to evaluate HCBS programs or provider initiatives aimed at enhancing and promoting meaningful consumer involvement within the system.</p>

Actionability and Strategic Priority	
<p>Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes</p>	<p>The individual who suggested this measure stated that the measure can lead to improvement of service delivery and outcomes due to its strong psychometric properties and ability to provide reliable and valid outcomes for HCBS recipients.³</p> <p>The measure steward noted that they are also in the process of writing technical reports and publications from a recent field study of the RTC/OM measures which includes three sets of analyses: (1) whether the measures are behaving psychometrically in a similar manner when they are used longitudinally, (2) whether the measures can detect change in outcomes over an 18-month period of time, and (3) a set of analyses of a subset of measure outcomes among populations of individuals with and without disabilities. The measure steward shared that they anticipate that unpublished findings from these analyses will be complete in early 2025 and can be shared with the Workgroup prior to publication.</p>

Additional Information for Consideration	
<p>Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS</p>	<p>The individual who suggested this measure stated that it is not applicable to consider the prevalence of the outcome being measured. This is not a measure of presence or absence of an outcome. Rather, it is a composite outcome measure where HCBS recipients will have more or less support from the system to participate in meaningful consumer involvement.</p>
<p>Measure will require provider or beneficiary workflows to be modified to collect data to report measure</p>	<p>Yes. The individual who suggested this measure indicated that workflow modifications would impose moderate to significant additional data entry burden on a provider to collect the data elements to report the measure because data are not routinely collected during care, or are not collected using structured electronic health record fields.</p>
<p>Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting</p>	<p>The individual who suggested this measure does not anticipate that states will encounter unique barriers when calculating this measure. However, technical assistance will be provided free of charge by ICI if it is needed. The measure steward confirmed that they would provide free training in the form of training modules. States or providers needing additional assistance beyond the asynchronous training will have the option of contacting ICI directly and they will work to provide additional assistance. The measure steward further noted that ICI is a University Center for Excellence in Developmental Disabilities with a mission of providing support needed to implement the various initiatives and grant deliverables that they produce; they will continue to provide this level of support and technical assistance for these measures throughout their stewardship.</p>

Additional Information for Consideration	
Could this measure be calculated by CMS on behalf of states using an existing data source?	No. The individual who suggested this measure highlighted that the measure is a person-centered outcome survey that involves collecting data directly from HCBS recipients and does not draw from existing administrative data sources.
Other information	The individual who suggested this measure emphasized that all RTC/OM measures were developed through a National Institute on Disability, Independent Living, and Rehabilitation Research grant, with the goal of creating measures that are both essential for HCBS programs and providers and are specifically tailored to the target populations. These measures are the product of several years of development, with stakeholder involvement at every stage. RTC/OM is committed to disseminating these measures and takes this responsibility seriously.

Citations

- ¹ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)
- ² [https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.](https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx)
- ³ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)

Measure Information Sheets: System Performance and Accountability Domain

The extent to which the system operates efficiently, ethically, transparently, and effectively in achieving desired outcomes. This includes measures of rebalancing.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Fee-for-Service Long-Term Services and Supports/Managed Long-Term Services and Supports Minimizing Facility Length of Stay (FFS LTSS-7/MLTSS-7)
Description	<p>FFS LTSS-7: The proportion of admissions to a facility among Medicaid fee-for-service (FFS) long-term services and supports (LTSS) participants, aged 18 years and older, that result in successful discharge to the community (community residence for 60 or more days) within 100 days of admission.</p> <p>MLTSS-7: The proportion of admissions to a facility among Medicaid managed LTSS (MLTSS) participants, aged 18 years and older, that result in successful discharge to the community (community residence for 60 or more days) within 100 days of admission.</p> <p>This measure is reported as an observed rate and a risk-adjusted rate.</p>
Measure steward	The Centers for Medicare & Medicaid Services (CMS)
Measure type	Outcome
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	<p>Response 1: The first individual who suggested the measure indicated that removal of this measure would not leave a gap in the HCBS Quality Measure Set, as this measure assesses aspects of service delivery which are outside the influence of Medicaid programs and providers.</p> <p>Response 2: The second individual who suggested this measure also expressed that removal of this measure would not leave a gap in the HCBS Quality Measure Set, and that the MLTSS-8 and FFS LTSS-8 measures more appropriately assess plans' and states' ability to provide care coordination and services to ensure members are appropriately served in the community.</p>
Has another measure been proposed for substitution (new or existing measure)?	No

Measure Information	
Is there another related measure in the HCBS Quality Measure Set?	The second individual who suggested this measure noted that the <i>Successful Transition after Long-Term Facility Stay</i> measure (MLTSS-8/FFS LTSS-8) more appropriately assesses plans' and states' ability to provide care coordination and services to ensure individuals are appropriately served in the community.
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool.

LTSS Measures Technical Specifications	
Ages	Aged 18 and older as of the first day of the measurement year.
Data collection method	Administrative.
Benefit	LTSS (HCBS, institutional services, ^a or both HCBS <i>and</i> institutional services). Benefits should be determined at the participant level. Any participant receiving a benefit for both LTSS and medical care through Medicaid FFS LTSS or MLTSS is eligible for this measure.
Denominator	The number of facility admissions occurring during the measurement period, removing those for which the admission represented a transfer between facilities and those for which a death occurred while admitted or within one day of discharge.
Numerator	The count of discharges from a facility to the community during the measurement year that occurred within 100 days or fewer of admission. Discharges that result in death, hospitalization, or readmission to the facility within 60 days of discharge from the facility do not meet the element.
Exclusions	Exclude individuals who fall into either of the following categories: <ol style="list-style-type: none"> 1. Participant Transferred between Facilities <ul style="list-style-type: none"> - Admissions associated with a transfer between facilities (i.e., a participant was admitted at one facility and transferred to another) are not included in the measure. 2. Participant Died <ul style="list-style-type: none"> - A participant who dies while admitted in the facility or dies within one day of discharge from the facility is removed from the measure.
Continuous enrollment period	Participants receiving Medicaid FFS LTSS or MLTSS on the facility admission date through 160 days following the facility admission date.

^a Provided in nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), hospitals, and hospitals and nursing facilities furnishing inpatient psychiatric hospital services for individuals under age 21 and services in institutions for mental diseases (IMD) for individuals ages 65 and older.

LTSS Measures Technical Specifications

Allowable gap

None.

Reasons for Removal Noted by Submitter(s)

Minimum Technical Feasibility and Appropriateness Criteria

Response 1: None identified by the individual who suggested the measure.

Response 2: None identified by the individual who suggested the measure.

Actionability and Strategic Priority

Response 1: The first individual who suggested this measure indicated that improvement on the measure is outside the direct influence of Medicaid HCBS programs and providers. They noted that for individuals who are dually covered by Medicaid and Medicare, short term facility stays of up to 100 days following an acute hospitalization are covered and coordinated by Medicare, not Medicaid. The entity coordinating the Medicare-paid services is the entity which influences decisions related to the clinical appropriateness of discharge from the facility and the community-based services and supports that are available to the individual immediately upon discharge. Therefore, improvement on this measure is outside of the scope of Medicaid's influence for individuals who are dually eligible for Medicare and Medicaid.

This individual suggested that an alternative to removal would be for CMS to require stratification of the measure by payer group such that performance related to individuals who are dually eligible for Medicare and Medicaid is assessed separately from performance related to individuals who are not eligible for Medicare.

Response 2: The second individual who suggested this measure also expressed concern that improvement on this measure is outside the direct influence of Medicaid HCBS programs and providers, noting again that the first 100 days of a skilled nursing facility stay are typically covered by Medicare, and not the Medicaid plan or program. For the MLTSS version of the measure, managed care plans have limited insight into the Medicare utilization and expenditures of dually eligible beneficiaries enrolled in an organization's MLTSS plan if they are not also enrolled in an aligned Medicare Advantage plan. Consequently, MLTSS plans are limited in their ability to influence the length of the institutional stay within these first 100 days for dually eligible beneficiaries.

Other Considerations

Response 1: None identified by the individual who suggested the measure.

Response 2: None identified by the individual who suggested the measure.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Adult Version: Enrollees' Rating of Health Plan
Measure description	A single-item measure of beneficiaries' satisfaction with their health plan and the extent to which the plan is meeting their expectations. This measure is calculated using the response to the following question: Question 26: Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
Measure steward	The Agency for Healthcare Quality and Research (AHRQ)
Measure type	Experience of care
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	No
Use in other federal programs	Medicaid Adult Core Set

Technical Specifications	
Ages	Age 18 and older as of the first day of the measurement year.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	National, state, and plan-level.
Denominator	The number of people who provided a response of 0 to 10 to the question.
Numerator	The number of respondents who provided a response of 10 to the question.

Technical Specifications	
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • They were not continuously enrolled in Medicaid or CHIP (excepting an allowable enrollment lapse of less than 45 days). • Their primary health coverage is not through Medicaid or CHIP. • Another member of their household has already been sampled. • They have been institutionalized (put in the care of a specialized institution) or are deceased.
Continuous enrollment period	A participant must be enrolled in the health plan for 6 months.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/hp/Adult_Med_Eng_HP51_2152a.pdf
Information on testing or use in state Medicaid HCBS programs	The individual who suggested this measure indicated that some states with managed care delivery systems that provide HCBS, such as Pennsylvania, have tested or used the measure.
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The individual who suggested this measure noted that the measure would only be applicable for managed care plans that cover HCBS and it would not apply to fee-for-service HCBS. To measure a similar construct in fee-for-service programs, it would be necessary to develop or use a measure that assesses individuals' ratings of their satisfaction with an HCBS program or administrative service that is part of the HCBS program.

Actionability and Strategic Priority	
How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion	The individual who suggested this measure said the measure would provide a basis of comparison for an overall rating of satisfaction with managed care plans that provide HCBS, where there may be multiple competing managed care plans in a state from which a recipient may choose.

Actionability and Strategic Priority	
How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs	The individual who suggested this measure noted that the measure allows for satisfaction levels/rating of managed care plans to be a characteristic beneficiaries can use to choose one plan over another. When the rating is shared in conjunction with other HCBS measures, beneficiaries can evaluate the strengths of each plan in order to make a decision.
Whether the data source allows for stratification	The individual who suggested the measure noted the current CAHPS Health Plan Survey instrument contains one or more of the stratification categories used in other CMS programs.
Evidence of a performance gap on the measure	The individual who suggested this measure did not know whether there is evidence of a performance gap on this measure.
Ways the measure could be used to monitor improvement in HCBS service delivery	The individual who suggested this measure responded that health plans can use HCBS outcomes, member survey responses, retention rates, and rate of new enrollees to assess service quality and satisfaction with their plan among people receiving HCBS. This will incentivize improvement strategies that should result in higher satisfaction with services and the health plan among this population.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The individual who suggested this measure indicated there is evidence that high-quality managed LTSS could lead to improvement in the quality of HCBS service delivery and outcomes. ¹

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	The individual who suggested this measure did not know the prevalence of health plans providing HCBS, but stated it would be the number of health plans that have LTSS/HCBS as part of their managed care contract and are required to achieve NCQA Health Plan Accreditation.
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	The individual who suggested this measure did not think that provider or beneficiary workflows would need to be modified to collect the data to report the measure. However, plans that are not yet administering this survey would need to do so.

Additional Information for Consideration

Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure said the barrier would be developing a similar rating measure for states that administer HCBS using fee-for-service payment arrangements.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The individual who suggested this measure responded that though CMS cannot calculate the measure on behalf of states, state Medicaid agencies or health plans can voluntarily submit their data to the CAHPS Health Plan Survey Database, maintained by AHRQ, to have the measure calculated on their behalf.

Citations

¹ <https://www.chcs.org/media/FINAL-Demonstrating-the-Value-of-MLTSS-5-12-17.pdf>.

Measure Information Sheets: Service Delivery and Effectiveness Domain

The level to which services and supports are provided in a manner consistent with a person’s needs, goals, preferences, and values that help the person to achieve desired outcomes. This includes workforce measures, which measure the adequacy, availability, and appropriateness of the paid HCBS workforce.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems (HCBS CAHPS) Survey: Staff Listen and Communicate Well
Description	<p>HCBS CAHPS: Staff Listen and Communicate Well is a composite measure derived from top-box scores^a of questions 28, 29, 30, 31, 32, 33, 41, 42, 43, 44, and 45 on the HCBS CAHPS Survey for Medicaid HCBS participants 18 years of age and older. This measure evaluates the quality of communication between a participant and the staff providing HCBS. It is calculated using responses to the following questions:</p> <ul style="list-style-type: none"> • Question 28: In the last 3 months, how often did {personal assistance/behavioral health staff} treat you with courtesy and respect? • Question 29: In the last 3 months, how often were the explanations {personal assistance/behavioral health staff} gave you hard to understand because of an accent or the way {personal assistance/behavioral health staff} spoke English? • Question 30: In the last 3 months, how often did {personal assistance/behavioral health staff} treat you the way you wanted them to? • Question 31: In the last 3 months, how often did {personal assistance/behavioral health staff} explain things in a way that was easy to understand? • Question 32: In the last 3 months, how often did {personal assistance/behavioral health staff} listen carefully to you? • Question 33: In the last 3 months, did you feel {personal assistance/behavioral health staff} knew what kind of help you needed with everyday activities, like getting ready in the morning, getting groceries, or going places in your community? • Question 41: In the last 3 months, how often did {homemakers} treat you with courtesy and respect? • Question 42: In the last 3 months, how often were the explanations {homemakers} gave you hard to understand because of an accent or the way the {homemakers} spoke English?

^a The top-box score represents the percentage of respondents who selected the most positive response to the survey question.

Measure Information	
Description (continued)	<ul style="list-style-type: none"> • Question 43: In the last 3 months, how often did {homemakers} treat you the way you wanted them to? • Question 44: In the last 3 months, how often did {homemakers} listen carefully to you? • Question 45: In the last 3 months, did you feel {homemakers} knew what kind of help you needed?
Measure steward	The Centers for Medicare & Medicaid Services (CMS)
Measure type	Experience of Care
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	The individuals who suggested the measure indicated that removing the measure would not leave a gap in the HCBS Quality Measure Set.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	<ul style="list-style-type: none"> • NCI-AD: Percentage of non-English speaking participants who receive information about their services in the language they prefer • NCI-AD: Percentage of people whose support staff do things the way they want them done
Use in other CMS programs	No other programs listed in CMS’s Measure Inventory Tool.

2024 Technical Specifications	
Ages	Age 18 and older as of the first day of the measurement year.
Data collection method	Survey.
Benefit	Any of the following services: personal care, behavioral health support, homemaker services, case management, and medical transportation.
Denominator	For each question in the scale, the denominator is the total number of respondents who answered the question.
Numerator	The number of survey respondents who gave the most positive response to each question in the scale, such as “Always” to questions 28, 30, 31, 32, 41, 43, and 44; “Never” to questions 29 and 42; and “Yes” to questions 33 and 45 on the HCBS CAHPS Survey.
Exclusions	Individuals who are less than 18 years of age and individuals who have not received HCBS for at least three months should be excluded. During survey administration, additional exclusions include individuals who failed any of the cognitive screening items.

2024 Technical Specifications	
Continuous enrollment period	Continuously enrolled in an HCBS program for at least the last three months to ensure the participant has enough experience to answer the questions.
Allowable gap	Not specified.

Reasons for Removal Noted by Submitter(s)
<p>Minimum Technical Feasibility and Appropriateness Criteria</p> <p>Response 1: None identified by the individual who suggested the measure.</p> <p>Response 2: None identified by the individual who suggested the measure.</p>
<p>Actionability and Strategic Priority</p> <p>Response 1: The individual who suggested the measure expressed concerns that question 29 about whether staff explanations were hard to understand because of accents, which is part of this composite measure, does not contribute to estimating the overall quality of HCBS service delivery in a way that justifies the measure’s inclusion in the HCBS Quality Measure Set.</p> <p>Response 2: None identified by the individual who suggested the measure.</p>
<p>Other Considerations</p> <p>Response 1: The individual who suggested the measure expressed concerns with the wording of questions 29 and 42, which may be construed as characterizing accents as a problem and perpetuating stereotypes about caregivers who speak English as a second language. The individual suggested full removal of these questions or at a minimum a rewording of the questions to recognize the diversity of people served in the program, many of whom may also have limited English proficiency. According to the individual who suggested the measure, the wording of these questions is problematic and can perpetuate stereotypes about caregivers who speak English as a second language. They added that building a strong, diverse caregiver network is a priority over this type of question that may do more harm than good. The individual who suggested the measure for removal also suggested that any survey-based questions relating to staff accents should also be considered for removal.</p> <p>Response 2: The individual who suggested the measure also expressed concerns that questions 29 and 42 within this composite measure both characterize people with accents or limited English proficiency in a stigmatizing way. They added that supporting the diversity of the direct care and behavioral health workforces is an important priority for them and CMS.</p>

HCBS QUALITY MEASURE SET REVIEW: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who Had Adequate Follow-up After Being Discharged from a Hospital or Rehabilitation/Nursing Facility
Description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: After leaving the hospital or rehab/nursing facility, did anyone follow-up with you to make sure you had the services and supports you needed?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	The individual who suggested this measure indicated that removing the measure would not leave a gap in the HCBS Quality Measure Set. The individual highlighted that this measure is specific to NCI-AD. Because comparable measures from NCI®-IDD, HCBS CAHPS®, and POM® are not included in the HCBS Quality Measure Set, removal of this measure from the set would not create a gap. Therefore, removal of this measure would create more consistency across survey-based measures in the set.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	No
Use in other CMS programs	No other programs listed in CMS’s Measure Inventory Tool.

2024 Technical Specifications	
Ages	Ages 18 and older.
Data collection method	Survey.

2024 Technical Specifications	
Benefit	<p>People surveyed are adults receiving publicly funded long-term services and supports (LTSS) from state aging and physical disability service systems including:</p> <ul style="list-style-type: none"> • Skilled nursing facilities • HCBS waiver programs • Medicaid state plan programs • State-funded programs • Older Americans Act programs
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” to the question.
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t Know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. • The individual did not have a hospital or rehab/nursing facility stay in the previous 12 months. <p>Only the individual receiving services may respond (proxies are not allowed for this question).</p>
Continuous enrollment period	The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.
Allowable gap	Not specified.

Reasons for Removal Noted by Submitter(s)
<p>Minimum Technical Feasibility and Appropriateness Criteria</p> <p>None identified by the individual who suggested the measure.</p>

Reasons for Removal Noted by Submitter(s)

Actionability and Strategic Priority

The individual who suggested this measure expressed concerns that the measure does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs. The individual suggested focusing performance measures on key areas of assessment, waiver service selection and person-centered planning, Medicaid service access (e.g., transportation, equipment, and other state plan services), community integration, and provider-owned and controlled residential settings compliance.

The individual who suggested this measure also expressed concern that improvement on the measure is outside the direct influence of Medicaid HCBS programs or providers. The individual suggested this measure for removal, in part, because there is not a comparable measure construct in other survey instruments currently included in the HCBS Quality Measure Set. Because comparable measures from the other experience of care surveys are not included in the HCBS Quality Measure Set, removal of this measure creates more consistency across survey-based measures in the set. Without comparable measures across all allowable experience of care surveys, this measure does not meaningfully facilitate comparison within and across states.

Other Considerations

None identified by the individual who suggested the measure.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disabilities (NCI-AD™): Percentage of People Who Know Whom to Contact if They Have a Complaint About Their Services
Measure description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: If you have a complaint about your services, do you know whom to contact to make that complaint?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	No
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Program-level.
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” to the question.

Technical Specifications	
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. • The individual said that they are not receiving services. <p>Only the individual receiving services may respond (proxies are not allowed for this question).</p>
Continuous enrollment period	<p>The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.</p>
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact ADvancing States and HSRI regarding current measure specifications for the NCI-AD™ Adult Consumer Survey™. ¹
Information on testing or use in state Medicaid HCBS programs	The NCI-AD™ 2022-2023 report indicated that the following states currently administer the NCI-AD™ survey: Alabama, Colorado, Delaware, Georgia, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Dakota, Ohio, Oklahoma, Tennessee, Washington, and Wisconsin. ²
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The measure steward indicated that variation in responses may result from the use of proxy respondents and participation rates (e.g., who agrees to participate in the survey). The steward also noted that, significant variability of administrative information across states and programs within states may impact a state’s knowledge of who is being served and/or to contact people receiving services. Further, some questions in the survey are applicable to only a subset of individuals, which creates variation in the overall sample, and may introduce additional state-level factors.

Actionability and Strategic Priority	
How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion	None identified by the individual who suggested the measure.
How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs	The individual who suggested this measure noted that the inclusion of this measure would appropriately assess compliance with the regulatory requirements at 42 CFR § 441.301(c)(7)(iii)(B)(5) which require the State to “provide to the beneficiary the notices and information required under this subsection, including information on their rights under the grievance system and on how to file grievances, and ensure that such information is accessible for individuals with disabilities and individuals with Limited English Proficiency in accordance with § 435.905(b)”.
Whether the data source allows for stratification	<p>The measure steward indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>However, the steward emphasized that it may be too cumbersome and complex for states to ensure that they have large enough subsamples for each of the stratification categories to ensure that there is an adequate sample size for stratified reporting, and that it would be necessary for states to have access to each of stratification category in the administrative records to develop a stratified sample. The steward shared that, despite this barrier, many states do develop samples that allow for stratification for one or two NCI-AD™ measures.</p> <p>The steward also shared that, because the NCI-AD™ survey collects data from existing data sources on one or more stratification categories, reporting data for these different demographic and geographic factors can be done. However, they noted that some of these factors may have very few people within each group who respond, therefore comparisons across groups and states should be made with caution. The completeness and accuracy of those data for each individual surveyed has historically varied by state and by measure, though the steward has been working with states to improve the accuracy of those data.</p> <p>Increasing the sample size to have statistically valid samples for each of those groups may pose a challenge to states and may change the nature of the survey if certain people are surveyed every year to ensure large enough sub-samples. This may also impact response rates for states, particularly in smaller sub-groups, as survey fatigue may grow. It may also pose a threat to confidentiality if there are small numbers of certain groups in some states.</p>

Actionability and Strategic Priority	
Evidence of a performance gap on the measure	According to the 2022-2023 NCI-AD™ National Results, 88 percent of respondents receiving HCBS know whom to contact if they have a complaint about their services. ³
Ways the measure could be used to monitor improvement in HCBS service delivery	The individual who suggested this measure noted that the measure can be trended over time to assess compliance with the requirements at 42 CFR § 441.301(c)(7). Medicaid HCBS programs directly influence improvement on this measure because these entities will provide individuals with information regarding who to contact if they have a complaint. The individual also noted that inclusion of this indicator in the HCBS Quality Measure Set enhances the state's ability to produce meaningful quality improvement plans to support compliance with the Ensuring Access to Medicaid Services final rule requirements.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The individual who suggested this measure shared that there is empirical evidence indicating that this measure could lead to improvement in the quality of HCBS service delivery and outcomes for Medicaid beneficiaries receiving HCBS. They indicated that the measure reflects compliance with grievance system requirements outlined at 42 CFR § 441.301(c)(7). The individual also noted that inclusion of this indicator in the HCBS Quality Measure Set enhances the state's ability to produce meaningful quality improvement plans to support compliance with the Ensuring Access to Medicaid Services final rule requirements.

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	The individual who suggested this measure noted that the outcome being measured is applicable to 100 percent of individuals who receive HCBS in any setting as all beneficiaries must be informed of their rights to file a grievance/complaint under 42 CFR § 441.301(c)(7).
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-AD™, as this is an existing NCI-AD™ indicator.

Additional Information for Consideration	
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure noted that the measure is only limited by its applicability to people with physical disabilities and/or older adults who receive at least one service other than case management. Because the measure is an existing NCI-AD™ indicator and NCI-AD™ indicators are currently included in the HCBS Quality Measure Set, no additional barriers and technical assistance needs would apply for states that are already administering the NCI-AD™ survey to this population.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-AD™ survey for the purposes of HCBS Quality Measure Set reporting.

Citations

¹ <https://NCI-AD™.org/resources/technical-reports/>.

² https://NCI-AD™.org/upload/reports/2022-23_NCI-AD™_ACS_Part1_Final240412.pdf.

³ https://NCI-AD™.org/upload/reports/2022-23_NCI-AD™_ACS_Part1_Final240412.pdf.

Measure Information Sheets: Person-Centered Planning and Coordination Domain

An approach to assessment, planning, and coordination of services and supports that is focused on the individual's goals, needs, preferences, and values. The person directs the development of the plan, which describes the life they want to live in the community. Services and supports are coordinated across providers and systems to carry out the plan and ensure fidelity with the person's expressed goals, needs, preferences, and values.

MEASURE INFORMATION SHEET

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Fee-for-Service Long-Term Services and Supports/Managed Long-Term Services and Supports Comprehensive Assessment and Update (FFS LTSS-1/MLTSS-1)
Description	<p>FFS LTSS-1: The percentage of participants receiving Medicaid fee-for-service (FFS) long-term services and supports (LTSS), aged 18 years and older, who have documentation of a comprehensive assessment, completed in a specified timeframe, which includes documentation of core and supplemental elements.</p> <p>MLTSS-1: The percentage of Medicaid managed LTSS (MLTSS) participants, aged 18 years and older, who have documentation of a comprehensive assessment, completed in a specified timeframe, which includes documentation of core and supplemental elements</p>
Measure steward	The Centers for Medicare & Medicaid Services (CMS)
Measure type	Process
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	The individual who suggested the measure indicated that removing the measure would leave a gap in the HCBS Quality Measure Set, but that this gap would be justified, as this measure will not necessarily help to improve outcomes for people receiving HCBS.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	No
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool.

LTSS Measures Technical Specifications	
Ages	Aged 18 and older as of the first day of the measurement year.
Data collection method	Case Management Record. Administrative data may be needed to identify the sample of participants specified in this measure.

LTSS Measures Technical Specifications	
Benefit	LTSS (HCBS, institutional services ^a , or both HCBS <i>and</i> institutional services).
Denominator	<p>This measure is based on review of Medicaid FFS LTSS or MLTSS participant case management records, selected via a statistically valid random sample drawn from the eligible population.</p> <p>The same statistically valid random sample may be used to calculate the <i>Long-Term Services and Supports Comprehensive Assessment and Update</i> (FFS LTSS-1/MLTSS-1), <i>Long-Term Services and Supports Comprehensive Person-Centered Plan and Update</i> (FFS LTSS-2/MLTSS-2), and <i>Long-Term Services and Supports Shared Person-Centered Plan with Primary Care Provider</i> (FFS LTSS-3/MLTSS-3) measures.</p>
Numerator	<p>The measure reports two numerators.</p> <p>Rate 1: Assessment of Core Elements.</p> <p>The number of participants receiving Medicaid FFS LTSS or MLTSS who had either of the following:</p> <ul style="list-style-type: none"> • New participants. An LTSS comprehensive assessment, completed within 90 days of enrollment with all 10 core elements documented, or • Established participants. An LTSS comprehensive assessment, completed at least once during the measurement year, with all 10 core elements documented. <p>Rate 2: Assessment of Supplemental Elements.</p> <p>The number of Medicaid FFS LTSS or MLTSS participants who had either of the following:</p> <ul style="list-style-type: none"> • New participants. An LTSS comprehensive assessment, completed within 90 days of enrollment with 10 core and at least 12 supplemental elements documented, or • Established participants. An LTSS comprehensive assessment, completed during the measurement year with 10 core and at least 12 supplemental elements documented.

^a Provided in nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), hospitals, and hospitals and nursing facilities furnishing inpatient psychiatric hospital services for individuals under age 21 and services in institutions for mental diseases (IMD) for individuals ages 65 and older.

LTSS Measures Technical Specifications

<p>Exclusions</p>	<p>Required exclusions are reported with the measure performance rate. Participants without a comprehensive assessment or with a partial assessment are <i>not</i> excluded from the measure.</p> <ol style="list-style-type: none"> 1. Participant Could Not Be Contacted <ul style="list-style-type: none"> - New Medicaid FFS LTSS or MLTSS participants who could not be contacted for LTSS comprehensive assessment within 90 days of enrollment; or - Established participants who could not be contacted for LTSS comprehensive assessment during the measurement year. <p>States and Medicaid MLTSS plans use their own process for identifying participants who could not be contacted for assessment and for documenting that at least three attempts were made to contact the participant.</p> <ol style="list-style-type: none"> 2. Participant Refused Assessment <ul style="list-style-type: none"> - Medicaid FFS LTSS or MLTSS participants who refused a comprehensive assessment. <p>States and Medicaid MLTSS plans should document, in the case management record, that the participant was contacted and refused to participate in an assessment.</p>
<p>Continuous enrollment period</p>	<p>A participant must be enrolled in Medicaid FFS LTSS or a Medicaid MLTSS plan for at least 150 days, continuously, between August 1 of the year prior to the measurement year and December 31 of the measurement year. For participants with multiple distinct continuous enrollment periods during the measurement year, use the assessment completed during the last continuous enrollment period of 150 days or more, occurring during the measurement year.</p>
<p>Allowable gap</p>	<p>None.</p>

Reasons for Removal Noted by Submitter(s)

Minimum Technical Feasibility and Appropriateness Criteria

None identified by the individual who suggested the measure.

Reasons for Removal Noted by Submitter(s)

Actionability and Strategic Priority

The individual who suggested the measure expressed concerns that this measure does not contribute to estimating the overall quality of HCBS service delivery and does not address a strategic priority for improving service delivery in Medicaid HCBS programs. The individual who suggested the measure further expanded on these concerns by suggesting that this measure is measuring compliance rather than measuring the quality of services that someone receives. They added that ensuring that an assessment document includes all listed components does not necessarily result in a valid estimate of the overall quality of services or represent that the most pressing needs of a Medicaid beneficiary are being met.

The individual who suggested the measure also shared concerns that this particular measure cannot be stratified by any stratification categories used in other CMS programs.

Other Considerations

The individual who suggested the measure noted that keeping this 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 and that 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. They shared that the measure increases data collection burden for case managers who are already struggling with staffing shortages and for participants who will be required to be assessed for all of the core and supplemental components required for the measure. The individual who suggested the measure also noted that the measure does not seem to be written for the population that their state agency serves (people with developmental disabilities) and that a significant number of components may not be applicable to this population, resulting in unnecessary resources being expended to collect data that may not be able to be useful to this population or their providers.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Fee-for-Service Long-Term Services and Supports/Managed Long-Term Services and Supports Comprehensive Person-Centered Plan and Update (FFS LTSS-2/MLTSS-2)
Description	<p>FFS LTSS-2: The percentage of Medicaid fee-for-service (FFS) long-term services and supports (LTSS) participants, aged 18 years and older, who have documentation of an LTSS comprehensive person-centered plan, completed in a specified timeframe, which includes documentation of core and supplemental elements.</p> <p>MLTSS-2: The percentage of Medicaid managed LTSS (MLTSS) participants, aged 18 years and older, who have documentation of an LTSS comprehensive person-centered plan, completed in a specified timeframe, which includes documentation of core and supplemental elements.</p>
Measure steward	The Centers for Medicare & Medicaid Services (CMS)
Measure type	Process
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	The individual who suggested the measure indicated that removing the measure would leave a gap in the HCBS Quality Measure Set, but that this gap would be justified, as measure will not necessarily help to improve outcomes for people receiving HCBS.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	No
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool.

LTSS Measures Technical Specifications	
Ages	Aged 18 and older as of the first day of the measurement year.
Data collection method	Case Management Record. Administrative data may be needed to identify the sample of participants specified in this measure.

LTSS Measures Technical Specifications	
Benefit	LTSS (HCBS, institutional services, ^a or both HCBS <i>and</i> institutional services).
Denominator	<p>This measure is based on review of Medicaid FFS LTSS or MLTSS participant case management records, selected via a statistically valid random sample drawn from the eligible population.</p> <p>The same statistically valid random sample may be used to calculate the Long-Term Services and Supports Comprehensive Assessment and Update (FFS LTSS-1/MLTSS-1), Long-Term Services and Supports Comprehensive Person-Centered Plan and Update (FFS LTSS-2/MLTSS-2), and Long-Term Services and Supports Shared Person-Centered Plan with Primary Care Provider (FFS LTSS-3/MLTSS-3) measures.</p>
Numerator	<p>The measure reports two numerators.</p> <p>Rate 1: Assessment of Core Elements.</p> <p>The number of participants receiving Medicaid FFS LTSS or MLTSS who had <i>either</i> of the following:</p> <ul style="list-style-type: none"> • New participants. An LTSS comprehensive person-centered plan completed within 120 days of enrollment, containing all 10 core elements documented; or • Established participants. An LTSS comprehensive person-centered plan completed at least once during the measurement year, containing all 10 elements documented. <p>Rate 2: Assessment of Supplemental Elements.</p> <p>The number of Medicaid FFS LTSS or MLTSS participants who had <i>either</i> of the following:</p> <ul style="list-style-type: none"> • New participants. An LTSS comprehensive person-centered plan, completed within 120 days of enrollment, containing all 10 core elements and at least 4 supplemental elements documented; or • Established participants. An LTSS comprehensive person-centered plan, created during the measurement year, containing all 10 core elements and at least 4 supplemental elements documented.

^a Provided in nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), hospitals, and hospitals and nursing facilities furnishing inpatient psychiatric hospital services for individuals under age 21 and services in institutions for mental diseases (IMD) for individuals ages 65 and older.

LTSS Measures Technical Specifications

<p>Exclusions</p>	<p>Required exclusions are reported with the measure rates. Participants without a person-centered plan or with a partial person-centered plan are <i>not</i> excluded from the measure.</p> <p>Exclude individuals who fall into any of the following categories:</p> <ol style="list-style-type: none"> 1. Participant Could Not Be Contacted <ul style="list-style-type: none"> - New Medicaid FFS LTSS or MLTSS participants who could not be contacted to create an LTSS comprehensive person-centered plan within 120 days of enrollment; or - Established Medicaid FFS LTSS or MLTSS participants who could not be contacted to create an LTSS comprehensive person-centered plan during the measurement year. <p>States and Medicaid MLTSS plans use their own process for identifying participants who could not be contacted for person-centered planning and for documenting that at least three attempts were made to contact the participant.</p> <ol style="list-style-type: none"> 2. Participant Refused Person-Centered Planning <ul style="list-style-type: none"> - Participants who refused a comprehensive person-centered plan. <p>States and Medicaid MLTSS plans should document, in the case management record, that the participant was contacted and that the participant refused to participate in developing a person-centered plan.</p>
<p>Continuous enrollment period</p>	<p>A participant must be enrolled in Medicaid FFS LTSS or a Medicaid MLTSS plan for at least 150 days, continuously, between August 1 of the year prior to the measurement year and December 31 of the measurement year. For participants with multiple distinct continuous enrollment periods during the measurement year, use the person-centered plan completed during the last continuous enrollment period of 150 days or more, occurring during the measurement year.</p>
<p>Allowable gap</p>	<p>None.</p>

Reasons for Removal Noted by Submitter(s)

Minimum Technical Feasibility and Appropriateness Criteria

None identified by the individual who suggested the measure.

Reasons for Removal Noted by Submitter(s)

Actionability and Strategic Priority

The individual who suggested this measure expressed concerns that this measure does not contribute to estimating the overall quality of HCBS service delivery and does not address a strategic priority for improving service delivery in Medicaid HCBS programs. The individual who suggested the measure further expanded on these concerns by suggesting that this measure is measuring compliance rather than measuring the quality of services that someone receives or that the most pressing needs of a Medicaid beneficiary are being met.

The individual who suggested this measure for removal also shared concerns that this measure cannot be stratified by any stratification categories used in other CMS programs.

Other Considerations

The individual who suggested this measure for removal noted that keeping this measure in the HCBS Quality Measure Set could result in a substantial additional data collection burden for providers or Medicaid beneficiaries receiving HCBS that outweighs the measure's benefits and that 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. They shared that the measure increases the data collection burden for case managers who are already struggling with staffing shortages and having to collect and report this measure will result in resources being expended to collect data that may not be able to be used or be meaningful, particularly because the sample size is unlikely to allow for meaningful stratification across groups. The individual who suggested this measure also noted that the measure does not seem to be written for the population that their state agency services (people with developmental disabilities), and that a significant number of components may not be applicable to this population, resulting in unnecessary resources being expended to collect data that may not be able to be useful to this population or their providers.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Fee-for-Service Long-Term Services and Supports/Managed Long-Term Services and Supports Shared Person-Centered Plan with Primary Care Provider (FFS LTSS-3/MLTSS-3)
Description	<p>FFS LTSS-3: The percentage of Medicaid fee-for-service (FFS) long-term services and supports (LTSS) participants, aged 18 and older, with a person-centered plan transmitted to their primary care provider (or other documented medical care provider) identified by the participant within 30 days of its development.</p> <p>MLTSS-3: The percentage of Medicaid managed LTSS (MLTSS) participants, aged 18 years and older, with a person-centered plan transmitted to their primary care provider (or other documented medical care provider) identified by the participant within 30 days of its development.</p>
Measure steward	The Centers for Medicare & Medicaid Services (CMS)
Measure type	Process
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set Quality Measure Set?	<p>Response 1: The first individual who suggested the measure noted that removing this measure would not leave a gap, as there are other measures within the HCBS Quality Measure Set that directly assess health outcomes and other measures of health plan coordination.</p> <p>Response 2: The second individual who suggested the measure also felt that this measure would not leave a gap in the HCBS Quality Measure Set as the results of this measure would not accurately represent the care coordination activities of managed care plans serving dually eligible individuals who are not enrolled in an aligned Medicare Advantage plan.</p>
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	No
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool.

LTSS Measures Technical Specifications	
Ages	Aged 18 and older as of the first day of the measurement year.
Data collection method	Case Management Record. Administrative data may be needed to identify the sample of participants specified in this measure.
Benefit	LTSS (HCBS, institutional services, ^a or both HCBS and institutional services).
Denominator	<p>This measure is based on review of Medicaid FFS LTSS or MLTSS participant case management records, selected via a statistically valid random sample drawn from the eligible population.</p> <p>The same statistically valid random sample may be used to calculate the Long-Term Services and Supports Comprehensive Assessment and Update (FFS LTSS-1/MLTSS-1), Long-Term Services and Supports Comprehensive Person-Centered Plan and Update (FFS LTSS-2/MLTSS-2), and Long-Term Services and Supports Shared Person-Centered Plan with Primary Care Provider (FFS LTSS-3/MLTSS-3) measures.</p>
Numerator	<p>The number of Medicaid FFS LTSS or MLTSS participants whose person-centered plan was transmitted to their primary care provider (or other documented medical care provider) identified by the participant within 30 days of the date when the participant agreed to the person-centered plan (i.e., 31 days, total, following finalization and agreement of the person-centered plan).</p> <p>The documentation must show transmission at least once between August 1 of the year prior to the measurement year and December 31 of the measurement year. If multiple person-centered plans are documented or updated in the measurement year, evidence of one transmission within 30 days of the participant's agreement with the person-centered plan is sufficient to meet the numerator criteria. Transmission of person-centered plans to participants' primary care provider is the responsibility of the managed care plan or the state, not the participant.</p> <p>Evidence of person-centered plan transmission includes</p> <ol style="list-style-type: none"> 1) documentation of to whom the person-centered plan was transmitted, 2) the transmission date, and 3) a copy of the transmitted plan or plan sections.

^a Provided in nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), hospitals, and hospitals and nursing facilities furnishing inpatient psychiatric hospital services for individuals under age 21 and services in institutions for mental diseases (IMD) for individuals ages 65 and older.

LTSS Measures Technical Specifications	
Exclusions	<p>Required exclusions are reported with the measure rate. Participants without a person-centered plan (or with a partial person-centered plan) are <i>not</i> excluded from the measure.</p> <ol style="list-style-type: none"> Participant Refused to Share Person-Centered Plan <ul style="list-style-type: none"> Participants who refuse to allow the person-centered plan to be shared. <p>There must be documentation in the record that the participant refused to allow the person-centered plan to be shared. Notation of verbal refusal is sufficient.</p>
Continuous enrollment period	<p>A participant must be enrolled in Medicaid FFS LTSS or a Medicaid MLTSS plan for at least 150 days, continuously, between August 1 of the year prior to the measurement year and December 31 of the measurement year. For participants with multiple distinct continuous enrollment periods during the measurement year, use the assessment completed during the last continuous enrollment period of 150 days or more, occurring during the measurement year.</p>
Allowable gap	None.

Reasons for Removal Noted by Submitter(s)
<p>Minimum Technical Feasibility and Appropriateness Criteria</p> <p>Response 1: None identified by the individual who suggested the measure.</p> <p>Response 2: None identified by the individual who suggested the measure.</p>
<p>Actionability and Strategic Priority</p> <p>Response 1: The first individual who suggested this measure stated that it does not contribute to estimating the overall national quality of HCBS service delivery and does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs. They pointed out that collecting and reporting this measure would demonstrate compliance with health care coordination requirements under managed care, but would not measure quality in HCBS. They further noted that there is no similar requirement for primary care providers to communicate with HCBS programs, and any outcomes as a result of sharing the person-centered plan are outside the locus of control of Medicaid HCBS programs and providers.</p> <p>Response 2: The second individual who suggested this measure indicated that improvement on this measure is outside the direct influence of Medicaid HCBS programs and providers. In particular, they expressed concern that this measure would not fairly represent managed care plans that serve dually eligible beneficiaries who are not enrolled in an aligned Medicare Advantage plan. Because primary care is covered by Medicare for these members, the Medicaid plan may not have information to identify the member’s primary care provider, and might therefore have difficulty sharing that member’s person-centered plan.</p>

Reasons for Removal Noted by Submitter(s)

Other Considerations

Response 1: The first individual who suggested this measure expressed that inclusion of this measure in the HCBS Quality Measure Set could result in a substantial additional data collection burden for providers or Medicaid beneficiaries receiving HCBS that would outweigh the measure's benefits.

Unlike managed care health care coordination requirements, person-centered service plans are not required to be sent to beneficiaries' primary care provider under fee-for-service HCBS delivery. The individual who suggested this measure further expanded that this measure is not feasible due to the technical challenges associated with tracking primary care records across MLTSS and fee-for-service HCBS. Collecting and reporting this measure would require the participation of parties who are not involved in the care and management of the Medicaid beneficiary receiving HCBS.

Response 2: None identified by the individual who suggested the measure.

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Measure Information Sheets: Community Inclusion Domain

The level to which people who use HCBS are integrated into their communities and are socially connected, in accordance with personal preferences. This includes measures of employment, non-medical transportation, social connectedness, and community participation.

MEASURE INFORMATION SHEET

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators-Aging and Disability (NCI-AD™): Percentage of People Who are Able to See or Talk to Their Friends and Family When They Want to
Description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: Are you able to see or talk to your friends and family (who do not live with you) when you want to?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	The individual who suggested this measure indicated that although interaction with friends and family is an element of community inclusion and integration for individuals receiving HCBS, removal of this measure from the HCBS Quality Measure Set would not create a meaningful gap because the measure assesses factors which are outside the direct influence of the Medicaid HCBS program and providers.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	No
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool.

2024 Technical Specifications	
Ages	Ages 18 and older.
Data collection method	Survey.

2024 Technical Specifications	
Benefit	<p>People surveyed are adults receiving publicly funded long-term services and supports (LTSS) from state aging and physical disability service systems, including:</p> <ul style="list-style-type: none"> • Skilled nursing facilities • HCBS waiver programs • Medicaid state plan programs • State-funded programs • Older Americans Act programs
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes, Always” or “Chooses Not To” to the question.
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t Know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. • The individual has no family or friends or no family involvement. <p>Only the individual receiving services may respond (proxies are not allowed for this question).</p>
Continuous enrollment period	The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.
Allowable gap	Not specified.

Reasons for Removal Noted by Submitter(s)
<p>Minimum Technical Feasibility and Appropriateness Criteria</p> <p>None identified by the individual who suggested the measure.</p>

Reasons for Removal Noted by Submitter(s)

Actionability and Strategic Priority

The individual who suggested this measure expressed concern that the measure does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs. The individual suggested focusing performance measures on key areas of assessment, waiver service selection and person-centered planning, Medicaid service access (e.g., transportation, equipment and other state plan services), community integration, and provider-owned and controlled residential settings compliance.

The individual who suggested this measure also expressed concern that improvement on the measure is outside the direct influence of Medicaid HCBS programs and providers. The individual stated that although interaction with friends and family is an element of community integration for individuals receiving HCBS, inclusion of this measure in the HCBS Quality Measure Set is not useful because there are many factors which can influence an individual's ability to see and talk to friends and family when they want to, many of which are outside the direct influence of Medicaid HCBS providers. These factors include such things as internet and phone access, family/relational dynamics, and the desire and availability of the individual's friends and family members to interact with the individual.

Other Considerations

None identified by the individual who suggested the measure.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Research and Training Center on HCBS Outcome Measurement (RTC/OM): Experiences Seeking Employment
Measure description	<p>The <i>Experiences Seeking Employment</i> measure is one of three measures in the RTC/OM survey focused on the employment experience. This is a measure of the experiences of participants who are looking for work.</p> <p>RTC/OM measures in the employment domain focus on the degree to which a person’s current employment experiences are of high quality and meet their personal needs. Both unemployed and employed HCBS recipients are administered the <i>Experiences Seeking Employment</i> measure and are asked about their desires related to work and attempts at obtaining a job, along with the barriers they have encountered seeking employment.</p> <p>The composite score is derived by summing the responses to 13 items. The composite score can range from 0 to 35. Higher scores correspond to greater overall experience looking for employment opportunities.</p> <p>The 13 items are as follows:</p> <ul style="list-style-type: none"> • G1. You had bad experiences looking for paid work in the past. • G2. To keep a job (or the job you have), you would need more support than you currently have. • G3. You could find a job (or a different job) if you want one. • S1. Are you currently looking for a job (or a different job) that pays you? • S2. Have you given up looking because you could not find a job [if employed, different job]? • S3. You have had the training/education you need to find a paid job. • S4. In the past, you got the support you needed to keep working. • S5. [If employed Ask:] You are able to get to work on time. [If unemployed Ask:] You would be able to get to work on time if you had a job. • S6. [If employed, read:] You would like to continue to work for pay. [If unemployed, read:] You would like to work for pay. • S7. You do not have opportunities to get a job that pays you. • S8. You have opportunities to work at the type of paid jobs you would like. • S9. You might lose important services if you are paid for work.

Measure Information	
Measure description (continued)	<ul style="list-style-type: none"> • S10. [If employed, read:] Too much of the money you earn is used to pay for your staff [If unemployed, read:] Too much of the money you earn would be used to pay for your staff. • The items “G1”, “S3”, “S4”, and “S5” are scored 0 to 3 on a frequency scale with response options: <ul style="list-style-type: none"> - 0 = “Never/Rarely” - 1 = “Sometimes” - 2 = “Often” - 3 = “Almost Always/Always” • The items “G2”, “G3”, and “S6” through “S10” are scored 0 to 3 on an agreement scale with response options: <ul style="list-style-type: none"> - 0 = “Strongly Disagree” - 1 = “Disagree” - 2 = “Agree” - 3 = “Strongly Agree” • Finally, the two items “S1” and “S2” are scored on a binary 0/1 scale. <ul style="list-style-type: none"> - For item “S1”, 0 = “No”, 1 = “Yes” - For item “S2”, 0 = “Yes”, 1 = “No”
Measure steward	Institute on Community Integration (ICI) - University of Minnesota, Twin Cities
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	No
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool or reported by the measure steward.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.

Technical Specifications	
Level of reporting for which specifications were developed	Provider-level. If a state wanted to use the measures for state-level reporting, the measure steward indicated they would provide technical assistance to the state regarding collection of the measure and calculation of state-level rates.
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. HCBS-like services are defined by the measure stewards as those that resemble services covered by federal HCBS waivers but are not directly funded through a traditional 1915(c) waiver. This includes Medicaid state plan services as well as non-Medicaid services such as Older Americans Act (OAA) services, which may be funded by the state.
Numerator	The numerator is the number of survey respondents who obtained a score in the measure-derived interquartile range of 9 to 26. This is derived from the overall composite score range of 0 to 35.
Exclusions	Individuals who are retired, or who are unable to work and not looking for employment, are not included in this measure.
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	More information about the RTC/OM HCBS Outcome Measures can be found here: https://rtcom.umn.edu/rtcom-measures .
Information on testing or use in state Medicaid HCBS programs	<p>The individual who suggested this measure shared that the measure was tested through a national field study¹ that sampled individuals from participating HCBS providers in the following states: Minnesota, Pennsylvania, Kansas, Utah, Florida, Georgia, Massachusetts, Iowa, Ohio, California, Arizona, and Maine.</p> <p>The sample of HCBS recipients included those with age-related disabilities, physical disabilities, psychiatric disabilities, intellectual and developmental disabilities, and traumatic or acquired brain injuries. The participants were required to be receiving HCBS through, for example, 1915(c) waivers, or “HCBS-like” services in their state of residence.</p>
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The individual who suggested this measure indicated that interpretation of the coding of items used to score/calculate the measures should not vary. Data should be collected in a consistent manner at the provider level and there should not be inconsistency in the completeness of the data between states. No claims or administrative data is required to calculate the measure scores and the survey itself contains all the data required for measure calculations.

Actionability and Strategic Priority

<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>The individual who suggested this measure highlighted that the measure was developed in response to national HCBS stakeholder input into the most important outcomes that should be assessed within HCBS programs. Specifically, the measure was selected for development based on the input of HCBS administrators, recipients, providers, and family members as to the highest priority domains of the National Quality Forum’s HCBS Outcome Measurement Framework.² In addition, the measures were developed with multiple stages of stakeholder involvement in the testing and review process that followed the CMS Measure Development Blueprint and the American Psychological Association guidelines. Field testing was longitudinal, tracking participants at three separate time points to ensure reliable data comparison over time. The measure is designed for use at the HCBS provider level at no cost. Its modular nature allows for collection and calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure.</p> <p>The individual who suggested this measure also pointed out that the current HCBS Quality Measure Set does not include a measure of the experiences of HCBS recipients seeking employment. This new measure would add important information to state and national Employment First initiatives.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure noted that this measure provides a means of tracking experience of HCBS recipients as they are seeking employment. Employment is an important outcome area and understanding the experiences of HCBS recipients as they are seeking employment is important to increasing overall employment levels for people with disabilities. Moreover, during the development phase of this measure, participating stakeholders placed high importance on the need for a measure on employment and emphasized the need for measures that can be used to improve this outcome area within the HCBS system.</p>

Actionability and Strategic Priority	
Whether the data source allows for stratification	<p>The individual who suggested this measure indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>The measure steward confirmed that specifications can be provided that stratify RTC/OM measures by several categories, and three disability populations: intellectual/developmental disability, physical disability, and severe mental illness.</p> <p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>
Evidence of a performance gap on the measure	<p>The individual who suggested this measure shared parts of the technical specifications that summarized findings from the initial pilot study. The specifications note that composite scores of this measure can range from 0 to 35. During the measure’s pilot study, no participants obtained a top box score of 35 and the interquartile range of scores was 15 to 24, indicating a significant performance gap on this measure for participants.</p>
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	<p>The individual who suggested this measure noted that this measure is designed to assess both the HCBS recipient’s experiences seeking employment and the quality of their employment services. The measure is person-centered in that the primary respondent is the HCBS recipient and the items obtain their reported experiences while seeking employment. The measure was also designed and tested for longitudinal use so that the outcome can be trended and compared over time. The measure can be used for measuring HCBS programs or provider initiatives related to assisting HCBS recipients during the job search process.</p>

Actionability and Strategic Priority	
<p>Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes</p>	<p>The individual who suggested this measure stated that this measure can lead to improvement of service delivery and outcomes due to its strong psychometric properties and ability to provide reliable and valid outcomes for HCBS recipients.³ Further empirical testing from the national field study has demonstrated measure outcomes demonstrate good to excellent reliability and validity. Data were collected across three time points on 168 individuals and are able to assess trends across time.</p> <p>The measure steward noted that they are also in the process of writing technical reports and publications from a recent field study of the RTC/OM measures which includes three sets of analyses: (1) whether the measures are behaving psychometrically in a similar manner when they are used longitudinally, (2) whether the measures can detect change in outcomes over an 18-month period of time, and (3) a set of analyses of a subset of measure outcomes among populations of individuals with and without disabilities. The measure steward shared that they anticipate that unpublished findings from these analyses will be complete in early 2025 and can be shared with the Workgroup prior to publication.</p>

Additional Information for Consideration	
<p>Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS</p>	<p>The individual who suggested this measure shared that this measure is intended for participants who indicate they are either employed or are unemployed but able to work. In a recent study, the Institute for Community Inclusion at the University of Massachusetts - Boston⁴ has found that 37 percent of all persons with disabilities were employed. However, it is unclear whether those who are not working do so because they are unable to find work, are retired, or are unable to. In the RTC/OM field study sample, only about 13 percent of the overall sample and 7 percent of individuals with an intellectual or developmental disability said they were either retired or unable to work, meaning that 87 percent of participants in the RTC/OM field study sample was able to respond to this measure.</p>
<p>Measure will require provider or beneficiary workflows to be modified to collect data to report measure</p>	<p>Yes. The individual who suggested this measure indicated that workflow modifications would impose moderate to significant additional data entry burden on a provider to collect the data elements to report the measure because data are not routinely collected during care, or are not collected using structured electronic health record fields.</p>

Additional Information for Consideration	
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure does not anticipate that states will encounter unique barriers when calculating this measure. However, technical assistance will be provided free of charge by ICI if it is needed. The measure steward confirmed they would provide free training in the form of training modules. States or providers needing additional assistance beyond the asynchronous training will have the option of contacting ICI directly and they will work to provide additional assistance. The measure steward further noted that ICI is a University Center for Excellence in Developmental Disabilities with a mission of providing support needed to implement the various initiatives and grant deliverables that they produce; they will continue to provide this level of support and technical assistance for these measures throughout their stewardship.
Could this measure be calculated by CMS on behalf of states using an existing data source?	No. The individual who suggested this measure highlighted that the measure is a person-centered outcome survey that involves collecting data directly from HCBS recipients and does not draw from existing administrative data sources.
Other information	The individual who suggested this measure emphasized that all RTC/OM measures were developed through a National Institute on Disability, Independent Living, and Rehabilitation Research grant, with the goal of creating measures that are both essential for HCBS programs and providers and are specifically tailored to the target populations. These measures are the product of several years of development, with stakeholder involvement at every stage. RTC/OM is committed to disseminating these measures and takes this responsibility seriously.

Citations

- ¹ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)
- ² [https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.](https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx)
- ³ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)
- ⁴ [https://www.thinkwork.org/sites/default/files/files/bluebook_2022_complete_F.pdf.](https://www.thinkwork.org/sites/default/files/files/bluebook_2022_complete_F.pdf)

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Research and Training Center on HCBS Outcome Measurement (RTC/OM): Experiences Using Transportation
Measure description	<p>The <i>Experiences Using Transportation</i> measure is designed to measure the degree that the transportation to which a respondent has access meets their needs and preferences. The questions that make up the composite focus on the availability of the transportation the person prefers to utilize and most often use, its quality, the barriers the respondent might face using transportation, and the extent to which the individual feels safe when using it. In addition, items assess the individual's judgment as to the affordability of the transportation to which they have access, its accessibility, and the extent to which the transportation support they have available is meeting their needs.</p> <p>A participant's composite score on the measure is derived from the combined total score across 13 items. The composite scores can range from 0 to 39. Higher scores indicate a greater quality experience when using various types of transportation.</p> <p>The 13 items are as follows:</p> <ul style="list-style-type: none"> • G1. You have the transportation to get to where you need to go • G2a. You receive the support you need to use transportation • S12. The support you receive helps you use the transportation you want to use • G3. The transportation you use fits your schedule • G4. You are happy with the quality of the transportation you use • S4. You have the transportation you need to get to necessary activities • S5. You have the transportation you need for your leisure and/or social activities • S6. You use transportation on your own • S7. You have access to transportation that meets your individual needs • S8. You can afford the transportation you need to get where you want to go • S9. You feel safe when using transportation • S10. You have to change your schedule based on when transportation is available

Measure Information	
Measure description (continued)	<ul style="list-style-type: none"> • S11. Transportation operators and employees treat you with respect <p>All items are scored 0 to 3 on a frequency scale with response options:</p> <ul style="list-style-type: none"> • 0 = “Never/Rarely” • 1 = “Sometimes” • 2 = “Often” • 3 = “Almost Always/Always”
Measure steward	Institute on Community Integration (ICI) - University of Minnesota, Twin Cities
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	<p>The individual who suggested this measure indicated that it is similar to the following measures on the HCBS Quality Measure Set:</p> <ul style="list-style-type: none"> • National Core Indicators- Aging and Disability (NCI-AD™): Percentage of People Who Have Transportation When They Want to Do Things Outside of Their Home • NCI-AD™: Percentage of People Who Have Transportation to Get to Medical Appointments When They Need To • National Core Indicators®-Intellectual and Developmental Disabilities (NCI®- IDD) CI-3: Transportation Availability Scale (The Proportion of People Who Report Adequate Transportation) • HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®): Transportation to Medical Appointments Composite Measure (Q 59, 61, 62)
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool or reported by the measure steward.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Provider-level. If a state wanted to use the measures for state-level reporting, the measure steward indicated they would provide technical assistance to the state regarding collection of the measure and calculation of state-level rates.

Technical Specifications	
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. HCBS-like services are defined by the measure steward as those that resemble services covered by federal HCBS waivers but are not directly funded through a traditional 1915(c) waiver. This includes Medicaid state plan services as well as non-Medicaid services such as Older Americans Act (OAA) services, which may be funded by the state.
Numerator	The numerator is the number of survey respondents who obtained a score in the measure-derived interquartile range of 10 to 29. This is derived from the overall composite score range of 0 to 39.
Exclusions	None.
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	More information about the RTC/OM HCBS Outcome Measures can be found here: https://rtcom.umn.edu/rtcom-measures .
Information on testing or use in state Medicaid HCBS programs	<p>The individual who suggested this measure shared that the measure was tested through a national field study¹ that sampled individuals from participating HCBS providers in the following states: Minnesota, Pennsylvania, Kansas, Utah, Florida, Georgia, Massachusetts, Iowa, Ohio, California, Arizona.</p> <p>The sample of HCBS recipients included those with age-related disabilities, physical disabilities, psychiatric disabilities, intellectual and developmental disabilities, and traumatic or acquired brain injuries. The participants were required to be receiving HCBS through, for example, 1915(c) waivers, or “HCBS-like” services in their state of residence.</p>
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The individual who suggested this measure indicated that interpretation of the coding of items used to score/calculate the measures should not vary. Data should be collected in a consistent manner at the provider level and there should not be inconsistency in the completeness of the data between states. No claims or administrative data is required to calculate the measure scores and the survey itself contains all the data required for measure calculations.

Actionability and Strategic Priority	
<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>The individual who suggested this measure noted that the measure was developed in response to national HCBS stakeholder input into the most important outcomes that should be assessed within HCBS programs. Specifically, the measure was selected for development based on the input of HCBS administrators, recipients, providers, and family members as to the highest priority domains of the National Quality Forum’s HCBS Outcome Measurement Framework.² In addition, the measures were developed with multiple stages of stakeholder involvement in the testing and review process that followed the CMS Measure Development Blueprint and the American Psychological Association guidelines. Field testing was longitudinal, tracking participants at three separate time points to ensure reliable data comparison over time. The measure is designed for use at the HCBS provider level at no cost. Its modular nature allows for collection and calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure noted that effective transportation for HCBS recipients needs to be provided in a way that is safe, timely, and operated by professionals. This measure provides a means of tracking the extent to which HCBS recipients enjoy their experiences using different types of transportation. Medicaid HCBS programs have a duty to ensure that services are provided in a safe manner. Use of this measure would promote the identification and tracking of transportation efficacy within an HCBS program and can be used to address individual concerns that are reported by HCBS recipients. Moreover, during the development phase of this measure, participating stakeholders placed high importance on the need for a transportation measure for the HCBS system.</p>
<p>Whether the data source allows for stratification</p>	<p>The individual who suggested this measure indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>The measure steward confirmed that specifications can be provided that stratify RTC/OM measures by several categories, and three disability populations: intellectual/developmental disability, physical disability, and severe mental illness.</p> <p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>

Actionability and Strategic Priority	
Evidence of a performance gap on the measure	The individual who suggested this measure shared parts of the technical specifications that summarized findings from the initial pilot study. The specifications note that composite scores of this measure can range from 0 to 39. During the measure’s pilot study, 1.8 percent of participants obtained a top box score of 39 and the interquartile range of scores was 25 to 34, indicating a significant performance gap on this measure for participants.
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	The individual who suggested this measure noted that the measure is designed to assess both the HCBS recipient’s experiences of using transportation and the quality of transportation provided by their HCBS services. The measure is person-centered in that the primary respondent is the HCBS recipient and the items obtain their reported experience using transportation. The measure was also designed and tested for longitudinal use so that the outcome can be trended and compared over time. The measure can be used for measuring HCBS programs or provider initiatives to improve transportation services for recipients.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	<p>The individual who suggested this measure noted that there is peer-reviewed original research and empirical data to show that the measure could lead to improvement in the quality of HCBS service delivery and outcomes for Medicaid beneficiaries receiving HCBS. The measure can lead to improvement of service delivery and outcomes due to its strong psychometric properties and ability to provide reliable and valid outcomes for HCBS recipients.³ The measure was initially tested in a feasibility/usability pilot study that demonstrated measure outcomes had good psychometric properties.</p> <p>The measure steward noted that they are also in the process of writing technical reports and publications from a recent field study of the RTC/OM measures which includes three sets of analyses: (1) whether the measures are behaving psychometrically in a similar manner when they are used longitudinally, (2) whether the measures can detect change in outcomes over an 18-month period of time, and (3) a set of analyses of a subset of measure outcomes among populations of individuals with and without disabilities. The measure steward shared that they anticipate that unpublished findings from these analyses will be complete in early 2025 and can be shared with the Workgroup prior to publication.</p>

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	The individual who suggested this measure stated that it is not applicable to consider the prevalence of the outcome being measured. This is not a measure of presence or absence of an outcome. Rather, this is a composite outcome measure where it is expected HCBS recipients will have more positive or negative experiences with using different types of transportation.
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Yes. The individual who suggested this measure indicated that workflow modifications would impose moderate to significant additional data entry burden on a provider to collect the data elements to report the measure because data are not routinely collected during care, or are not collected using structured electronic health record fields.
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure does not anticipate that states will encounter unique barriers when calculating this measure. However, technical assistance will be provided free of charge by ICI if it is needed. The measure steward confirmed that they would provide free training in the form of training modules. States or providers needing additional assistance beyond the asynchronous training will have the option of contacting ICI directly and they will work to provide additional assistance. The measure steward further noted that ICI is a University Center for Excellence in Developmental Disabilities with a mission of providing support needed to implement the various initiatives and grant deliverables that they produce; they will continue to provide this level of support and technical assistance for these measures throughout their stewardship.
Could this measure be calculated by CMS on behalf of states using an existing data source?	No. The individual who suggested this measure highlighted that the measure is a person-centered outcome survey that involves collecting data directly from HCBS recipients and does not draw from existing administrative data sources.
Other information	The individual who suggested this measure emphasized that all RTC/OM measures were developed through a National Institute on Disability, Independent Living, and Rehabilitation Research grant, with the goal of creating measures that are both essential for HCBS programs and providers and are specifically tailored to the target populations. These measures are the product of several years of development, with stakeholder involvement at every stage. RTC/OM is committed to disseminating these measures and takes this responsibility seriously.

Citations

- ¹ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)
- ² [https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.](https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx)
- ³ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Research and Training Center on HCBS Outcome Measurement (RTC/OM): Job Experiences
Measure description	<p>The <i>Job Experiences</i> measure is one of three measures in the RTC/OM survey focused on the employment experience. This is a measure of the experiences of participants who work. Beyond tracking type of employment, hours worked, and wages, the questions that make up this measure focus in a holistic manner on the experiences an individual has while on the job, including job-related supports, opportunities for advancement, and relationship with both co-workers and customers.</p> <p>For employed HCBS recipients, the <i>Job Experiences</i> composite measure measures various aspects of their employment experience, and whether those aspects meet their personal needs.</p> <p>The composite score is derived by summing the responses to 13 items. The composite score can range from 0 to 40. Higher scores indicate a participant’s greater overall satisfaction with their current employment.</p> <p>The 13 items are as follows:</p> <ul style="list-style-type: none"> • G1. You are happy with your current job. • G2. Your staff helped you get paid work. • G3. Your staff help you keep working. • S1. How long have you worked at your current job? • S3. You work the number of hours you want to work. • S4. Your pay from work helps you buy the things you need. • S5. You get to learn new skills at your job that are valuable to you. • S6. You feel respected by the people you work for. • S7. You feel accepted by your coworkers. • S8. You have the accommodations you need to succeed at your job. • S9. Most of the people you work with have a disability. • S10. You are happy with the benefits, such as paid time off, vacation time, and health insurance, you receive from your job. • S11. You have chances for advancement or promotion at your job.

Measure Information	
Measure description (continued)	<p>The items “G1” through “G3”, and “S3” through “S8” are scored 0 to 3 on a frequency scale with response options:</p> <ul style="list-style-type: none"> • 0 = “Never/Rarely” • 1 = “Sometimes” • 2 = “Often” • 3 = “Almost Always/Always” <p>The items “S9” through “S11” are scored 0 to 3 on an agreement scale with response options:</p> <ul style="list-style-type: none"> • 0 = “Strongly Disagree” • 1 = “Disagree” • 2 = “Agree” • 3 = “Strongly Agree” <p>The item “S1” is scored 0 to 4 with the response options:</p> <ul style="list-style-type: none"> • 0 = “Less than 3 months” • 1 = “3-6 months” • 2 = “Between 6-12 months” • 3 = “1-3 years” • 4 = “More than 3 years”
Measure steward	Institute on Community Integration (ICI) - University of Minnesota, Twin Cities
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	No
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool or reported by measure steward.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Provider-level. If a state wanted to use the measures for state-level reporting, the measure steward indicated they would provide technical assistance to the state regarding collection of the measure and calculation of state-level rates.

Technical Specifications	
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. HCBS-like services are defined by the measure steward as those that resemble services covered by federal HCBS waivers but are not directly funded through a traditional 1915(c) waiver. This includes Medicaid state plan services as well as non-Medicaid services such as Older Americans Act (OAA) services, which may be funded by the state.
Numerator	The numerator is the number of survey respondents who obtained a score in the measure-derived interquartile range of 10 to 30. This is derived from the overall composite score range of 0 to 40.
Exclusions	Individuals who are either unemployed, retired, or unable to work are not administered the measure.
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	More information about the RTC/OM HCBS Outcome Measures can be found here: https://rtcom.umn.edu/rtcom-measures .
Information on testing or use in state Medicaid HCBS programs	<p>The individual who suggested this measure shared that the measure was tested through a national field study¹ that sampled individuals from participating HCBS providers in the following states: Minnesota, Pennsylvania, Kansas, Utah, Florida, Georgia, Massachusetts, Iowa, Ohio, California, Arizona, and Maine.</p> <p>The sample of HCBS recipients included those with age-related disabilities, physical disabilities, psychiatric disabilities, intellectual and developmental disabilities, and traumatic or acquired brain injuries. The participants were required to be receiving HCBS through, for example, 1915(c) waivers, or through “HCBS-like” services in their state of residence.</p>
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The individual who suggested this measure indicated that interpretation of the coding of items used to score/calculate the measures should not vary. Data should be collected in a consistent manner at the provider level and there should not be inconsistency in the completeness of the data between states. No claims or administrative data is required to calculate the measure scores and the survey itself contains all the data required for measure calculations.

Actionability and Strategic Priority

<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>The individual who suggested this measure highlighted that the measure was developed in response to national HCBS stakeholder input into the most important outcomes that should be assessed within HCBS programs. Specifically, the measure was selected for development based on the input of HCBS administrators, recipients, providers, and family members as to the highest priority domains of the National Quality Forum’s HCBS Outcome Measurement Framework.² In addition, the measures were developed with multiple stages of stakeholder involvement in the testing and review process that followed the CMS Measure Development Blueprint and the American Psychological Association guidelines. Field testing was longitudinal, tracking participants at three separate time points to ensure reliable data comparison over time. The measure is designed for use at the HCBS provider level at no cost. Its modular nature allows for collection and calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure.</p> <p>The individual who suggested this measure also pointed out that the current HCBS Quality Measure Set does not include a measure about the employment experiences of HCBS recipients. Employment outcomes are crucial for HCBS recipients as they contribute significantly to personal independence and financial stability. Employment offers opportunities for social interaction, skill development, and community integration, which are vital for improving overall quality of life. Measuring employment experiences is important because it helps to ensure that HCBS programs are effectively supporting HCBS recipients in maintaining employment successfully.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure noted that employment is an important outcome in HCBS and is related to the quality of life of individuals receiving HCBS. This measure provides a means of tracking the employment experiences of HCBS recipients. Moreover, during the development phase of this measure, participating stakeholders placed high importance on the need for a measure on employment and emphasized the need for measures that can be used to improve this outcome area within the HCBS system.</p>

Actionability and Strategic Priority	
<p>Whether the data source allows for stratification</p>	<p>The individual who suggested this measure indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>The measure steward confirmed that specifications can be provided that stratify RTC/OM measures by several categories, and three disability populations: intellectual/developmental disability, physical disability, and severe mental illness.</p> <p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>
<p>Evidence of a performance gap on the measure</p>	<p>The individual who suggested this measure shared parts of the technical specifications that summarized findings from the initial pilot study. The specifications note that composite scores of this measure can range from 0 to 40. During the measure’s pilot study, no participants obtained a top box score of 40 and the interquartile range of scores was 24 to 33, indicating a significant performance gap on this measure for participants.</p>
<p>Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states</p>	<p>The individual who suggested this measure noted that this measure is designed to assess HCBS recipients' employment experiences and the quality of the employment-related services they receive. It is person-centered, with the primary respondent being the HCBS recipient, who reports on their employment experiences. The measure is also designed and tested for longitudinal use, allowing for tracking and comparison of employment outcomes over time. It can be used to evaluate HCBS program or provider initiatives aimed at improving support related to the employment experiences of recipients.</p>

Actionability and Strategic Priority

Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes

The individual who suggested this measure stated that the measure can lead to improvement of service delivery and outcomes due to its strong psychometric properties and ability to provide reliable and valid outcomes for HCBS recipients.³ Further empirical testing from a national field study has demonstrated measure outcomes demonstrate good to excellent reliability and validity. Data were collected across three time points on 168 individuals and are able to assess trends across time.

The measure steward noted that they are also in the process of writing technical reports and publications from a recent field study of the RTC/OM measures which includes three sets of analyses: (1) whether the measures are behaving psychometrically in a similar manner when they are used longitudinally, (2) whether the measures can detect change in outcomes over an 18-month period of time, and (3) a set of analyses of a subset of measure outcomes among populations of individuals with and without disabilities. The measure steward shared that they anticipate that unpublished findings from these analyses will be complete in early 2025 and can be shared with the Workgroup prior to publication.

Additional Information for Consideration

Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS

The individual who suggested this measure shared that this measure was developed for HCBS participants who are employed. In a recent study, the Institute for Community Inclusion at the University of Massachusetts - Boston found that 37 percent of all persons with disabilities were employed but only 18 percent of individuals with intellectual and/or developmental disabilities were employed.⁴ In contrast, the RTC/OM field study sample found that about 42 percent of the overall sample and 59 percent of individuals with an intellectual or developmental disability were employed. Although employment status is not the direct outcome being assessed by this measure, the measure could be applicable to roughly one-third to one-half of HCBS recipients.

Measure will require provider or beneficiary workflows to be modified to collect data to report measure

Yes. The individual who suggested this measure indicated that workflow modifications would impose moderate to significant additional data entry burden on a provider to collect the data elements to report the measure because data are not routinely collected during care, or are not collected using structured electronic health record fields.

Additional Information for Consideration	
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure does not anticipate that states will encounter unique barriers when calculating this measure. However, technical assistance will be provided free of charge by ICI if it is needed. The measure steward confirmed that they would provide free training in the form of training modules. States or providers needing additional assistance beyond the asynchronous training will have the option of contacting ICI directly and they will work to provide additional assistance. The measure steward further noted that ICI is a University Center for Excellence in Developmental Disabilities with a mission of providing support needed to implement the various initiatives and grant deliverables that they produce; they will continue to provide this level of support and technical assistance for these measures throughout their stewardship.
Could this measure be calculated by CMS on behalf of states using an existing data source?	No. The individual who suggested this measure highlighted that the measure is a person-centered outcome survey that involves collecting data directly from HCBS recipients and does not draw from existing administrative data sources.
Other information	The individual who suggested this measure emphasized that all RTC/OM measures were developed through a National Institute on Disability, Independent Living, and Rehabilitation Research grant, with the goal of creating measures that are both essential for HCBS programs and providers and are specifically tailored to the target populations. These measures are the product of several years of development, with stakeholder involvement at every stage. RTC/OM is committed to disseminating these measures and takes this responsibility seriously.

Citations

- ¹ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)
- ² [https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.](https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx)
- ³ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)
- ⁴ [https://www.thinkwork.org/sites/default/files/files/bluebook_2022_complete_F.pdf.](https://www.thinkwork.org/sites/default/files/files/bluebook_2022_complete_F.pdf)

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Research and Training Center on HCBS Outcome Measurement (RTC/OM): Meaningful Activity
Measure description	<p>The <i>Meaningful Activity</i> measure includes items related to six general categories of meaningful activities: everyday life tasks, social activities, leisure/relaxing activities, physical exercise, educational, and professional activities. The questions that make up the composite focus on determining the degree to which respondents have the opportunity to engage in community activities that they value to the extent that meets their needs and preferences. The questions also measure their experiences when taking part in these activities.</p> <p>The composite score is derived by summing the responses to 26 items. The composite score can range from 0 to 78. Higher scores correspond to greater overall involvement in activities that are meaningful to the participant.</p> <p>The 26 items are as follows:</p> <ul style="list-style-type: none"> • G1. You participate in activities that are meaningful to you. • G2. You get enough support to participate in activities that are meaningful to you. • S1. Social activities are meaningful to you. • S2. You participate in social activities as much as you want to. • S3. Recently, you have enjoyed doing social activities. • S4. You get enough help to do social activities. • S5. Professional activities are meaningful to you. • S6. You participate in professional activities as much as you want to. • S7. Recently, you have enjoyed doing professional activities. • S8. You get enough help to do professional activities. • S9. Educational activities are meaningful to you. • S10. You participate in educational activities as much as you want to. • S11. Recently, you have enjoyed doing educational activities. • S12. You get enough help to do educational activities. • S13. Activities that involve physical exercise are meaningful to you. • S14. You participate in activities that involve physical exercise as much as you want to.

Measure Information	
Measure description (continued)	<ul style="list-style-type: none"> • S15. Recently, you have enjoyed doing activities that involve physical exercise. • S16. You get enough help to do activities that involve physical exercise. • S17. Relaxing activities are meaningful to you. • S18. You participate in relaxing activities as much as you want to. • S19. Recently, you have enjoyed doing relaxing activities. • S20. You get enough help to do relaxing activities. • S21. Everyday life tasks are meaningful to you. • S22. You participate in everyday life tasks as much as you want to. • S23. Recently, you have enjoyed doing everyday life tasks. • S24. You get enough help to do everyday life tasks. <p>The two items “G1” and “G2” are scored 0 to 3 on a frequency scale with response options:</p> <ul style="list-style-type: none"> • “Never/Rarely” • “Sometimes” • “Often” • “Almost Always/Always” <p>The remaining items “S1” through “S24” are scored 0 to 3 on an agreement scale with response options:</p> <ul style="list-style-type: none"> • “Strongly Disagree” • “Disagree” • “Agree” • “Strongly Agree”
Measure steward	Institute on Community Integration (ICI) - University of Minnesota, Twin Cities
Measure type	Outcome
Recommended to replace current measure?	No

Measure Information	
Measure is similar to other measures in the HCBS Quality Measure Set	<ul style="list-style-type: none"> • The individual who suggested this measure indicated that it is similar to the following measures on the HCBS Quality Measure Set: <ul style="list-style-type: none"> - National Core Indicators®-Intellectual and Developmental Disabilities (NCI®- IDD) PCP-5: Satisfaction with Community Survey Inclusion Scale (The proportion of people who report satisfaction with the level of participation in community inclusion activities) - HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®): Community Inclusion and Empowerment - National Core Indicators- Aging and Disability (NCI-AD™): Percentage of People Who are as Active in Their Community as They Would Like to Be - NCI-AD™: Percentage of People Who are Able to See or Talk to Their Friends and Family When They Want To - Personal Outcome Measures (POM)®: People Participate in the Life of the Community
Use in other CMS programs	No other programs listed in CMS’s Measure Inventory Tool or shared by the measure steward.

Technical Specifications	
Ages	Ages 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Provider-level. If a state wanted to use the measures for state-level reporting, the measure steward indicated they would provide technical assistance to the state regarding collection of the measure and calculation of state-level rates.
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. HCBS-like services are defined by the measure steward as those that resemble services covered by federal HCBS waivers but are not directly funded through a traditional 1915(c) waiver. This includes Medicaid state plan services as well as non-Medicaid services such as Older Americans Act (OAA) services, which may be funded by the state.
Numerator	The numerator is the number of survey respondents who obtained a score in the measure-derived interquartile range of 20 to 58. This is derived from the overall composite score range of 0 to 78.
Exclusions	None.

Technical Specifications	
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	More information about the RTC/OM HCBS Outcome Measures can be found here: https://rtcom.umn.edu/rtcom-measures .
Information on testing or use in state Medicaid HCBS programs	<p>The individual who suggested this measure shared that the measure was tested through a national field study¹ that sampled individuals from participating HCBS providers in the following states: Minnesota, Pennsylvania, Kansas, Utah, Florida, Georgia, Massachusetts, Iowa, Ohio, California, Arizona, and Maine.</p> <p>The sample of HCBS recipients included those with age-related disabilities, physical disabilities, psychiatric disabilities, intellectual and developmental disabilities, and traumatic or acquired brain injuries. The participants were required to be receiving HCBS through, for example, 1915(c) waivers, or “HCBS-like” service in their state of residence.</p>
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The individual who suggested this measure indicated that interpretation of the coding of items used to score/calculate the measures should not vary. Data should be collected in a consistent manner at the provider level and there should not be inconsistency in the completeness of the data between states. No claims or administrative data is required to calculate the measure scores and the survey itself contains all the data required for measure calculations.

Actionability and Strategic Priority

How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion

The individual who suggested this measure highlighted that the measure was developed in response to national HCBS stakeholder input into the most important outcomes that should be assessed within HCBS programs. Specifically, the measure was selected for development based on the input of HCBS administrators, recipients, providers, and family members as to the highest priority domains of the National Quality Forum's HCBS Outcome Measurement Framework.² In addition, the measures were developed with multiple stages of stakeholder involvement in the testing and review process that followed the CMS Measure Development Blueprint and American Psychological Association guidelines. Field testing was longitudinal, tracking participants at three separate time points to ensure reliable data comparison over time. The measure is designed for use at the HCBS provider level at no cost. Its modular nature allows for collection and calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure.

The individual who suggested this measure also noted that this measure provides a person-centered approach to assess HCBS recipients' ability to engage in meaningful activities. This composite measure has a large item pool that thoroughly assesses the meaning activity construct across several different life domains and can be trended over time to evaluate how services support a person to engage in these activities that are meaningful to the person. The measure is composed of several items that combine to offer a composite score for participants and provides a robust and psychometrically-sound way to measure meaningful activity across several different areas of a person's life.

They also noted that each of the RTC/OM measures are free to use and designed to be used at a provider level for quality improvement and have also been tested for longitudinal use to trend the outcome measure over time. Moreover, all the measures are person-centered and directly gather the experience of the outcome from the recipient or a proxy. Each of the RTC/OM measures have the added benefit of being modular so that provider organizations or program can select individual measures that are of highest priority and not be required to complete a larger instrument to compute the outcome.

Actionability and Strategic Priority	
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure claimed that effective service delivery in HCBS needs to be provided in a way that is safe, respectful, and supports people to engage in activities that are meaningful to them. This measure provides a means of tracking the extent to which HCBS recipients are being supported to participate in these activities. Medicaid HCBS programs have a duty to ensure that services are provided that help recipients accomplish these goals. Use of this measure would promote the identification and tracking of these outcomes within an HCBS program and can be used to address individual concerns that are reported by HCBS recipients. Moreover, during the development phase of this measure, participating stakeholders placed high importance on the need for a measure of meaningful community activity and how the HCBS system supports a person to do this.</p>
<p>Whether the data source allows for stratification</p>	<p>The individual who suggested this measure indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>The measure steward confirmed that specifications can be provided that stratify RTC/OM measures by several categories, and three disability populations: intellectual/developmental disability, physical disability, and severe mental illness.</p> <p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>
<p>Evidence of a performance gap on the measure</p>	<p>The individual who suggested this measure shared parts of the technical specifications that summarized findings from the initial pilot study. The specifications note that composite scores of this measure can range from 0 to 78. During the measure's pilot study, 2.8 percent of all participants obtained the top-box score of 78 and the interquartile range of scores was 43 to 62, indicating a significant performance gap on this measure for participants.</p>
<p>Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states</p>	<p>The individual who suggested this measure stated that the measure is designed to assess both if the HCBS recipient participates in activities that are meaningful to them as well as how their services support them to participate. The measure is person-centered in that the primary respondent is the HCBS recipient and the items assess their level of meaningful activity directly. The measure was also designed and tested for longitudinal use so that the outcome can be trended and compared over time. The measure can be used for measuring HCBS program or provider initiatives that support a person and their ability to engage in activities that are meaningful to them.</p>

Actionability and Strategic Priority	
<p>Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes</p>	<p>The individual who suggested this measure stated that the measure can lead to improvement of service delivery and outcomes due to its strong psychometric properties and ability to provide reliable and valid outcomes for HCBS recipients.³ Further empirical testing from a national field study has demonstrated measure outcomes demonstrate good to excellent reliability and validity. Data were collected across three time points on 168 individuals and are able to assess trends across time.</p> <p>The measure steward noted that they are also in the process of writing technical reports and publications from a recent field study of the RTC/OM measures which includes three sets of analyses: (1) whether the measures are behaving psychometrically in a similar manner when they are used longitudinally, (2) whether the measures can detect change in outcomes over an 18-month period of time, and (3) a set of analyses of a subset of measure outcomes among populations of individuals with and without disabilities. The measure steward shared that they anticipate that unpublished findings from these analyses will be complete in early 2025 and can be shared with the Workgroup prior to publication.</p>

Additional Information for Consideration	
<p>Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS</p>	<p>The individual who suggested this measure stated that it is not applicable to consider the prevalence of the outcome being measured. This is not a measure of presence or absence of an outcome. Rather, this is a composite outcome measure and all HCBS recipients have a level of meaningful community involvement.</p>
<p>Measure will require provider or beneficiary workflows to be modified to collect data to report measure</p>	<p>Yes. The individual who suggested this measure indicated that workflow modifications would impose moderate to significant additional data entry burden on a provider to collect the data elements to report the measure because data are not routinely collected during care, or are not collected using structured electronic health record fields.</p>

Additional Information for Consideration	
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure does not anticipate that states will encounter unique barriers when calculating this measure. However, technical assistance will be provided free of charge by ICI if it is needed. The measure steward confirmed that they would provide free training in the form of training modules. States or providers needing additional assistance beyond the asynchronous training will have the option of contacting ICI directly and they will work to provide additional assistance. The measure steward further noted that ICI is a University Center for Excellence in Developmental Disabilities with a mission of providing support needed to implement the various initiatives and grant deliverables that they produce; they will continue to provide this level of support and technical assistance for these measures throughout their stewardship.
Could this measure be calculated by CMS on behalf of states using an existing data source?	No. The individual who suggested this measure highlighted that the measure is a person-centered outcome survey that involves collecting data directly from people receiving HCBS and does not draw from existing administrative data sources.
Other information	The individual who suggested this measure emphasized that all RTC/OM measures were developed through an National Institute on Disability, Independent Living, and Rehabilitation Research grant, with the goal of creating measures that are both essential for HCBS programs and providers and are specifically tailored to the target populations. These measures are the product of several years of development, with stakeholder involvement at every stage. RTC/OM is committed to disseminating these measures and takes this responsibility seriously.

Citations

¹ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)

² [https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.](https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx)

³ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Research and Training Center on HCBS Outcome Measurement (RTC/OM): Social Connectedness
Measure description	<p>The <i>Social Connectedness</i> measure assesses the extent to which the social connections that respondents have with those they consider to be family, friends, acquaintances, and other community members meet their affiliation needs. In addition, items measure the quality of these relationships and the degree of reciprocity that exists within them.</p> <p>The <i>Social Connectedness</i> measure assesses participation in the community and relationships with family members, friends, and others. Items address both the person’s connection with the community (i.e., if people in the community are friendly), the extent to which the respondent feels connected to others in their community, the social supports they have available (i.e., emotional, instrumental, informational, companionship) including areas in which social support is received when needed and opportunities to provide it to others (i.e., the reciprocity they experience in their personal lives). In addition, the measure assesses the extent to which services and supports are assisting HCBS recipients in being and staying socially connected.</p> <p>The composite score is derived by summing responses to 14 items. The composite score can range from 0 to 40. Higher scores indicate a participant has greater connection to the community, friends, and/or family.</p> <p>The 14 items on this measure are:</p> <ul style="list-style-type: none"> • G1. You feel you are part of your community. • G2. You feel lonely. • G3. You would like more support to keep in contact with people who are important to you. • S1. People in your community are friendly to you. • S2. You have people to go to when you need information about something. • S3. You have people to go to when you need a favor. (Examples: need to borrow \$10, a ride to the doctor, take care of a pet.) • S4. You have people in your life who help you feel better. • S5. You have people you can talk to. • S6. You spend time with friends when you want to. • S7. You have as many close friends who are not your family members or staff as you want. • S8. Your friends come to you when they need help.

Measure Information	
Measure description (continued)	<ul style="list-style-type: none"> • S9. You keep in contact with your family members as much as you want to. • S10. You have the help you need to meet with people who are important to you. • S11. You have the help you need to meet people you might want to be friends with. <p>All items, with one exception, are scored 0 to 3 on a frequency scale with response options:</p> <ul style="list-style-type: none"> • 0 = “Never/Rarely” • 1 = “Sometimes” • 2 = “Often” • 3 = “Almost Always/Always” <p>Item “S7” is scored 0 to 1 on a binary “No”/“Yes” scale.</p>
Measure steward	Institute on Community Integration (ICI) - University of Minnesota, Twin Cities
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	<p>The individual who suggested this measure shared that it is similar to the following measures in the HCBS Quality Measure Set:</p> <ul style="list-style-type: none"> • HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®): Community Inclusion and Empowerment • National Core Indicators- Aging and Disability (NCI-AD™): Percentage of People Who are as Active in Their Community as They Would Like to Be • NCI-AD™: Percentage of People Who are Able to See or Talk to Their Friends and Family When They Want To • Personal Outcome Measures (POM)®: People Interact with Other Members of the Community • POM: People Live in Integrated Environments • National Core Indicators®-Intellectual and Developmental Disabilities (NCI®- IDD) CI-1: Social Connectedness • NCI-PCP-5: Satisfaction with Community Inclusion Scale (The Proportion of People Who Report Satisfaction with the Level of Participation in Community-Inclusion Activities) <p>The individual who suggested the measure shared that, though this measure is similar to others in the HCBS Quality Measure Set, this measure provides a person-centered approach to assess HCBS recipients’ level of social connection, has a larger item pool that samples the social connection construct, and can be trended over time to evaluate how services affect a person’s inclusion in their community.</p>

Measure Information	
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool or reported by the measure steward.

Technical Specifications	
Ages	Ages 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Provider-level. If a state wanted to use the measures for state-level reporting, the measure steward indicated they would provide technical assistance to the state regarding collection of the measure and calculation of state-level rates.
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. HCBS-like services are defined by the measure steward as those that resemble services covered by federal HCBS waivers but are not directly funded through a traditional 1915(c) waiver. This includes Medicaid state plan services as well as non-Medicaid services such as Older Americans Act (OAA) services, which may be funded by the state.
Numerator	The numerator is the number of survey respondents who obtained a score in the measure-derived interquartile range of 10 to 30. This is derived from the overall composite score range of 0 to 40.
Exclusions	None.
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	More information about the RTC/OM HCBS Outcome Measures can be found here: https://rtcom.umn.edu/rtcom-measures .
Information on testing or use in state Medicaid HCBS programs	<p>The individual who suggested this measure shared that the measure was tested through a national field study¹ that sampled individuals from participating HCBS providers in the following states: Minnesota, Pennsylvania, Kansas, Utah, Florida, Georgia, Massachusetts, Iowa, Ohio, California, Arizona, and Maine.</p> <p>The sample of HCBS recipients included those with age-related disabilities, physical disabilities, psychiatric disabilities, intellectual and developmental disabilities, and traumatic or acquired brain injuries. The participants were required to be receiving HCBS through, for example, 1915(c) waivers, or “HCBS-like” services in their state of residence.</p>

Minimum Technical Feasibility Criteria

<p>Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations</p>	<p>The individual who suggested this measure indicated that interpretation of the coding of items used to score/calculate the measures should not vary. Data should be collected in a consistent manner at the provider level and there should not be inconsistency in the completeness of the data between states. No claims or administrative data is required to calculate the measure scores and the survey itself contains all the data required for measure calculations.</p>
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Actionability and Strategic Priority

<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>The individual who suggested this measure highlighted that the measure was developed in response to national HCBS stakeholder input into the most important outcomes that should be assessed within HCBS programs. Specifically, the measure was selected for development based on the input of HCBS administrators, recipients, providers, and family members as to the highest priority domains of the National Quality Forum’s HCBS Outcome Measurement Framework.² In addition, the measures were developed with multiple stages of stakeholder involvement in the testing and review process that followed the CMS Measure Development Blueprint and the American Psychological Association guidelines. Field testing was longitudinal, tracking participants at three separate time points to ensure reliable data comparison over time. The measure is designed for use at the HCBS provider level at no cost. Its modular nature allows for collection and calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure noted that effective service delivery in HCBS needs to be provided in a way that is safe, respectful, and supports people to achieve their goals connecting with their community. This measure provides a means of tracking the extent to which HCBS recipients are being supported to be included within their communities. Medicaid HCBS programs have a duty to ensure that services are provided that helps recipients accomplish these goals. Use of this measure would promote the identification and tracking of these outcomes within an HCBS program and can be used to address individual concerns that are reported by HCBS recipients. Moreover, during the development phase of this measure, participating stakeholders placed high importance on the need for a measure of social connection and how it is supported by the HCBS system.</p>

Actionability and Strategic Priority	
Whether the data source allows for stratification	<p>The individual who suggested this measure indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>The measure steward confirmed that specifications can be provided that stratify RTC/OM measures by several categories, and three disability populations: intellectual/developmental disability, physical disability, and severe mental illness.</p> <p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>
Whether the data source allows for stratification(continued)	<p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>
Evidence of a performance gap on the measure	<p>The individual who suggested this measure shared parts of the technical specifications that summarized findings from the initial pilot study. The specifications note that composite scores of this measure can range from 0 to 40. During the measure’s pilot study, 3.7 percent of participants obtained a top box score of 18 and the interquartile range of scores was 25 to 35, indicating a significant performance gap on this measure for participants.</p>
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	<p>The individual who suggested this measure noted that this measure is designed to assess both the HCBS recipient’s level of social connection with their community and the quality of their HCBS services in how those services support the person to achieve this social connection. The measure is person-centered in that the primary respondent is the HCBS recipient and the items assess their level of social connection directly.</p> <p>The measure was also designed and tested for longitudinal use so that the outcome can be trended and compared over time. The measure can be used for measuring HCBS programs or provider initiatives that support a person and their inclusion in the community.</p>

Actionability and Strategic Priority

<p>Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes</p>	<p>The individual who suggested this measure stated that the measure can lead to improvement of service delivery and outcomes due to its strong psychometric properties and ability to provide reliable and valid outcomes for HCBS recipients.³ Further empirical testing from a national field study has demonstrated measure outcomes demonstrate good to excellent reliability and validity. Data were collected across three time points on 168 individuals and are able to assess trends across time.</p> <p>The measure steward noted that they are also in the process of writing technical reports and publications from a recent field study of the RTC/OM measures which includes three sets of analyses: (1) whether the measures are behaving psychometrically in a similar manner when they are used longitudinally, (2) whether the measures can detect change in outcomes over an 18-month period of time, and (3) a set of analyses of a subset of measure outcomes among populations of individuals with and without disabilities. The measure steward shared that they anticipate that unpublished findings from these analyses will be complete in early 2025 and can be shared with the Workgroup prior to publication.</p>
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Additional Information for Consideration

<p>Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS</p>	<p>The individual who suggested this measure stated that it is not applicable to consider the prevalence of the outcome being measured. This is not a measure of presence or absence of an outcome. Rather, it is a composite outcome measure and all HCBS recipients have some level of social connectedness.</p>
<p>Measure will require provider or beneficiary workflows to be modified to collect data to report measure</p>	<p>Yes. The individual who suggested this measure indicated that workflow modifications would impose moderate to significant additional data entry burden on a provider to collect the data elements to report the measure because data are not routinely collected during care, or are not collected using structured electronic health record fields.</p>
<p>Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting</p>	<p>The individual who suggested this measure does not anticipate that states will encounter unique barriers when calculating this measure. However, technical assistance will be provided free of charge by ICI if it is needed. The measure steward confirmed that they would provide free training in the form of training modules. States or providers needing additional assistance beyond the asynchronous training will have the option of contacting ICI directly and they will work to provide additional assistance. The measure steward further noted that ICI is a University Center for Excellence in Developmental Disabilities with a mission of providing support needed to implement the various initiatives and grant deliverables that they produce; they will continue to provide this level of support and technical assistance for these measures throughout their stewardship.</p>

Additional Information for Consideration	
Could this measure be calculated by CMS on behalf of states using an existing data source?	No. The individual who suggested this measure highlighted that the measure is a person-centered outcome survey that involves collecting data directly from HCBS recipients and does not draw from existing administrative data sources.
Other information	The individual who suggested this measure emphasized that all RTC/OM measures were developed through a National Institute on Disability, Independent Living, and Rehabilitation Research grant with the goal of creating measures that are both essential for HCBS programs and providers and specifically tailored to the target populations. These measures are the product of several years of development with stakeholder involvement at every stage. RTC/OM is committed to disseminating these measures and takes this responsibility seriously.

Citations

¹ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)

² [https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.](https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx)

³ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)

Measure Information Sheets: Access and Resource Allocation Domain

The level to which HCBS are available to all individuals who need long-term services and supports.

HCBS QUALITY MEASURE SET REVIEW: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems (HCBS CAHPS) Survey: Transportation to Medical Appointments
Description	<p>HCBS CAHPS: Transportation to Medical Appointments is a composite measure derived from top-box scores^a of questions 59, 61 and 62 on the HCBS CAHPS survey for Medicaid HCBS participants 18 years of age and older. It is calculated using responses to the following questions:</p> <ul style="list-style-type: none"> • Question 59: Medical appointments include seeing a doctor, a dentist, a therapist, or someone else who takes care of your health. In the last 3 months, how often did you have a way to get to your medical appointments? • Question 61: In the last 3 months, were you able to get in and out of this ride easily? • Question 62: In the last 3 months, how often did this ride arrive on time to pick you up?
Measure steward	The Centers for Medicare & Medicaid Services (CMS)
Measure type	Experience of Care
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	<p>Response 1: The first individual who suggested the measure indicated that removing the measure would not leave a gap in the HCBS Quality Measure Set, as medical transportation is not typically a benefit covered by HCBS programs.</p> <p>Response 2: The second individual who suggested the measure also indicated that removing the measure would not leave a gap in the HCBS Quality Measure Set. They noted that, though managed long-term services and supports (MLTSS) plans often have a critical role in ensuring adequate transportation access for their members, medical transportation benefits are frequently carved out or are provided through other programs outside of a plan's oversight. The HCBS Quality Measure Set includes several other measures related to transportation access, so the individual believes that removing this measure would not result in a gap.</p>

^a The top-box score represents the percentage of respondents who selected the most positive response to the survey question.

Measure Information	
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	NCI-AD™: Percentage of people who have transportation to get to medical appointments when they need to
Use in other CMS programs	No other programs listed in CMS’s Measure Inventory Tool.

2024 Technical Specifications	
Ages	Age 18 and older as of the first day of the measurement year.
Data collection method	Survey.
Benefit	Any of the following services: personal care, behavioral health support, homemaker services, case management, and transportation to medical appointments.
Denominator	For each question in the scale, the denominator is the total number of respondents who answered the question.
Numerator	The number of survey respondents who gave the most positive response to each question, such as “Always” to questions 59 and 62, and “Yes” to question 61 on the HCBS CAHPS survey.
Exclusions	Individuals who are less than 18 years of age and individuals who have not received HCBS for at least three months should be excluded. During survey administration, additional exclusions include individuals who failed any of the cognitive screening items.
Continuous enrollment period	Continuously enrolled in an HCBS program for at least the last three months to ensure the participant has enough experience to answer the questions.
Allowable gap	Not specified.

Reasons for Removal Noted by Submitter(s)
<p>Minimum Technical Feasibility and Appropriateness Criteria</p> <p>Response 1: None identified by the individual who suggested the measure.</p> <p>Response 2: None identified by the individual who suggested the measure.</p>

Reasons for Removal Noted by Submitter(s)

Actionability and Strategic Priority

Response 1: The first individual who suggested this measure noted that improvement on this measure is outside the direct influence of Medicaid HCBS programs and providers. This composite measure asks about an individual's access to and experience with transportation to medical appointments, a benefit that is outside of HCBS programs and that is often outside of the control of managed care plans. This individual suggested that transportation-related measures in the HCBS Quality Measure Set should be related to the use of non-medical transportation – the need for which would be documented in someone's person-centered service plan – and be targeted to learn more about how the benefit is used to reduce social isolation and access to community activities.

Response 2: The second individual who suggested the measure similarly expressed concerns that improvement on the measure is outside the direct influence of Medicaid HCBS programs and providers. They noted that, because medical transportation benefits are often carved out of MLTSS contracts, plans are not in a position to oversee these services.

Other Considerations

Response 1: None identified by the individual who suggested the measure.

Response 2: None identified by the individual who suggested the measure.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of Non-English-Speaking Participants Who Receive Information About Their Services in the Language They Prefer
Description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: Do you get information about your services in the language you prefer?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	The individual who suggested the measure indicated that removing the measure would not leave a gap in the HCBS Quality Measure Set. This measure is specific to NCI-AD™. The individual noted that comparable measures from the NCI®-IDD, HCBS CAHPS® and POM® surveys are not included in the HCBS Quality Measure Set. Therefore, removal of this measure would create more consistency across survey-based measures in the HCBS Quality Measure Set.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	No
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool.

2024 Technical Specifications	
Ages	Age 18 and older.
Data collection method	Survey.

2024 Technical Specifications	
Benefit	<p>People surveyed are adults receiving publicly funded long-term services and supports (LTSS) from state aging and physical disability service systems, including:</p> <ul style="list-style-type: none"> • Skilled nursing facilities • HCBS waiver programs • Medicaid state plan programs • State-funded programs • Older Americans Act programs
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” or “All Information” to the question.
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t Know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. • The individual’s preferred language is English. • The individual said they are not receiving services. <p>Proxies are allowed for this question.</p>
Continuous enrollment period	The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.
Allowable gap	Not specified.

Reasons for Removal Noted by Submitter(s)
<p>Minimum Technical Feasibility and Appropriateness Criteria</p> <p>None identified by the individual who suggested the measure.</p>

Reasons for Removal Noted by Submitter(s)

Actionability and Strategic Priority

The individual who suggested this measure shared that it does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs. They suggested focusing performance measures on key areas of assessment, waiver service selection and person-centered planning, Medicaid service access (e.g., transportation, equipment, and other state plan services), community integration, and provider-owned and controlled residential settings compliance.

The individual who suggested this measure for removal expressed that it cannot be used to assess and compare state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs due to a lack of a comparable measure construct in other survey instruments currently included in the HCBS Quality Measure Set. The individual noted that because comparable measures from the other experience of care surveys are not included in the HCBS Quality Measure Set, removal of this NCI-AD™ measure creates more consistency across survey-based measures in the set. Without comparable measures across all allowable experience of care surveys, this measure does not meaningfully facilitate comparison within and across states.

Other Considerations

None identified by the individual who suggested the measure.

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Measure Information Sheets: Holistic Health and Functioning Domain

The extent to which all dimensions of holistic health are assessed and supported.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Managed Long-Term Services and Supports (MLTSS): Plan All-Cause Readmission
Description	The number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge, for Medicare, Medicaid, and dually eligible beneficiaries ages 18 to 64 and the predicted probability of an acute readmission.
Measure steward	National Committee for Quality Assurance (NCQA)
Measure type	Process
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	<p>Response 1: The first individual who suggested this measure shared that removing this measure would not leave a gap in the HCBS Quality Measure Set. They suggested that there are other measures that are more meaningful and easy to understand by Medicaid recipients relating to getting needed care. They also suggested that the other long-term services and supports (LTSS) measures address the role that HCBS programs and providers have in trying to reduce readmissions.</p> <p>Response 2: The second individual who suggested this measure highlighted that for the Medicare Part C Star rating program, CMS annually adjusts the rate and desired values for this measure by excluding programs with enrollments of less than 500. Programs with between 500 and 1000 enrollees with measure score reliability of less than 0.7 are also excluded. While the measure is continually adjusted, plans' intervention strategies often require several years before demonstrating improvements, creating a disconnect between plans' efforts to improve readmission rates, and how they are being assessed. Additionally, given the complexity of the weighting formula used to calculate this measure, it is difficult for the general public to use this measure to evaluate the quality of plans or programs. Additionally, there is no parallel measure for assessing fee-for-service LTSS programs. Therefore, the individual does not believe that removing this measure would create a gap in the HCBS Quality Measure Set.</p>
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	No

Measure Information	
Use in other CMS programs	<ul style="list-style-type: none"> • Hospital Inpatient Quality Reporting • Medicaid: Adult Core Set • Marketplace Quality Rating System • Medicaid: Health Home Core Set • Medicare Part C Star Rating • Pennsylvania Rural Health Model (PARHM)¹

2024 Technical Specifications	
Ages	Reporting for Medicaid managed care plans is limited to adults ages 18 to 64.
Data collection method	Administrative.
Benefit	Not specified.
Denominator	The number of acute inpatient and observation stay discharges among the eligible population on or between January 1 and December 1 of the measurement year.
Numerator	<p>The number of acute inpatient or observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, for participants ages 18 to 64 using the following formula to control for differences in the case mix of patients across different contracts.</p> <p>For contract A, their case-mix adjusted readmission rate relative to the national average is the observed readmission rate for contract A divided by the expected readmission rate for contract A. This ratio is then multiplied by the national average observed rate. To calculate the observed rate and expected rate for contract A for participants ages 18 to 64, the following formulas were used:</p> <ul style="list-style-type: none"> • The observed readmission rate for contract A equals the sum of the count of 30-day readmissions • And divided by the sum of the count of index stays • The expected readmission rate for contract A equals the sum of the average adjusted probabilities • And weighted by the percentage of index stays in each age band.

2024 Technical Specifications

<p>Exclusions</p>	<p>Numerator Exclusions:</p> <p>Exclude hospital stays for the following reasons:</p> <ul style="list-style-type: none"> • Female participants with a principal diagnosis of pregnancy on the discharge claim. • A principal diagnosis of a condition originating in the perinatal period on the discharge claim. • A planned hospital stay using any of the following: <ul style="list-style-type: none"> • A principal diagnosis of maintenance chemotherapy. • A principal diagnosis of rehabilitation. • An organ transplant. • A potentially planned procedure without a principal acute diagnosis. <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Exclude hospital stays for the following reasons: <ul style="list-style-type: none"> • The Index Admission Date is the same as the Index Discharge Date. • The participant died during the stay. • Female participants with a principal diagnosis of pregnancy on the discharge claim. • A principal diagnosis of a condition originating in the perinatal period on the discharge claim.
<p>Continuous enrollment period</p>	<p>Not specified.</p>
<p>Allowable gap</p>	<p>Not specified.</p>

Reasons for Removal Noted by Submitter(s)

Minimum Technical Feasibility and Appropriateness Criteria

None identified by the individuals who suggested the measure.

Actionability and Strategic Priority

Response 1: The first individual who suggested the measure said that the measure does not contribute to estimating the overall national quality of HCBS service delivery or improving outcomes in Medicaid HCBS programs because the desired performance on this measure is subject to change by CMS each year. They indicated that this makes it difficult for states to set a target or goal or to implement strategies to reduce readmissions, as such strategies need to be in place for a few years to see an impact. They also shared that health plans participating in Medicare Part C Star Rating program find the logic and weighting system used by CMS for this measure difficult to understand, which is exacerbated by the frequent changes. Finally, the submitter suggested that it is also very difficult for the general public to understand or make assumptions about the quality of a health plan or program from this measure.

Reasons for Removal Noted by Submitter(s)

This individual also expressed that this measure cannot be used to assess and compare state progress in improving HCBS service delivery and outcomes within and across states, and that improvement on the measure is outside the direct influence of Medicaid HCBS programs and providers. They noted that the strategies to reduce readmissions are more likely to be related to physical health services rather than HCBS, and that improvement on the measure falls under coordinated care efforts at a health plan, rather than HCBS programs or providers.

Response 2: None identified by the second individual who suggested the measure.

Other Considerations

None identified by the individuals who suggested the measure.

Citations

¹ <https://cmit.cms.gov/cmit/#/FamilyView?familyId=561>.



MEASURE INFORMATION SHEET

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who Know How to Manage Their Chronic Conditions
Description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: If you have one or more chronic conditions, do you know how to manage them?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	The individual who suggested this measure indicated that removing the measure would not leave a gap in the HCBS Quality Measure Set. The individual noted that comparable measures from the NCI®-IDD, HCBS CAHPS®, and POM® surveys are not included in the HCBS Quality Measure Set. Therefore, removal of this measure would create more consistency across survey-based measures in the HCBS Quality Measure Set.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	No
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool.

2024 Technical Specifications	
Ages	Age 18 and older.
Data collection method	Survey.

2024 Technical Specifications	
Benefit	<p>People surveyed are adults receiving publicly funded long-term services and supports (LTSS) from state aging and physical disability service systems, including:</p> <ul style="list-style-type: none"> • Skilled nursing facilities • HCBS waiver programs • Medicaid state plan programs • State-funded programs • Older Americans Act programs
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” to the question.
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t Know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. • Individuals who do not have a chronic condition. <p>Only the individual receiving services may respond (proxies are not allowed for this question).</p>
Continuous enrollment period	The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.
Allowable gap	Not specified.

Reasons for Removal Noted by Submitter(s)
<p>Minimum Technical Feasibility and Appropriateness Criteria</p> <p>None identified by the individual who suggested the measure.</p>

Reasons for Removal Noted by Submitter(s)

Actionability and Strategic Priority

The individual who suggested this measure shared that it does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs. They suggested focusing performance measures on key areas of assessment, waiver service selection and person-centered planning, Medicaid service access (e.g., transportation, equipment, and other state plan services), community integration, and provider-owned and controlled residential settings compliance.

The individual who suggested this measure for removal expressed that it cannot be used to assess and compare state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs due to a lack of comparable measure construct in other survey instruments currently included in the HCBS Quality Measure Set. The individual noted that because comparable measures from the other experience of care surveys are not included in the HCBS Quality Measure Set, removal of this NCI-AD™ measure creates more consistency across survey-based measures in the set. Without comparable measures across all allowable experience of care surveys, this measure does not meaningfully facilitate comparison within and across states.

Other Considerations

None identified by the individual who suggested the measure.

MEASURE INFORMATION SHEET

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People With Concerns About Falling Who Had Someone Work With Them to Reduce Risk of Falls
Description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: Has somebody talked to you or worked with you to reduce your risk of falling or being unstable? This could be anyone - a professional, a family member, or a friend.
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	The individual who suggested this measure indicated that removing the measure would not leave a gap in the HCBS Quality Measure Set. The individual noted that comparable measures from the NCI®-IDD, HCBS CAHPS®, and POM® surveys are not included in the HCBS Quality Measure Set. Therefore, removal of this measure creates more consistency across survey-based measures in the HCBS Quality Measure Set.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	MLTSS-5: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool.

2024 Technical Specifications	
Ages	Age 18 and older.
Data collection method	Survey.

2024 Technical Specifications	
Benefit	<p>People surveyed are adults receiving publicly funded long-term services and supports (LTSS) from state aging and physical disability service systems, including:</p> <ul style="list-style-type: none"> • Skilled nursing facilities • HCBS waiver programs • Medicaid state plan programs • State-funded programs • Older Americans Act programs
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” to the question.
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t Know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. • Individuals for whom there are no concerns about falls. <p>Proxies are allowed for this question.</p>
Continuous enrollment period	The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.
Allowable gap	Not specified.

Reasons for Removal Noted by Submitter(s)
<p>Minimum Technical Feasibility and Appropriateness Criteria</p> <p>None identified by the individual who suggested the measure.</p>

Reasons for Removal Noted by Submitter(s)

Actionability and Strategic Priority

The individual who suggested the measure expressed concerns that this measure does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs. The individual suggested focusing performance measures on key areas of assessment, waiver service selection and person-centered planning, Medicaid service access (e.g., transportation, equipment, and other state plan services), community integration, and provider-owned and controlled residential settings compliance.

The individual who suggested the measure also shared concerns that this measure cannot be used to assess and compare state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs because there is a lack of comparable measure constructs in other survey instruments currently included in the HCBS Quality Measure Set. Because comparable measures from the other experience of care surveys are not included in the HCBS Quality Measure Set, removal of this NCI-AD™ measure would create greater consistency across survey-based measures in the set. Without comparable measures across all allowable experience of care surveys, this measure does not meaningfully facilitate comparison within and across states.

Other Considerations

None identified by the individual who suggested the measure.

MEASURE INFORMATION SHEET

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who Can Get an Appointment to See or Talk to Their Primary Care Doctor When They Need To
Measure description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: Can you get an appointment to see or talk to your primary care doctor when you need to?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	Yes, the individual who suggested this measure noted that, though it does not measure the exact same construct, this measure shares elements of the HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measure: <i>Transportation to Medical Appointments</i> .
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Program-level.
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” to the question.

Technical Specifications	
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. • The individual does not have a primary care doctor. <p>Proxies are allowed for this question.</p>
Continuous enrollment period	<p>The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.</p>
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact ADvancing States and HSRI regarding current measure specifications for the NCI-AD™ Adult Consumer Survey. ¹
Information on testing or use in state Medicaid HCBS programs	The NCI-AD™ 2022-2023 report indicated that the following states currently administer the NCI-AD™ survey: Alabama, Colorado, Delaware, Georgia, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Dakota, Ohio, Oklahoma, Tennessee, Washington, and Wisconsin. ²
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The measure steward indicated that variation in responses may result from the use of proxy respondents and participation rates (e.g., who agrees to participate in the survey). The steward also noted that, significant variability of administrative information across states and programs within states may impact a state’s knowledge of who is being served and/or to contact people receiving services. Further, some questions in the survey are applicable to only a subset of individuals, which creates variation in the overall sample, and may introduce additional state-level factors.

Actionability and Strategic Priority	
How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion	None identified by the individual who suggested the measure.
How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs	The individual who suggested this measure expressed that this measure would appropriately assess access to Medicaid state plan medical services and identify potential barriers to care, such as a lack of reliable non-emergency medical transportation.
Whether the data source allows for stratification	<p>The measure steward indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>However, the steward emphasized that it may be too cumbersome and complex for states to ensure that they have large enough subsamples for each of the stratification categories to ensure that there is an adequate sample size for stratified reporting, and that it would be necessary for states to have access to each of stratification category in the administrative records to develop a stratified sample. The steward shared that, despite this barrier, many states do develop samples that allow for stratification for one or two NCI-AD™ measures.</p> <p>The steward also shared that, because the NCI-AD™ survey collects data from existing data sources on one or more stratification categories, reporting data for these different demographic and geographic factors can be done. However, they noted that some of these factors may have very few people within each group who respond, therefore comparisons across groups and states should be made with caution. The completeness and accuracy of those data for each individual surveyed has historically varied by state and by measure, though the steward has been working with states to improve the accuracy of those data.</p> <p>Increasing the sample size to have statistically valid samples for each of those groups may pose a challenge to states and may change the nature of the survey if certain people are surveyed every year to ensure large enough sub-samples. This may also impact response rates for states, particularly in smaller sub-groups, as survey fatigue may grow. It may also pose a threat to confidentiality if there are small numbers of certain groups in some states.</p>

Actionability and Strategic Priority	
Evidence of a performance gap on the measure	According to the 2022-2023 NCI-AD™ National Results, 85 percent of respondents receiving HCBS can get an appointment to see or talk to their primary care doctor when they need to. ¹
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	The individual who suggested this measure shared that this measure can be trended over time to assess access to Medicaid state plan medical services, including barriers such as transportation. The individual also noted that the inclusion of this indicator in the HCBS Quality Measure Set enhances the state's ability to produce meaningful quality improvement plans to support compliance with the Ensuring Access to Medicaid Services final rule requirements.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The individual who suggested this measure noted that timely access to necessary medical prevention and treatment, including appointments with a primary care doctor, is essential to ensuring the health and well-being of HCBS program participants.

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	The individual who suggested this measure noted that the outcome being measured is applicable to all individuals who receive HCBS, as primary care is a required state plan service.
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-AD™, as this is an existing NCI-AD™ indicator.
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure noted that this measure is only limited by its applicability to people with physical disabilities and/or older adults who receive at least one service other than case management. Because the measure is an existing NCI-AD™ indicator and NCI-AD™ indicators are currently included in the HCBS Quality Measure Set, no additional barriers and technical assistance needs would apply for states that are already administering the NCI-AD™ survey to this population.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-AD™ survey for the purposes of HCBS Quality Measure Set reporting.

Citations

¹ <https://NCI-AD™.org/resources/technical-reports/>.

² https://NCI-AD™.org/upload/reports/2022-23_NCI-AD™_ACS_Part1_Final240412.pdf.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who Have Access to Mental Health Services if They Want Them
Measure description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: Do you have access to mental health services if you want to use them?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	Yes, the individual who suggested this measure noted that, though it does not measure the exact same construct, this measure shares elements of the HCBS Consumer Assessment of Healthcare Providers and Systems (HCBS CAHPS®) measure: <i>Transportation to Medical Appointments</i> .
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Program-level.
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” to the question.

Technical Specifications	
Exclusions	<p>Exclude responses which fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. <p>Only the individual receiving services may respond (proxies are not allowed for this question).</p>
Continuous enrollment period	<p>The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.</p>
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact ADvancing States and HSRI regarding current measure specifications for the NCI-AD™ Adult Consumer Survey. ¹
Information on testing or use in state Medicaid HCBS programs	The NCI-AD™ 2022-2023 report indicated that the following states currently administer the NCI-AD™ survey: Alabama, Colorado, Delaware, Georgia, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Dakota, Ohio, Oklahoma, Tennessee, Washington, and Wisconsin. ²
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The measure steward indicated that variation in responses may result from the use of proxy respondents and participation rates (e.g., who agrees to participate in the survey). The steward also noted that, significant variability of administrative information across states and programs within states may impact a state’s knowledge of who is being served and/or to contact people receiving services. Further, some questions in the survey are applicable to only a subset of individuals, which creates variation in the overall sample, and may introduce additional state-level factors.

Actionability and Strategic Priority	
How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion	None identified by the individual who suggested the measure.
How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs	The individual who suggested this measure for addition expressed that this measure would appropriately assess access to Medicaid state plan mental health services and identify potential barriers to care.
Whether the data source allows for stratification	<p>The measure steward indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>However, the steward emphasized that it may be too cumbersome and complex for states to ensure that they have large enough subsamples for each of the stratification categories to ensure that there is an adequate sample size for stratified reporting, and that it would be necessary for states to have access to each of stratification category in the administrative records to develop a stratified sample. The steward shared that, despite this barrier, many states do develop samples that allow for stratification for one or two NCI-AD™ measures.</p> <p>The steward also shared that, because the NCI-AD™ survey collects data from existing data sources on one or more stratification categories, reporting data for these different demographic and geographic factors can be done. However, they noted that some of these factors may have very few people within each group who respond, therefore comparisons across groups and states should be made with caution. The completeness and accuracy of those data for each individual surveyed has historically varied by state and by measure, though the steward has been working with states to improve the accuracy of those data. Increasing the sample size to have statistically valid samples for each of those groups may pose a challenge to states and may change the nature of the survey if certain people are surveyed every year to ensure large enough sub-samples. This may also impact response rates for states, particularly in smaller sub-groups, as survey fatigue may grow. It may also pose a threat to confidentiality if there are small numbers of certain groups in some states.</p>

Actionability and Strategic Priority	
Evidence of a performance gap on the measure	According to the 2022-2023 NCI-AD™ National Results, 91 percent of respondents receiving HCBS have access to mental health services if they want them. ¹
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	The individual who suggested this measure for addition shared that this measure can be trended over time to assess access to Medicaid state plan mental health services, including barriers to access. The individual also noted that the inclusion of this indicator in the HCBS Quality Measure Set enhances the state's ability to produce meaningful quality improvement plans to support compliance with the Ensuring Access to Medicaid Services final rule requirements.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The individual who suggested this measure noted that timely access to necessary mental health care is necessary to ensure the health and well-being of HCBS program participants.

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	The individual who suggested this measure noted that the outcome being measured is applicable to all individuals who receive HCBS, as mental health services is a required state plan service.
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-AD™, as this is an existing NCI-AD™ indicator.
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure noted that this measure is only limited by its applicability to people with physical disabilities and/or older adults who receive at least one service other than case management. Because the measure is an existing NCI-AD™ indicator and NCI-AD™ indicators are currently included in the HCBS Quality Measure Set, no additional barriers and technical assistance needs would apply for states that are already administering the NCI-AD™ survey to this population.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-AD™ survey for the purposes of HCBS Quality Measure Set reporting.

Citations

¹ <https://NCI-AD™.org/resources/technical-reports/>.

² https://NCI-AD™.org/upload/reports/2022-23_NCI-AD™_ACS_Part1_Final240412.pdf.

MEASURE INFORMATION SHEET

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disabilities (NCI-AD™): Percentage of People Who Have Needed Assistive Equipment and Devices
Measure description	<p>Nine single-item measures in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.</p> <p>Question: For each item, please tell me if you have the equipment and need a new one, or if it works okay. If you do not have the equipment, please tell me if you need it.</p> <ul style="list-style-type: none"> • Wheelchair • Scooter • Walker • Hearing aids • Glasses • Personal emergency response system • Oxygen machine • Other assistive technology • Some other equipment
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	No
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.

Technical Specifications	
Level of reporting for which specifications were developed	Program-level.
Denominator	For each device, the number of respondents who answered the questions about that device on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	For each device, the number of respondents who report that they need and have the equipment.
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. <p>Proxies are allowed for this question.</p>
Continuous enrollment period	The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact ADvancing States and HSRI regarding current measure specifications for the NCI-AD™ Adult Consumer Survey. ¹
Information on testing or use in state Medicaid HCBS programs	The NCI-AD™ 2022-2023 report indicated that the following states administer the NCI-AD™ survey: Alabama, Colorado, Delaware, Georgia, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Dakota, Ohio, Oklahoma, Tennessee, Washington, and Wisconsin. ²

Minimum Technical Feasibility Criteria

<p>Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations</p>	<p>The measure steward indicated that variation in responses may result from the use of proxy respondents and participation rates (e.g., who agrees to participate in the survey). The steward also noted that, significant variability of administrative information across states and programs within states may impact a state’s knowledge of who is being served and/or to contact people receiving services. Further, some questions in the survey are applicable to only a subset of individuals, which creates variation in the overall sample, and may introduce additional state-level factors.</p>
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Actionability and Strategic Priority

<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>None identified by the individual who suggested the measure.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure noted it would appropriately assess access to assistive devices that should be available to individuals as part of the Medicaid state plan. The individual suggested that the reporting for this indicator be limited to and focused on wheelchair, walker, and oxygen machine access, as these are traditionally available as part of Medicaid state plan services.</p>
<p>Whether the data source allows for stratification</p>	<p>The measure steward indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>However, the steward emphasized that it may be too cumbersome and complex for states to ensure that they have large enough subsamples for each of the stratification categories to ensure that there is an adequate sample size for stratified reporting, and that it would be necessary for states to have access to each of stratification category in the administrative records to develop a stratified sample. The steward shared that, despite this barrier, many states do develop samples that allow for stratification for one or two NCI-AD™ measures.</p>

Actionability and Strategic Priority	
Whether the data source allows for stratification (continued)	The steward also shared that, because the NCI-AD™ survey collects data from existing data sources on one or more stratification categories, reporting data for these different demographic and geographic factors can be done. However, they noted that some of these factors may have very few people within each group who respond, therefore comparisons across groups and states should be made with caution. The completeness and accuracy of those data for each individual surveyed has historically varied by state and by measure, though the steward has been working with states to improve the accuracy of those data. Increasing the sample size to have statistically valid samples for each of those groups may pose a challenge to states and may change the nature of the survey if certain people are surveyed every year to ensure large enough sub-samples. This may also impact response rates for states, particularly in smaller sub-groups, as survey fatigue may grow. It may also pose a threat to confidentiality if there are small numbers of certain groups in some states.
Evidence of a performance gap on the measure	According to the 2022-2023 NCI-AD™ National Results, 4 percent of respondents receiving HCBS need other assistive technology they do not have. ³
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	The individual who suggested this measure noted that it can be trended over time to assess access to assistive equipment, including barriers to accessing equipment that should be available under the Medicaid state plan. The individual also noted that inclusion of this indicator in the HCBS Quality Measure Set enhances the state's ability to produce meaningful quality improvement plans to support compliance with the Ensuring Access to Medicaid Services final rule requirements.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The individual who suggested this measure noted that timely access to required assistive equipment is necessary to ensure the health and well-being of HCBS program participants.

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	Not identified by the individual who suggested the measure.

Additional Information for Consideration	
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-AD™, as this is an existing NCI-AD™ indicator.
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure noted that it is only limited by its applicability to people with physical disabilities and/or older adults who receive at least one service other than case management. Because the measure is an existing NCI-AD™ indicator and NCI-AD™ indicators are currently included in the HCBS Quality Measure Set, no additional barriers and technical assistance needs would apply for states that are already administering the NCI-AD™ survey to this population.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-AD™ survey for the purposes of HCBS Quality Measure Set reporting.

Citations

¹ <https://NCI-AD™.org/resources/technical-reports/>.

² https://NCI-AD™.org/upload/reports/2022-23_NCI-AD™_ACS_Part1_Final240412.pdf.

³ https://NCI-AD™.org/upload/reports/2022-23_NCI-AD™_ACS_Part1_Final240412.pdf.

Measure Information Sheets: Human and Legal Rights Domain

The level to which the human and legal rights of individuals who use HCBS are promoted and protected.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who are Ever Worried for the Security of Their Personal Belongings
Description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: Are you ever worried for the security of your personal belongings?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	The individual who suggested the measure indicated that removing the measure would not leave a gap in the HCBS Quality Measure Set. This measure is specific to NCI-AD™. The individual noted that comparable measures from the NCI®-IDD, HCBS CAHPS®, and POM® surveys are not included in the HCBS Quality Measure Set. Therefore, removal of this measure would create more consistency across survey-based measures in the HCBS Quality Measure Set.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	No
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool.

2024 Technical Specifications	
Ages	Age 18 and older.
Data collection method	Survey.

2024 Technical Specifications

Benefit	<p>People surveyed are adults receiving publicly funded long-term services and supports (LTSS) from state aging and physical disability service systems, including:</p> <ul style="list-style-type: none"> • Skilled nursing facilities • HCBS waiver programs • Medicaid state plan programs • State-funded programs • Older Americans Act programs
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes, At Least Sometimes” to the question (lower rates are better).
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t Know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. <p>Only the individual receiving services may respond (proxies are not allowed for this question).</p>
Continuous enrollment period	The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.
Allowable gap	Not specified.

Reasons for Removal Noted by Submitter(s)

Minimum Technical Feasibility and Appropriateness Criteria

None identified by the individual who suggested the measure.

Reasons for Removal Noted by Submitter(s)

Actionability and Strategic Priority

The individual who suggested this measure shared that it does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs. They suggested focusing performance measures on key areas of assessment, waiver service selection and person-centered planning, Medicaid service access (e.g., transportation, equipment, and other state plan services), community integration, and provider-owned and controlled residential settings compliance.

The individual who suggested this measure for removal expressed that it cannot be used to assess and compare state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs due to a lack of a comparable measure construct in other survey instruments currently included in the HCBS Quality Measure Set. Because comparable measures from the other experience of care surveys are not included in the HCBS Quality Measure Set, removal of this NCI-AD™ measure creates more consistency across survey-based measures in the set. Without comparable measures across all allowable experience of care surveys, this measure does not meaningfully facilitate comparison within and across states.

Other Considerations

None identified by the individual who suggested the measure.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Who Feel Safe Around Their Support Staff
Description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: Do you feel safe around the people who are paid to help you?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	The individual who suggested the measure indicated that removing the measure would not leave a gap in the HCBS Quality Measure Set. The individual noted that no measures pertaining to health, safety, and welfare from the National Core Indicators®– Intellectual and Developmental Disabilities (NCI®-IDD) survey are included within the HCBS Quality Measure Set. Removing this measure would improve consistency across experience of care indicators that are used for state-to-state comparisons.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	<ul style="list-style-type: none"> • HCBS Consumers Assessment of Healthcare Providers and Systems (CAHPS®): Physical Safety • HCBS CAHPS®: Personal Safety and Respect
Use in other CMS programs	No other programs listed in CMS’s Measure Inventory Tool.

2024 Technical Specifications	
Ages	Age 18 and older.
Data collection method	Survey.

2024 Technical Specifications	
Benefit	<p>People surveyed are adults receiving publicly funded long-term services and supports (LTSS) from state aging and physical disability service systems, including:</p> <ul style="list-style-type: none"> • Skilled nursing facilities • HCBS waiver programs • Medicaid state plan programs • State-funded programs • Older Americans Act programs
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes, All Paid Support Workers, Always or Almost Always.”
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t Know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused responses. • The individual does not have paid support persons. • The question was not asked because paid support persons are present. <p>Only the individual receiving services may respond (proxies are not allowed for this question).</p>
Continuous enrollment period	The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.
Allowable gap	Not specified.

Reasons for Removal Noted by Submitter(s)
<p>Minimum Technical Feasibility and Appropriateness Criteria</p> <p>None identified by the individual who suggested the measure.</p>

Reasons for Removal Noted by Submitter(s)

Actionability and Strategic Priority

The individual who suggested this measure expressed concerns that this measure does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs. They suggested focusing performance measures on key areas of assessment, waiver service selection and person-centered planning, Medicaid service access (e.g., transportation, equipment, and other state plan services), community integration, and provider-owned and controlled residential settings compliance.

The individual who suggested this measure also expressed that this measure cannot be used to assess and compare state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs. They suggested that there is a lack of comparable measure constructs in other survey instruments currently included in the HCBS Quality Measure Set. Because comparable measures from some of the other experience of care surveys are not included in the HCBS Quality Measure Set, removal of this NCI-AD™ measure would create greater consistency across survey-based measures in the set. Without comparable measures across all allowable experience of care surveys, this measure does not meaningfully facilitate comparison within and across states.

Other Considerations

None identified by the individual who suggested the measure.

MEASURE INFORMATION SHEET

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People Whose Money was Taken or Used Without Their Permission in the Last 12 Months
Description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: In the last 12 months, has anyone used or taken your money without your permission?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
If the measure is removed, does it leave a gap in the HCBS Quality Measure Set?	The individual who suggested the measure indicated that removing the measure would not leave a gap in the HCBS Quality Measure Set. The individual noted that there are no comparable measures from the NCI®-IDD and POM® surveys. Therefore, removal of this measure would create more consistency across survey-based measures in the set.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the HCBS Quality Measure Set?	HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®): Personal Safety and Respect (Q65)
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool.

2024 Technical Specifications	
Ages	Age 18 and older.
Data collection method	Survey.

2024 Technical Specifications

Benefit	<p>People surveyed are adults receiving publicly funded long-term services and supports (LTSS) from state aging and physical disability service systems, including:</p> <ul style="list-style-type: none"> • Skilled nursing facilities • HCBS waiver programs • Medicaid state plan programs • State-funded programs • Older Americans Act programs
Denominator	The number of respondents who answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” to the question.
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t Know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual refused to respond. <p>Only the individual receiving services may respond (proxies are not allowed for this question).</p>
Continuous enrollment period	The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.
Allowable gap	Not specified.

Reasons for Removal Noted by Submitter(s)

Minimum Technical Feasibility and Appropriateness Criteria

None identified by the individual who suggested the measure.

Reasons for Removal Noted by Submitter(s)

Actionability and Strategic Priority

The individual who suggested the measure expressed concerns that this measure does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs. They suggested focusing performance measures on key areas of assessment, waiver service selection and person-centered planning, Medicaid service access (e.g., transportation, equipment, and other state plan services), community integration, and provider-owned and controlled residential settings compliance.

The individual who suggested the measure also expressed that this particular measure cannot be used to assess and compare state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs. They shared concerns that there is a lack of comparable measure constructs in some of the other survey instruments currently included in the HCBS Quality Measure Set. Because comparable measures from the other experience of care surveys are not included in the HCBS Quality Measure Set, removal of this NCI-AD™ measure would create more consistency across survey-based measures in the set. Without comparable measures across all allowable experience of care surveys, this measure does not meaningfully facilitate comparison within and across states.

Other Considerations

None identified by the individual who suggested the measure.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	National Core Indicators – Aging and Disability (NCI-AD™): Percentage of People in Group Settings Who Always Have Access to Food
Measure description	Single-item measure in the NCI-AD™ Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. Question: Do you have access to healthy foods like fruits and vegetables if you want them?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	Yes, the individual who suggested this measure noted that this measure is related to elements of the Personal Outcome Measures (POM)® indicator on the HCBS Quality Measure Set: <i>People Are Free From Abuse and Neglect</i> . The POM manual specifies that access to food is an element of the compliance with this measure.
Use in other federal programs	No other programs listed in CMS’s Measure Inventory Tool.

Technical Specifications	
Ages	Age 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Program-level.
Denominator	The number of respondents who live in a group setting and answered the question on the NCI-AD™ Adult Consumer Survey and meet all survey eligibility requirements.
Numerator	The number of respondents who report “Yes” to the question.

Technical Specifications	
Exclusions	<p>Exclude individuals who fall into any of the following categories:</p> <ul style="list-style-type: none"> • The interviewer indicated that the answer was provided in an invalid and/or inconsistent way (e.g., “Don’t know”). • The answer was unclear in a way that the surveyor cannot determine how to fit the response into a prescribed question response, even after follow-up with the individual. • The individual lives in their own/family home. • The individual is unable to eat due to a medical condition. • The individual refused to respond. <p>Proxies are allowed for this question.</p>
Continuous enrollment period	<p>The individual must be receiving services for at least two months prior to completing the survey. The individual is not required to receive services from the same program in the two-month period. To be described as “receiving services”, the individual must be receiving at least one direct LTSS service at least twice a week at the time of the survey. This can include a combination of service types (e.g., one home delivered meal, one day of home chore). Legal services and respite do not meet the qualification of a direct LTSS service.</p>
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	Contact ADvancing States and HSRI regarding current measure specifications for the NCI-AD™ Adult Consumer Survey. ¹
Information on testing or use in state Medicaid HCBS programs	The NCI-AD™ 2022-2023 report indicated that the following states currently administer the NCI-AD™ survey: Alabama, Colorado, Delaware, Georgia, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Dakota, Ohio, Oklahoma, Tennessee, Washington, and Wisconsin. ²
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The measure steward indicated that variation in responses may result from the use of proxy respondents and participation rates (e.g., who agrees to participate in the survey). The steward also noted that, significant variability of administrative information across states and programs within states may impact a state’s knowledge of who is being served and/or to contact people receiving services. Further, some questions in the survey are applicable to only a subset of individuals, which creates variation in the overall sample, and may introduce additional state-level factors.

Actionability and Strategic Priority	
<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>None identified by the individual who suggested the measure.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure expressed that this measure would appropriately assess residential provider owned and controlled group settings (which are compliant with the HCBS Settings Rule), which is a high priority for Medicaid HCBS programs and recipients at a national and state level.</p>
<p>Whether the data source allows for stratification</p>	<p>The measure steward indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>However, the steward emphasized that it may be too cumbersome and complex for states to ensure that they have large enough subsamples for each of the stratification categories to ensure that there is an adequate sample size for stratified reporting, and that it would be necessary for states to have access to each of stratification category in the administrative records to develop a stratified sample. The steward shared that, despite this barrier, many states do develop samples that allow for stratification for one or two NCI-AD™ measures.</p> <p>The steward also shared that, because the NCI-AD™ survey collects data from existing data sources on one or more stratification categories, reporting data for these different demographic and geographic factors can be done. However, they noted that some of these factors may have very few people within each group who respond, therefore comparisons across groups and states should be made with caution. The completeness and accuracy of those data for each individual surveyed has historically varied by state and by measure, though the steward has been working with states to improve the accuracy of those data.</p> <p>Increasing the sample size to have statistically valid samples for each of those groups may pose a challenge to states and may change the nature of the survey if certain people are surveyed every year to ensure large enough sub-samples. This may also impact response rates for states, particularly in smaller sub-groups, as survey fatigue may grow. It may also pose a threat to confidentiality if there are small numbers of certain groups in some states.</p>

Actionability and Strategic Priority	
Evidence of a performance gap on the measure	<p>The individual who suggested this measure indicated evidence of a performance gap. To meet the settings requirements specified for provider-owned and controlled residential settings in 42 CFR § 441.301 (c)(4)(vi), many states have developed corrective action plans to assess existing providers and bring all Medicaid-funded providers of HCBS in such settings into compliance. Inclusion of this NCI-AD™ indicator in the HCBS Quality Measure Set would facilitate assessment within and across states as to provider compliance with 42 CFR § 441.301 (c)(4)(vi) and the effectiveness of settings compliance monitoring.</p> <p>According to the 2022-2023 NCI-AD™ National Results, 81 percent of respondents receiving HCBS can get something to eat or grab a snack anytime they want.¹</p>
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	<p>The individual who suggested this measure shared that this measure can be trended over time to assess provider compliance with settings requirements impacting provider-owned and controlled residential settings as specified in 42 CFR § 441.301(c)(4)(vi). Medicaid HCBS providers directly influence improvement on this measure as it is a reflection of providers' compliance with this federal regulation, as experienced by HCBS program participants.</p>
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	<p>The individual who suggested this measure noted that this measure directly reflects the compliance of providers who deliver HCBS in provider-owned and controlled residential settings with the requirements at 42 CFR § 441.301 (c)(4)(vi). Ensuring individuals' autonomy, independence, and access to sustenance in the setting in which they reside is intrinsic to ensuring the rights of HCBS recipients are protected and their health and well-being is promoted through Medicaid-funded HCBS programs.</p>

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	<p>The individual who suggested this measure noted that the outcome being measured is applicable to 100 percent of individuals who receive HCBS in provider-owned and controlled settings, which are subject to heightened requirements as specified in 42 CFR § 441.301 (c)(4)(vi).</p>
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	<p>Not applicable. The individual who suggested the measure indicated that the measure imposes no data entry burden on providers, either because the measure uses data that are routinely generated (i.e. administrative data and claims), the data are collected by someone other than the provider, or the measure repurposes existing data sets to calculate the measure. The measure would also not increase beneficiary burden in states that administer the NCI-AD™, as this is an existing NCI-AD™ indicator.</p>

Additional Information for Consideration

Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure noted that this measure is only limited by its applicability to people with physical disabilities and/or older adults who receive at least one service other than case management. Because the measure is an existing NCI-AD™ indicator and NCI-AD™ indicators are currently included in the HCBS Quality Measure Set, no additional barriers and technical assistance needs would apply for states that are already administering the NCI-AD™ survey to this population.
Could this measure be calculated by CMS on behalf of states using an existing data source?	The measure steward is working with CMS to calculate and report the measure on behalf of states that elect to administer the NCI-AD™ survey for the purposes of HCBS Quality Measure Set reporting.

Citations

¹ <https://NCI-AD™.org/resources/technical-reports/>.

² https://NCI-AD™.org/upload/reports/2022-23_NCI-AD™_ACS_Part1_Final240412.pdf.

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Research and Training Center on HCBS Outcome Measurement (RTC/OM): Feelings of Safety Around Others
Measure description	<p>The <i>Feelings of Safety Around Others</i> measure assesses whether a participant feels safe with different people in their life and if they receive enough support to take care of their needs.</p> <p>The composite score is derived by summing the response scores to 6 items. The overall composite score can range from 0 to 18. Higher scores indicate that the person feels greater safety with the people that they are with and the more support the person feels they have to take care of their needs.</p> <p>The 6 items are as follows:</p> <ul style="list-style-type: none"> • S4. You receive enough support from your caregivers or staff so that you can take care of your needs? • G4. You feel safe with the people you spend most of your time with; think about your friends, family members, coworkers, or people you live with. • S10a. You feel safe when spending time with friends. • S10b. You feel safe when spending time with family members. • S10c. You feel safe when spending time with staff. • S10d. You feel safe when spending time with coworkers. <p>The item “S4” is scored 0 to 3 on a frequency scale with response options:</p> <ul style="list-style-type: none"> • 0 = “Never/Rarely” • 1 = “Sometimes” • 2 = “Often” • 3 = “Almost Always/Always” <p>The remaining items “G4” and “S10a” through “S10d” are scored 0 to 3 on an agreement scale with response options:</p> <ul style="list-style-type: none"> • 0 = “Strongly Disagree” • 1 = “Disagree” • 2 = “Agree” • 3 = “Strongly Agree”
Measure steward	Institute on Community Integration (ICI) – University of Minnesota, Twin Cities

Measure Information	
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	<p>The individual who suggested this measure indicated that it is similar to the following measures in the HCBS Quality Measure Set:</p> <ul style="list-style-type: none"> • HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®): Personal Safety & Respect Composite Measure (Q64, Q65, and Q68) • HCBS CAHPS®: Physical Safety Single-Item Measure (Q71) • National Core Indicators- Aging and Disability (NCI-AD™): Percentage of people who feel safe around their support staff
Use in other CMS programs	No other programs listed in CMS’s Measure Inventory Tool or reported by the measure steward.

Technical Specifications	
Ages	Ages 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Provider-level. If a state wanted to use the measures for state-level reporting, the measure steward indicated they would provide technical assistance to the state regarding collection of the measure and calculation of state-level rates.
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. HCBS-like services are defined by the measure steward as those that resemble services covered by federal HCBS waivers but are not directly funded through a traditional 1915(c) waiver. This includes Medicaid state plan services as well as non-Medicaid services such as Older Americans Act (OAA) services, which may be funded by the state.
Numerator	The numerator is the number of survey respondents who obtained a score in the interquartile range of 5 to 13. This is derived from the overall composite score range of 0 to 18.
Exclusions	None.
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	More information about the RTC/OM HCBS Outcome Measures can be found here: https://rtcom.umn.edu/rtcom-measures .
Information on testing or use in state Medicaid HCBS programs	<p>The individual who suggested this measure shared that the measure was tested through a national field study¹ that sampled individuals from participating HCBS providers in the following states: Minnesota, Pennsylvania, Kansas, Utah, Florida, Georgia, Massachusetts, Iowa, Ohio, California, Arizona.</p> <p>The sample of HCBS recipients included those with age-related disabilities, physical disabilities, psychiatric disabilities, intellectual and developmental disabilities, and traumatic or acquired brain injuries. The participants were required to be receiving HCBS through, for example, 1915(c) waivers, or “HCBS-like” services in their state of residence.</p>
Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations	The individual who suggested this measure said that interpretation of the coding of items used to score/calculate the measures should not vary. Data should be collected in a consistent manner at the provider level and there should not be inconsistency in the completeness of the data between states. No claims or administrative data is required to calculate the measure scores and the survey itself contains all the data required for measure calculations.

Actionability and Strategic Priority	
How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion	<p>The individual who suggested this measure highlighted that the measure was developed in response to national HCBS stakeholder input into the most important outcomes that should be assessed within HCBS programs. Specifically, the measure was selected for development based on the input of HCBS administrators, recipients, providers, and family members as to the highest priority domains of the National Quality Forum’s HCBS Outcome Measurement Framework.² In addition, the measures were developed with multiple stages of stakeholder involvement in the testing and review process that followed the CMS Measure Development Blueprint and the American Psychological Association guidelines. Field testing was longitudinal, tracking participants at three separate time points to ensure reliable data comparison over time. The measure is designed for use at the HCBS provider level at no cost. Its modular nature allows for collection and calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure.</p> <p>The individual who suggested this measure also pointed out that the current HCBS Quality Measure Set includes a measure of the percentage of individuals who feel safe around their support staff and are free from abuse and neglect. This new measure would complement it by providing more specific and comprehensive information regarding</p>

Actionability and Strategic Priority	
	feelings of safety in various settings and whether people receiving HCBS believe they have enough support to meet their needs.
How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs	The individual who suggested this measure noted that it offers a way to assess and monitor the feelings of safety experienced by HCBS recipients in various settings, such as at work or around staff. Additionally, during the measure selection and development phase for this measure, participating stakeholders emphasized the importance of having a measure focused on the personal safety of people receiving HCBS.
Whether the data source allows for stratification	<p>The individual who suggested this measure indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>The measure steward confirmed that specifications can be provided that stratify RTC/OM measures by several categories, and three disability populations: intellectual/developmental disability, physical disability, and severe mental illness.</p> <p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>
Evidence of a performance gap on the measure	The individual who suggested this measure shared parts of the technical specifications that summarized findings from the initial pilot study. The specifications note that composite scores of this measure can range from 0 to 18. During the measure's pilot study, 19.8 percent of participants obtained a top box score of 18 and the interquartile range of scores was 12 to 16, indicating a significant performance gap on this measure for participants.
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	The individual who suggested this measure stated that it is designed to assess both the HCBS recipient's perceptions of safety in various settings, but also the extent to which they have report having sufficient support to meet their needs. The measure is person-centered in that the primary respondent is the HCBS recipient and the items obtain their perception of safety. Self-reports on feelings of safety can be an important indicator regarding the safety of various contexts an HCBS recipients and can potentially indicate abuse or neglect. The measure was also designed and tested for longitudinal use so that the outcome can be trended and compared over time. The measure can be used for measuring HCBS program or provider initiatives regarding personal safety in their settings.

Actionability and Strategic Priority	
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The individual who suggested this measure stated that the measure can lead to improvement of service delivery and outcomes due to its strong psychometric properties and ability to provide reliable and valid outcomes for HCBS recipients. ³ The measure was initially tested in a feasibility/usability pilot study that demonstrated measure outcomes had good psychometric properties. Further empirical testing from a national field study has demonstrated measure outcomes demonstrate good to excellent reliability and validity. Data were collected across three time points on 168 individuals and are able to assess trends across time.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The measure steward noted that they are also in the process of writing technical reports and publications from a recent field study of the RTC/OM measures which includes three sets of analyses: (1) whether the measures are behaving psychometrically in a similar manner when they are used longitudinally, (2) whether the measures can detect change in outcomes over an 18-month period of time, and (3) a set of analyses of a subset of measure outcomes among populations of individuals with and without disabilities. The measure steward shared that they anticipate that unpublished findings from these analyses will be complete in early 2025 and can be shared with the Workgroup prior to publication.

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	The individual who suggested this measure stated that it is not applicable to consider the prevalence of the outcome being measured. This is not a measure of presence or absence of an outcome. Rather, this is a composite outcome measure and all people receiving HCBS have a degree of feeling of safety.
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Yes. The individual who suggested this measure indicated that workflow modifications would impose moderate to significant additional data entry burden on a provider to collect the data elements to report the measure because data are not routinely collected during care, or are not collected using structured electronic health record fields.

Additional Information for Consideration	
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure does not anticipate that states will encounter unique barriers when calculating this measure. However, technical assistance will be provided free of charge by ICI if it is needed. The measure steward confirmed that they would provide free training in the form of training modules. States or providers needing additional assistance beyond the asynchronous training will have the option of contacting ICI directly and they will work to provide additional assistance. The measure steward further noted that ICI is a University Center for Excellence in Developmental Disabilities with a mission of providing support needed to implement the various initiatives and grant deliverables that they produce; they will continue to provide this level of support and technical assistance for these measures throughout their stewardship.
Could this measure be calculated by CMS on behalf of states using an existing data source?	No. The individual who suggested this measure highlighted that the measure is a person-centered outcome survey that involves collecting data directly from HCBS recipients and does not draw from existing administrative data sources.
Other information	The individual who suggested this measure emphasized that all RTC/OM measures were developed through a National Institute on Disability, Independent Living, and Rehabilitation Research grant, with the goal of creating measures that are both essential for HCBS programs and providers and are specifically tailored to the target populations. These measures are the product of several years of development, with stakeholder involvement at every stage. RTC/OM is committed to disseminating these measures and takes this responsibility seriously.

Citations

- ¹ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)
- ² [https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.](https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx)
- ³ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Research and Training Center on HCBS Outcome Measurement (RTC/OM): Freedom from Experiences of Abuse and Neglect
Measure description	<p>The <i>Freedom from Experiences of Abuse and Neglect</i> measure is one of three measures in the RTC/OM suite of measures focused on abuse and neglect. This measure assesses a person’s direct experiences of abuse and neglect within the past year.</p> <p>The composite score is derived by summing the response scores to 15 pairs of items. Each item pair corresponds to a different type of abuse or neglect that a participant may have experienced and includes two “Yes” or “No” questions. The first question asks whether the participant experienced the type abuse or neglect in the past year. If the participant answers “Yes” to the first item, then they are asked the second item in the pair (“Are you still experiencing this?”).</p> <p>Higher scores correspond to greater overall freedom from abuse or neglect within the past year. A top box score of 30 indicates that an individual has not experienced any abuse or neglect within the past year.</p> <p>The 15 pairs of items are as follows:</p> <ul style="list-style-type: none"> • G1: In the last year, have your caregivers/staff neglected or ignored your needs? <i>[If yes, second item]</i> • S3a. In the last year, have your caregivers/staff refused to help you, even when you asked them to? <i>[If yes, second item]</i> • S3b. In the last year, have your caregivers or staff ignored you when you were upset? <i>[If yes, second item]</i> • S3c. In the last year, have your caregivers/staff ignored your needs even when they were aware of them? <i>[If yes, second item]</i> • S3d. In the last year, have your caregivers/staff not tried to help you if you stopped doing things to take care of yourself? <i>[If yes, second item]</i> • S3e. In the last year, have your caregivers/staff frequently ignored you when you talked to them? <i>[If yes, second item]</i> • G2. In the last year, has anyone abused you? <i>[If yes, second item]</i> • S6a. In the last year, has anyone you spend time with or live with such as, caregivers/staff, family, friends, coworkers, or neighbors: Physically hurt you? <i>[If yes, second item]</i>

Measure Information	
Measure description (continued)	<ul style="list-style-type: none"> • S6b. In the last year, has anyone you spend time with or live with such as, caregivers/staff, family, friends, coworkers, or neighbors: Taken or used your money or possessions without your permission? <i>[If yes, second item]</i> • S6c. In the last year, has anyone you spend time with or live with such as, caregivers/staff, family, friends, coworkers, or neighbors: Made you do things you didn't want to do? <i>[If yes, second item]</i> • S6d. In the last year, has anyone you spend time with or live with such as, caregivers/staff, family, friends, coworkers, or neighbors: Prevented you from having contact with important people in your life? <i>[If yes, second item]</i> • S6e. In the last year, has anyone you spend time with or live with such as, caregivers/staff, family, friends, coworkers, or neighbors: Done things that scare/threaten you? <i>[If yes, second item]</i> • S6f. In the last year, has anyone you spend time with or live with such as, caregivers/staff, family, friends, coworkers, or neighbors: Taken away equipment that helps you to do the things you need to do? <i>[If yes, second item]</i> • S6g. In the last year, has anyone you spend time with or live with such as, caregivers/staff, family, friends, coworkers, or neighbors: Belittled/demeaned/blamed you? <i>[If yes, second item]</i> • S6h. In the last year, has anyone you spend time with or live with such as, caregivers/staff, family, friends, coworkers, or neighbors: Forced you to have a sexual experience you did not want? <i>[If yes, second item]</i> <p>The scoring scheme for each item pair:</p> <ul style="list-style-type: none"> • 0 = “Yes” to both questions • 1 = “Yes” to the first question, and “No” to the second question • 2 = “No” to the first question
Measure steward	Institute on Community Integration (ICI) – University of Minnesota, Twin Cities
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	<p>Measures that are related to safety, abuse, and neglect within the HCBS Quality Measure Set are:</p> <ul style="list-style-type: none"> • HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®): Physical Safety Single-Item Measure (Q71) • HCBS CAHPS®: Personal Safety & Respect Composite Measure (Q64, Q65, and Q68) • Personal Outcome Measures (POM)®: People are Free from Abuse and Neglect

Measure Information	
Use in other CMS programs	No other programs listed in CMS’s Measure Inventory Tool or reported by the measure steward.

Technical Specifications	
Ages	Ages 18 and older.
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Provider-level. If a state wanted to use the measures for state-level reporting, the measure steward indicated they would provide technical assistance to the state regarding collection of the measure and calculation of state-level rates.
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. HCBS-like services are defined by the measure steward as those that resemble services covered by federal HCBS waivers but are not directly funded through a traditional 1915(c) waiver. This includes Medicaid state plan services as well as non-Medicaid services such as Older Americans Act (OAA) services, which may be funded by the state.
Numerator	The number of survey respondents who obtained the top box score of 30, indicating that the respondent has not experienced any abuse or neglect within the past year.
Exclusions	None.
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	More information about the RTC/OM HCBS Outcome Measures can be found here: https://rtcom.umn.edu/rtcom-measures .

Minimum Technical Feasibility Criteria

<p>Information on testing or use in state Medicaid HCBS programs</p>	<p>The individual who suggested this measure shared that the measure was tested through a national field study¹ that sampled individuals from participating HCBS providers in the following states: Minnesota, Pennsylvania, Kansas, Utah, Florida, Georgia, Massachusetts, Iowa, Ohio, California, Arizona.</p> <p>The sample of HCBS recipients included those with age-related disabilities, physical disabilities, psychiatric disabilities, intellectual and developmental disabilities, and traumatic or acquired brain injuries. The participants were required to be receiving HCBS through, for example, 1915(c) waivers, or through “HCBS-like” services in their state of residence.</p>
<p>Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations</p>	<p>The individual who suggested this measure indicated that interpretation of the coding of items used to score/calculate the measures should not vary. Data should be collected in a consistent manner at the provider level and there should not be inconsistency in the completeness of the data between states. No claims or administrative data is required to calculate the measure scores and the survey itself contains all the data required for measure calculations.</p>

Actionability and Strategic Priority

<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>The individual who suggested this measure highlighted that the measure was developed in response to national HCBS stakeholder input into the most important outcomes that should be assessed within HCBS programs. Specifically, the measure was selected for development based on the input of HCBS administrators, recipients, providers, and family members as to the highest priority domains of the National Quality Forum’s HCBS Outcome Measurement Framework.² In addition, the measures were developed with multiple stages of stakeholder involvement in the testing and review process that followed the CMS Measure Development Blueprint and American Psychological Association guidelines. Field testing was longitudinal, tracking participants at three separate time points to ensure reliable data comparison over time. The measure is designed for use at the HCBS provider level at no cost. Its modular nature allows for collection and calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure.</p>
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Actionability and Strategic Priority	
How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs	The individual who suggested this measure noted that people receiving HCBS are vulnerable to maltreatment and that it is important to measure the extent to which this population experiences abuse and neglect.
Whether the data source allows for stratification	<p>The individual who suggested this measure indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>The measure steward confirmed that specifications can be provided that stratify RTC/OM measures by several categories, and three disability populations: intellectual/developmental disability, physical disability, and severe mental illness.</p> <p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>
Evidence of a performance gap on the measure	The individual who suggested this measure shared parts of the technical specifications that summarized findings from the pilot study. The specifications note that composite scores of this measure can range from 0 to 30. During the measure’s field study, only 122 participants (51.5 percent) obtained a top box score of 30, indicating a significant performance gap on this measure for participants.
Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states	The individual who suggested this measure noted that this measure can be used to measure HCBS program and provider initiatives that support the reduction of abuse and neglect of people receiving HCBS. The measure is person-centered and the measure was also designed and tested for longitudinal use so that the outcome can be trended and compared over time.
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes	The individual who suggested the measure stated that the measure can lead to improvement of service delivery and outcomes due to its strong psychometric properties and ability to provide reliable and valid outcomes for people receiving HCBS. ³ Further empirical testing from a national field study has demonstrated measure outcomes demonstrate good to excellent reliability and validity. Data were collected across three time points on 168 individuals and are able to assess trends across time.

Actionability and Strategic Priority	
Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes (continued)	The measure steward noted that they are also in the process of writing technical reports and publications from a recent field study of the RTC/OM measures which includes three sets of analyses: (1) whether the measures are behaving psychometrically in a similar manner when they are used longitudinally, (2) whether the measures can detect change in outcomes over an 18-month period of time, and (3) a set of analyses of a subset of measure outcomes among populations of individuals with and without disabilities. The measure steward shared that they anticipate that unpublished findings from these analyses will be complete in early 2025 and can be shared with the Workgroup prior to publication.

Additional Information for Consideration	
Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS	None identified by the individual who suggested the measure.
Measure will require provider or beneficiary workflows to be modified to collect data to report measure	Yes. The individual who suggested this measure indicated that workflow modifications would impose moderate to significant additional data entry burden on a provider to collect the data elements to report the measure because data are not routinely collected during care, or are not collected using structured electronic health record fields.
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure does not anticipate that states will encounter unique barriers when calculating this measure. However, technical assistance will be provided free of charge by ICI if it is needed. The measure steward confirmed that they would provide free training in the form of training modules. States or providers needing additional assistance beyond the asynchronous training will have the option of contacting ICI directly and they will work to provide additional assistance. The measure steward further noted that ICI is a University Center for Excellence in Developmental Disabilities with a mission of providing support needed to implement the various initiatives and grant deliverables that they produce; they will continue to provide this level of support and technical assistance for these measures throughout their stewardship.
Could this measure be calculated by CMS on behalf of states using an existing data source?	No. The individual who suggested this measure highlighted that the measure is a person-centered outcome survey that involves collecting data directly from HCBS recipients and does not draw from existing administrative data sources.

Additional Information for Consideration

Other information

The individual who suggested this measure emphasized that all RTC/OM measures were developed through a National Institute on Disability, Independent Living, and Rehabilitation Research grant with the goal of creating measures that are both essential for HCBS programs and providers and are specifically tailored to the target populations. These measures are the product of several years of development with stakeholder involvement at every stage. RTC/OM is committed to disseminating these measures and takes this responsibility seriously.

Citations

- ¹ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)
- ² [https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.](https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx)
- ³ [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect.](#)

HCBS QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE HCBS QUALITY MEASURE SET

Measure Information	
Measure name	Research and Training Center on HCBS Outcome Measurement (RTC/OM): Knowledge of Abuse and Neglect and How to Report It
Measure description	<p>The <i>Knowledge of Abuse and Neglect and How to Report It</i> measure is one of three measures in the RTC/OM suite of measures that is focused on abuse and neglect. This measure assesses a person’s confidence in their knowledge of abuse and neglect and how to tell someone if they experience or witness abuse and neglect.</p> <p>The composite score is derived by summing the responses to 6 items. The composite score can range from 0 to 14. Higher scores indicate a participant’s greater confidence in their knowledge of abuse and neglect and how to report it.</p> <p>The 6 items are as follows:</p> <ul style="list-style-type: none"> • S1-Combined. (This is a combination of two items, S1 and S1a) <ul style="list-style-type: none"> - S1. Have your service providers/caregivers/staff taught you what abuse and neglect are? <ul style="list-style-type: none"> ▪ S1a. Was it within the last year? (<i>Only answered if “Yes” to S1</i>) • S2. [After hearing the definitions of neglect] You would know if you were being neglected. • S5. [After hearing the definition of abuse] You would know if you were being abused. • G3. How well have the people who provide you with care/support prepared you to report abuse or neglect? • S8. If you were being abused or neglected, would you know how to officially report it by yourself? • S9. Do you have someone who would help you officially report abuse or neglect, in case you needed it? <p>The item “S1-Combined” is scored 0 to 2 according to the following algorithm:</p> <ul style="list-style-type: none"> • 0 = “No” to S1 • 1 = “Yes” to S1 and “No” to S1a • 2 = “Yes” to both S1 and S1a

Measure Information	
Measure description (continued)	<p>The two items “S2” and “S5” are scored 0 to 3 on an agreement scale with response options:</p> <ul style="list-style-type: none"> • 0 = “Strongly Disagree” • 1 = “Disagree” • 2 = “Agree” • 3 = “Strongly Agree” <p>The item “G3” is scored 0 to 3 with response options:</p> <ul style="list-style-type: none"> • 0 = “Not At All” • 1 = “A Little” • 2 = “Well” • 3 = “Very Well” <p>The item “S8” is scored on a binary scale with 0 = “No” and 1 = “Yes”.</p> <p>The item “S9” is scored 0 to 2 with response options:</p> <ul style="list-style-type: none"> • 0 = “No” • 1 = “Yes” • 2 = “I don’t need help”
Measure steward	Institute on Community Integration (ICI) – University of Minnesota, Twin Cities
Measure type	Outcome
Recommended to replace current measure?	No
Measure is similar to other measures in the HCBS Quality Measure Set	<p>The measure steward noted that this measure is related to measures of safety and abuse that are currently in the HCBS Quality Measure Set, but is not similar because it is measuring knowledge of and education about abuse and neglect and how to report it.</p> <p>Measures that are related to safety, abuse, and neglect within the HCBS Quality Measure Set are:</p> <ul style="list-style-type: none"> • HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®): Physical Safety Single-Item Measure (Q71) • HCBS CAHPS®: Personal Safety & Respect Composite Measure (Q64, Q65, and Q68) • Personal Outcome Measures (POM)®: People are Free from Abuse and Neglect
Use in other CMS programs	No other programs listed in CMS’s Measure Inventory Tool or reported by the measure steward.

Technical Specifications	
Ages	Ages 18 and older.

Technical Specifications	
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Provider-level. If a state wanted to use the measures for state-level reporting, the measure steward indicated it would provide technical assistance to the state regarding collection of the measure and calculation of state-level rates.
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. HCBS-like services are defined by the measure steward as those that resemble services covered by federal HCBS waivers but are not directly funded through a traditional 1915(c) waiver. This includes Medicaid state plan services as well as non-Medicaid services such as Older Americans Act (OAA) services, which may be funded by the state.
Numerator	The numerator is the number of survey respondents who obtained a score in the measure-derived interquartile range of 4 to 10. This is derived from the overall composite score range of 0 to 14.
Exclusions	None.
Continuous enrollment period	Not specified.
Code sets used	Not applicable.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	More information about the RTC/OM HCBS Outcome Measures can be found here: https://rtcom.umn.edu/rtcom-measures .
Information on testing or use in state Medicaid HCBS programs	<p>The individual who suggested this measure shared that the measure was tested through a national field study that sampled individuals from participating HCBS providers in the following states: Minnesota, Pennsylvania, Kansas, Utah, Florida, Georgia, Massachusetts, Iowa, Ohio, California, Arizona.</p> <p>The sample of HCBS recipients included those with age-related disabilities, physical disabilities, psychiatric disabilities, intellectual and developmental disabilities, and traumatic or acquired brain injuries. The participants were required to be receiving HCBS through, for example, 1915(c) waivers, or through “HCBS-like” services in their state of residence.</p>

Minimum Technical Feasibility Criteria

<p>Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations</p>	<p>The individual who suggested this measure indicated that interpretation of the coding of items used to score/calculate the measures should not vary. Data should be collected in a consistent manner at the provider level and there should not be inconsistency in the completeness of the data between states. No claims or administrative data is required to calculate the measure scores and the survey itself contains all the data required for measure calculations.</p>
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Actionability and Strategic Priority

<p>How the measure contributes to measuring overall quality of HCBS service delivery, improving outcomes in Medicaid HCBS programs, or contribute to the measure set in a way that justifies its inclusion</p>	<p>The individual who suggested this measure highlighted that the measure was developed in response to national HCBS stakeholder input into the most important outcomes that should be assessed within HCBS programs. Specifically, the measure was selected for development based on the input of HCBS administrators, recipients, providers, and family members as to the highest priority domains of the National Quality Forum’s HCBS Outcome Measurement Framework.¹ In addition, the measures were developed with multiple stages of stakeholder involvement in the testing and review process that followed the CMS Measure Development Blueprint and American Psychological Association guidelines. Field testing was longitudinal, tracking participants at three separate time points to ensure reliable data comparison over time. The measure is designed for use at the HCBS provider level at no cost. Its modular nature allows for collection and calculation without the administrative burden associated with having to complete a larger instrument containing items unrelated to the specific measure.</p> <p>The individual who suggested this measure also emphasized that the current HCBS Quality Measure Set does not include a measure of the person’s knowledge of abuse and neglect that includes having received education about abuse and neglect and knowledge of how to report instances of abuse. They noted that HCBS programs and providers should be educating the HCBS recipients within their programs about both prevention of abuse and neglect and reporting in order to reduce experiences of abuse or neglect, and improve the quality of care.</p>
<p>How the measure addresses the most pressing needs of Medicaid beneficiaries receiving HCBS and promotes effective service delivery in HCBS programs</p>	<p>The individual who suggested this measure noted that people receiving HCBS are vulnerable to maltreatment and need to be educated about what constitutes abuse and neglect, how to prevent it, and how to report it if it does happen. In addition to measuring the experience of abuse and neglect, it is important to measure the extent to which people receiving HCBS report being educated about maltreatment and how to report it. Use of this measure could help describe the relationship between abuse and neglect education and reporting outcomes among people receiving HCBS.</p>

Actionability and Strategic Priority	
<p>Whether the data source allows for stratification</p>	<p>The individual who suggested this measure indicated that this measure can be stratified by one or more of the stratification categories used in other CMS programs.</p> <p>The measure steward confirmed that specifications can be provided that stratify RTC/OM measures by several categories, and three disability populations: intellectual/developmental disability, physical disability, and severe mental illness.</p> <p>The measure steward also shared that, in a recent field study of the RTC/OM measures, they were able to stratify by the frequency of supports that participating individuals receive. The measure steward is in the process of writing technical reports and publications from this field study; they anticipate that unpublished findings will be complete in early 2025.</p>
<p>Evidence of a performance gap on the measure</p>	<p>The individual who suggested this measure shared parts of the technical specifications that summarized findings from the initial pilot study. The specifications note that composite scores of this measure can range from 0 to 14. During the measure’s pilot study, no participants obtained a top box score of 14 and the interquartile range of score was 8 to 11, indicating a significant performance gap on this measure for participants.</p>
<p>Ways the measure could be used to monitor improvement in HCBS service delivery and/or outcomes in Medicaid HCBS programs within and across states</p>	<p>The individual who suggested this measure noted that this measure can be used to measure HCBS program and provider initiatives that support the reduction of abuse and neglect of people receiving HCBS. The measure is person-centered and the measure was also designed and tested for longitudinal use so that the outcome can be trended and compared over time.</p>

Actionability and Strategic Priority

Evidence the measure could lead to improvement in the quality of HCBS service delivery and outcomes

The individual who suggested the measure stated that the measure can lead to improvement of service delivery and outcomes due to its strong psychometric properties and ability to provide reliable and valid outcomes for people receiving HCBS.² Further empirical testing from a national field study has demonstrated measure outcomes demonstrate good to excellent reliability and validity. Data were collected across three time points on 168 individuals and are able to assess trends across time.

The measure steward noted that they are also in the process of writing technical reports and publications from a recent field study of the RTC/OM measures which includes three sets of analyses: (1) whether the measures are behaving psychometrically in a similar manner when they are used longitudinally, (2) whether the measures can detect change in outcomes over an 18-month period of time, and (3) a set of analyses of a subset of measure outcomes among populations of individuals with and without disabilities. The measure steward shared that they anticipate that unpublished findings from these analyses will be complete in early 2025 and can be shared with the Workgroup prior to publication.

Additional Information for Consideration

Prevalence of the outcome being measured among Medicaid beneficiaries receiving HCBS

The individual who suggested this measure stated that it is not applicable to consider the prevalence of the outcome being measured. This is not a measure of presence or absence of an outcome. Rather, this is a composite outcome measure assessing the extent to which people receiving HCBS have some level of knowledge about abuse and neglect.

Measure will require provider or beneficiary workflows to be modified to collect data to report measure

Yes. The individual who suggested this measure indicated that workflow modifications would impose moderate to significant additional data entry burden on a provider to collect the data elements to report the measure because data are not routinely collected during care, or are not collected using structured electronic health record fields.

Additional Information for Consideration	
Potential barriers states may face in calculating this measure and technical assistance that would facilitate state reporting	The individual who suggested this measure does not anticipate that states will encounter unique barriers when calculating this measure. However, technical assistance will be provided free of charge by ICI if it is needed. The measure steward confirmed that they would provide free training in the form of training modules. States or providers needing additional assistance beyond the asynchronous training will have the option of contacting ICI directly and they will work to provide additional assistance. The measure steward further noted that ICI is a University Center for Excellence in Developmental Disabilities with a mission of providing support needed to implement the various initiatives and grant deliverables that they produce; they will continue to provide this level of support and technical assistance for these measures throughout their stewardship.
Could this measure be calculated by CMS on behalf of states using an existing data source?	No. The individual who suggested this measure highlighted that the measure is a person-centered outcome survey that involves collecting data directly from HCBS recipients and does not draw from existing administrative data sources.
Other information	The individual who suggested this measure emphasized that all RTC/OM measures were developed through a National Institute on Disability, Independent Living, and Rehabilitation Research grant with the goal of creating measures that are both essential for HCBS programs and providers and are specifically tailored to the target populations. These measures are the product of several years of development with stakeholder involvement at every stage. RTC/OM is committed to disseminating these measures and takes this responsibility seriously.

Citations

¹ https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx.

² [The design and methodology for a pilot study of home and community-based services outcome measures - ScienceDirect](#).

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Additional Resources

HCBS Quality Measure Set: Domains of Measures

Table 1. National Core Indicators®-Intellectual and Developmental Disabilities (NCI® – IDD)¹ Measures

† Measures highlighted in blue have been suggested for removal from the HCBS Quality Measure Set.

Domain	Current Measures	Measures Suggested for Addition
Caregiver Support		
Choice and Control	<ol style="list-style-type: none"> 1. NCI-IDD CC-3: Can Stay Home When Others Leave 2. NCI-IDD CC-4: Life Decision Composite Measure* 	<ol style="list-style-type: none"> 1. NCI-IDD: The Percentage of People who Report That There Are Rules About Having Friends or Visitors at Home 2. NCI-IDD: The Percentage of People who Report Staff Do Things the Way They Want Them Done 3. NCI-IDD: The Percentage of People Who Report That They Know Whom to Talk to if They Want to Change Services 4. NCI-IDD: The Percentage of People Reported to Be Using a Self-Directed Supports Option
Community Inclusion	<ol style="list-style-type: none"> 1. NCI-IDD CI-3: Transportation Availability Scale* 2. NCI-IDD CI-1: Social Connectedness* 3. NCI-IDD PCP-5: Satisfaction With Community Inclusion Scale* 	
Consumer Leadership and Development		
Equitable Access and Resource Allocation		

Domain	Current Measures	Measures Suggested for Addition
Holistic Health and Functioning	1-7. 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) (Note that these are seven separate, single-item measures.)	
Human and Legal Rights	1. NCI-IDD HLR-1: Respect for Personal Space Scale	
Person-Centered Planning and Coordination	1. NCI-IDD PCP-2: Person-Centered Goals 2. NCI-IDD: Percentage of People Who Report that They Helped Make Their Service Plan	
Service Delivery and Effectiveness	1. NCI-IDD: Percentage of People Who Report Their Staff Come and Leave When They Are Supposed To	
System Performance and Accountability		
Total # of Measures	16 measures, 6 domains	4 measures, 1 domain

* This is a survey-based composite measure that is calculated using the responses of multiple survey questions.

Citations

¹ The NCI-IDD can only be administered to adults (age 18+) with intellectual or developmental disabilities (ID/DD).

Table 2. National Core Indicators- Aging and Disability (NCI-AD)TM Measures¹

† Measures highlighted in blue have been suggested for removal from the HCBS Quality Measure Set.

Domain	Current Measures	Measures Suggested for Addition
Caregiver Support		
Choice and Control	<ol style="list-style-type: none"> 1. NCI-AD: Percentage of People Who Can Choose or Change What Kind of Services They Get 2. NCI-AD: Percentage of People Who Can Choose or Change When and How Often They Get Their Services 3. NCI-AD: Percentage of People Whose Service Plan Reflects Their Preferences and Choices 4. NCI-AD: Percentage of People Whose Support Staff Do Things the Way They Want Them Done 	<ol style="list-style-type: none"> 1. NCI-AD: Percentage of People in Group Settings Who Are Able to Choose Their Roommate 2. NCI-AD: Percentage of People in Group Settings Who Are Able to Furnish and Decorate Their Room However They Want To 3. NCI-AD: Percentage of People in Group Settings Who Are Able to Lock the Door to Their Room
Community Inclusion	<ol style="list-style-type: none"> 1. NCI-AD: Percentage of People Who Have Transportation When They Want To Do Things Outside of Their Home 2. NCI-AD: Percentage of People Who Are Able To See or Talk To Their Friends and Family When They Want To† 3. NCI-AD: Percentage of People Who Are as Active in Their Community as They Would Like to Be 	
Consumer Leadership and Development		

Domain	Current Measures	Measures Suggested for Addition
Equitable Access and Resource Allocation	<ol style="list-style-type: none"> 1. NCI-AD: Percentage of Non-English Speaking Participants Who Receive Information About Their Services in the Language They Prefer† 2. NCI-AD: Percentage of People Who Have Transportation to Get to Medical Appointments When They Need To 	
Holistic Health and Functioning	<ol style="list-style-type: none"> 1. NCI-AD: Percentage of People With Concerns About Falling Who Had Someone Work With Them to Reduce Risk of Falls† 2. NCI-AD: Percentage of People Who Know How to Manage Their Chronic Conditions† 	<ol style="list-style-type: none"> 1. NCI-AD: Percentage of People Who Have Access to Mental Health Services if They Want Them 2. NCI-AD: Percentage of People Who Can Get an Appointment to See or Talk to Their Primary Care Doctor When They Need To 3. NCI-AD: Percentage of People Who Have Needed Assistive Equipment and Devices
Human and Legal Rights	<ol style="list-style-type: none"> 1. NCI-AD: Percentage of People in Group Settings Who Have Enough Privacy Where They Live 2. NCI-AD: Percentage of People Who Are Ever Worried for the Security of Their Personal Belongings† 3. NCI-AD: Percentage of People Who Feel Safe Around Their Support Staff† 4. NCI-AD: Percentage of People Whose Money Was Taken or Used Without Their Permission in the Last 12 Months† 	<ol style="list-style-type: none"> 1. NCI-AD: Percentage of People in Group Settings Who Always Have Access to Food
Person-Centered Planning and Coordination		

Domain	Current Measures	Measures Suggested for Addition
Service Delivery and Effectiveness	<ol style="list-style-type: none"> 1. NCI-AD: Percentage of People Who Can Choose or Change Their Support Staff 2. NCI-AD: Percentage of People Whose Support Staff Show Up and Leave When They Are Supposed To 3. NCI-AD: Percentage of People Who Had Adequate Follow-up After Being Discharged from a Hospital or Rehabilitation/ Nursing Facility† 	<ol style="list-style-type: none"> 1. NCI-AD: Percentage of People Who Know Whom to Contact if They Have a Complaint About Their Services
System Performance and Accountability		
Total # of Measures	18 measures, 6 domains	8 measures, 4 domains

* This is a survey-based composite measure that is calculated using the responses of multiple survey questions.

Citations

¹ The NCI-AD survey can only be administered to adults (age 18+) with disabilities other than ID/DD.

Table 3. HCBS Consumer Assessment of Healthcare Providers and Systems (HCBS CAHPS®) Measures¹

† Measures highlighted in blue have been suggested for removal from the HCBS Quality Measure Set.

Domain	Current Measures	Measures Suggested for Addition
Caregiver Support		
Choice and Control		
Community Inclusion	1. HCBS CAHPS: Community Inclusion and Empowerment Composite Measure*	
Consumer Leadership and Development		
Equitable Access and Resource Allocation	1. HCBS CAHPS: Transportation to Medical Appointments Composite Measure*†	
Holistic Health and Functioning		
Human and Legal Rights	1. HCBS CAHPS: Personal Safety & Respect Composite Measure* 2. HCBS CAHPS: Physical Safety Single-Item Measure	
Person-Centered Planning and Coordination	1. HCBS CAHPS: Choosing the Services that Matter to You*	
Service Delivery and Effectiveness	1-5. HCBS CAHPS: Unmet Needs Single-Item Measures (5 measures)* 6. HCBS CAHPS: Staff Listen and Communicate Well*† 7. HCBS CAHPS: Staff Are Reliable and Helpful Composite Measure*	

Domain	Current Measures	Measures Suggested for Addition
System Performance and Accountability		
Total # of Measures	12 measures, 5 domains	2 measures, 1 domain

*This is a survey-based composite measure that is calculated using the responses of multiple survey questions.

Citations

¹ HCBS CAHPS can be administered to adults (age 18+) with any disability.

Table 4. Personal Outcome Measures (POM)[®] Measures¹

† Measures highlighted in blue have been suggested for removal from the HCBS Quality Measure Set.

Domain	Current Measures	Measures Suggested for Addition
Caregiver Support		
Choice and Control	<ol style="list-style-type: none"> 1. POM: People Choose Services* 2. POM: People Realize Personal Goals* 	
Community Inclusion	<ol style="list-style-type: none"> 1. People Interact With Other Members of the Community* 2. People Live in Integrated Environments* 3. People Participate in the Life of the Community* 	
Consumer Leadership and Development		
Equitable Access and Resource Allocation		
Holistic Health and Functioning	<ol style="list-style-type: none"> 1. POM: People Have the Best Possible Health* 	
Human and Legal Rights	<ol style="list-style-type: none"> 1. POM: People Are Free from Abuse and Neglect* 	
Person-Centered Planning and Coordination		
Service Delivery and Effectiveness		
System Performance and Accountability		
Total # of Measures	7 measures, 4 domains	0 measures, 0 domains

*This is a survey-based composite measure that is calculated using the responses of multiple survey questions.

Citations

¹ The POM survey can be administered to adults (age 18+) with any disability.

Table 5. Research and Training Center on HCBS Outcome Measurement (RTC/OM) Measures^{1,2}

† Measures highlighted in blue have been suggested for removal from the HCBS Quality Measure Set.

Domain	Current Measures	Measures Suggested for Addition
Caregiver Support		
Choice and Control		<ol style="list-style-type: none"> 1. RTC/OM: Personal Choices and Goals - Self-Determination Index* 2. RTC/OM: Services and Supports - Self-Determination Index*
Community Inclusion		<ol style="list-style-type: none"> 1. RTC/OM: Experiences Seeking Employment* 2. RTC/OM: Experiences Using Transportation* 3. RTC/OM: Job Experiences* 4. RTC/OM: Meaningful Community-based Activity* 5. RTC/OM: Social Connectedness*
Consumer Leadership and Development		<ol style="list-style-type: none"> 1. RTC/OM: System Supports Meaningful Consumer Involvement*
Equitable Access and Resource Allocation		
Holistic Health and Functioning		
Human and Legal Rights		<ol style="list-style-type: none"> 1. RTC/OM: Feelings of Safety Around Others* 2. RTC/OM: Freedom from Experiences of Abuse and Neglect* 3. RTC/OM: Knowledge of Abuse and Neglect and How to Report It*
Person-Centered Planning and Coordination		

Domain	Current Measures	Measures Suggested for Addition
Service Delivery and Effectiveness		
System Performance and Accountability		
Total # of Measures	0 measures	11 measures, 4 domains

*This is a survey-based composite measure that is calculated using the responses of multiple survey questions.

Citations

- ¹ The RTC/OM survey can be administered to adults (age 18+) with any disability.
- ² Unlike the other surveys in the HCBS Quality Measure Set, the RTC/OM survey is modular, meaning that states can choose to administer some survey modules but not others.

Table 6. Health Plan CAHPS Measures¹

† Measures highlighted in blue have been suggested for removal from the HCBS Quality Measure Set.

Domain	Current Measures	Measures Suggested for Addition
Caregiver Support		
Choice and Control		
Community Inclusion		
Consumer Leadership and Development		
Equitable Access and Resource Allocation		
Holistic Health and Functioning		
Human and Legal Rights		
Person-Centered Planning and Coordination		
Service Delivery and Effectiveness		
System Performance and Accountability		1. Health Plan CAHPS: Enrollees' Rating of Health Plan Q26
Total # of Measures		1 measure, 1 domain

*This is a survey-based composite measure that is calculated using the responses of multiple survey questions.

Citations

¹ Health Plan CAHPS can be administered to adults (18+) who are enrolled in either a Medicaid or commercial health plan, regardless of disability status.

Table 7. Non-Survey Measures^{1,2}

† Measures highlighted in blue have been suggested for removal from the HCBS Quality Measure Set.

Domain	Current Measures	Measures Suggested for Addition
Caregiver Support		
Choice and Control	1. HCBS-10: Self-Direction of Services and Supports Among Medicaid Beneficiaries Receiving LTSS Through Managed Care Organizations	
Community Inclusion		
Consumer Leadership and Development		
Equitable Access and Resource Allocation		
Holistic Health and Functioning	1. Managed Long-Term Services and Supports-5 (MLTSS-5): Screening, Risk Assessment, and Plan of Care to Prevent Future Falls 2. MLTSS: Plan All-Cause Readmission (HEDIS)†	
Human and Legal Rights		
Person-Centered Planning and Coordination	1. Functional Assessment Standardized Items-1 (FASI-1): Identification of Person-Centered Priorities 2. FASI-2: Documentation of a Person-Centered Service Plan	

Domain	Current Measures	Measures Suggested for Addition
Person-Centered Planning and Coordination (continued)	<ol style="list-style-type: none"> 3. Fee-For-Service Long-Term Services and Supports (FFS LTSS)/MLTSS-1: Comprehensive Assessment and Update† 4. FFS LTSS/MLTSS-2: Comprehensive Person-Centered Plan and Update† 5. FFS LTSS/MLTSS-3: Shared Person-Centered Plan with Primary Care Provider† 6. FFS LTSS/MLTSS-4: Reassessment and Care Plan Update after Inpatient Discharge 	
Service Delivery and Effectiveness		
System Performance and Accountability	<ol style="list-style-type: none"> 1. FFS LTSS/MLTSS-6: Admission to a Facility from the Community 2. FFS LTSS/MLTSS-7: Minimizing Facility Length of Stay† 3. FFS LTSS/MLTSS-8: Successful Transition After Long-Term Facility Stay 	
Total # of Measures	12 measures, 4 domains	0 measures, 0 domains

*This is a survey-based composite measure that is calculated using the responses of multiple survey questions.

Citations

¹ Non-survey measures include: the FASI and MLTSS/FFS LTSS measures that use administrative or case management data.

² The Non-survey measures in the HCBS Quality Measure Set can be used for adults age 18+ with any disability, except for the MLTSS HEDIS measure which can be used for adults ages 18-64.