Meeting to Prepare for the 2028 Home and Community-Based Services (HCBS) Quality Measure Set Review Workgroup

March 11, 2025

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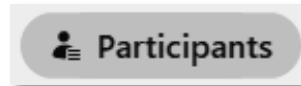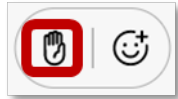
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Welcome and Meeting Objectives

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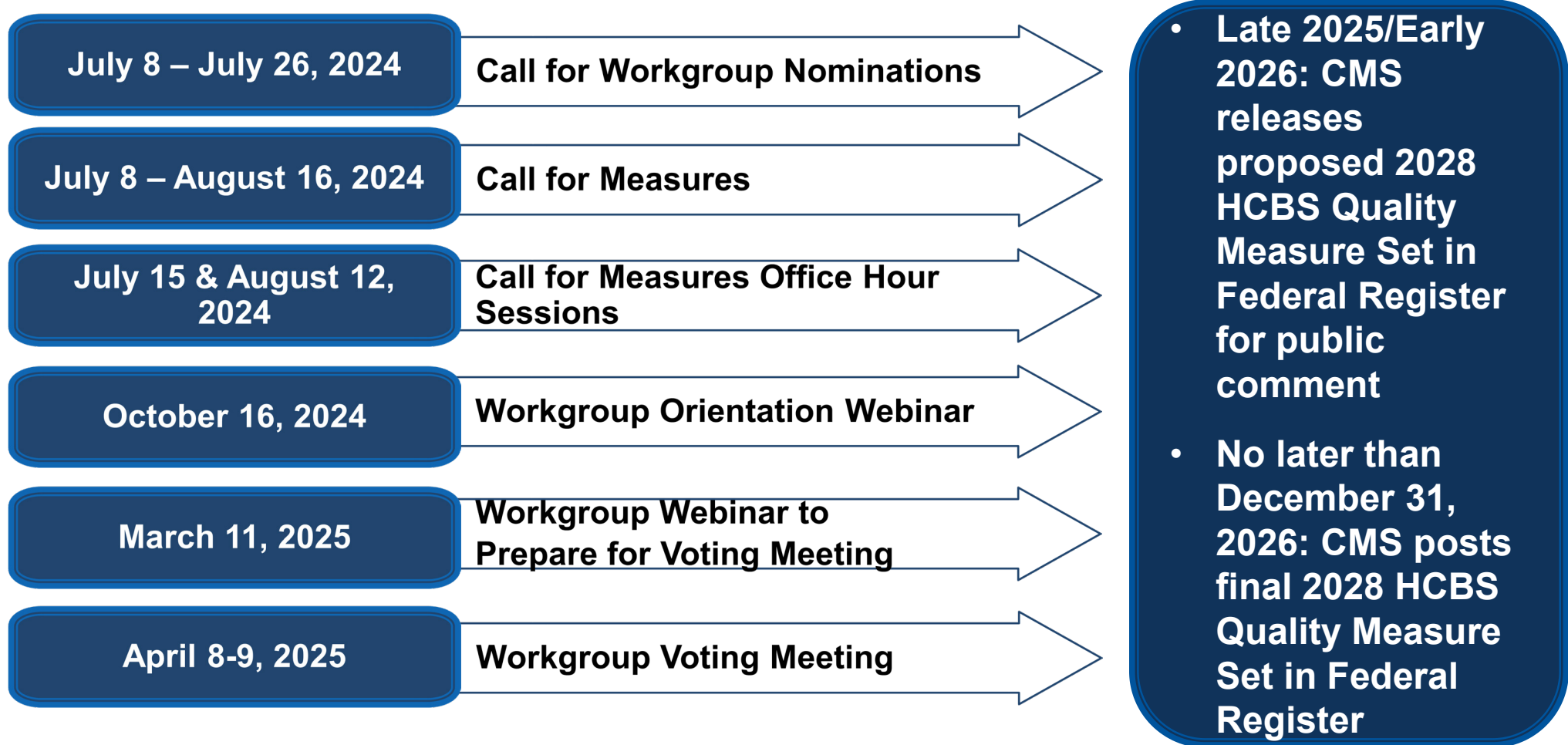
Meeting Objectives

- **Review the goals of the HCBS Quality Measure Set Review Workgroup.**

- **Identify the measures suggested for removal and addition to the HCBS Quality Measure Set.**

- **Describe the resources available to workgroup members for reviewing measures.**

- **Present the agenda and approach to measure discussion at the voting meeting.**

- **Provide opportunity for questions and public comment.**

Mathematica HCBS Quality Measure Set Review Team

- **Asmaa Albaroudi, Researcher**

- **Kanchana Bhat, Director Advisory Services**

- **Rosemary Borck, Project Director**

- **Deb Haimowitz, Research Associate**

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- **Patricia Rowan, Principal Researcher**

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2028 HCBS Quality Measure Set Review Milestones

Date	Milestone
July 8 – July 26, 2024	Call for Workgroup Nominations
July 8 – August 16, 2024	Call for Measures
July 15 & August 12, 2024	Call for Measures Office Hour Sessions
October 16, 2024	Workgroup Orientation Webinar
March 11, 2025	Workgroup Webinar to Prepare for Voting Meeting
April 8-9, 2025	Workgroup Voting Meeting

- **Late 2025/Early 2026: CMS releases proposed 2028 HCBS Quality Measure Set in Federal Register for public comment**

- **No later than December 31, 2026: CMS posts final 2028 HCBS Quality Measure Set in Federal Register**

All webinars and workgroup meetings are held virtually and are open to the public.

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Goals of the HCBS Quality Measure Set Review Workgroup

Purpose of the HCBS Quality Measure Set Review

- **Implementing an effective quality measures reporting program includes periodically reassessing the measures.**

  – The availability of new measures that address measure gaps, additional scientific evidence on existing measures, and changes in the priorities of interested parties may warrant modifying the measure set.

- **The *Ensuring Access to Medicaid Services* final rule (Access rule; CMS-2442-F) requires states to report on the HCBS Quality Measure Set every other year and describes the process for updating and maintaining the measure set.**

- **Mathematica is supporting CMS by convening an independent HCBS Quality Measure Set Review Workgroup.**

  – The workgroup will review and identify gap areas in the current HCBS Quality Measure Set and recommend changes for improvement.

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Role of the Workgroup in Strengthening the 2028 HCBS Quality Measure Set

- The biennial workgroup process is designed to identify gaps in the existing HCBS Quality Measure Set and recommend changes to strengthen and refine the HCBS Quality Measure Set.

- The workgroup will make recommendations to CMS for updating and maintaining the HCBS Quality Measure Set, including measures to add or remove from the HCBS Quality Measure Set to improve the quality of care in Medicaid HCBS programs.

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Criteria for the 2028 HCBS Quality Measure Set Review

- **To assess measures for inclusion in the 2028 HCBS Quality Measure Set, workgroup members will use criteria in three areas:**

  - **Minimum technical feasibility requirements**

  - **Actionability and strategic priority**

  - **Other considerations**

- **To be considered for the 2028 HCBS Quality Measure Set, <u>all measures must meet minimum technical feasibility requirements.</u>**

Criteria for Assessing Measures for Removal

Technical Feasibility

A1. The measure is being retired by the measure steward and will no longer be updated or maintained.

A2. The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the state level (e.g., numerator, denominator, value sets).

A3. The majority of states report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries receiving HCBS (or the ability to link to an identifier).

A4. The specifications and data source do not allow for consistent calculations across states (e.g., there is meaningful variation in coding or data completeness across states).

Actionability and Strategic Priority

B1. Taken together with other HCBS Quality Measure Set measures, the measure does not contribute to estimating the overall national quality of HCBS service delivery or improving outcomes in Medicaid HCBS programs and does not contribute to the measure set in a way that justifies its inclusion while aligning with the goal of a parsimonious measure set.

B2. The measure does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs (e.g., it does not address the most pressing needs of Medicaid beneficiaries receiving HCBS).

B3. The measure cannot be stratified by any of the stratification categories included in the Access rule. Considerations could include a lack of adequate sample and population sizes or lack of available data in the required data source(s).

B4. The measure cannot be used to assess and compare state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs (e.g., the measure is topped out, trending is not possible, similar measure constructs cannot be measured across different survey instruments permitted within the measure set).

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Criteria for Assessing Measures for Removal *(continued)*

Actionability and Strategic Priority (continued)
B5. Improvement on the measure is outside the direct influence of Medicaid HCBS programs/providers.
B6. The measure no longer aligns with priorities that are important for and important to Medicaid beneficiaries receiving HCBS.
B7. Another measure is recommended for replacement and that other measure is: (1) more broadly applicable (across populations or disability types) for the topic, and/or (2) more proximal in time to desired outcomes for Medicaid beneficiaries receiving HCBS, and/or (3) more strongly associated with desired outcomes for Medicaid beneficiaries receiving HCBS.

Other Considerations
C1. The measure does not produce reliable and meaningful state-level results, given Medicaid HCBS population sizes and demographics.
C2. The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
C3. Including the measure in the HCBS Quality Measure Set could result in substantial additional data collection burden for providers or Medicaid beneficiaries receiving HCBS that outweighs the measure's benefits.
C4. 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.

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Criteria for Assessing Measures for Addition

All minimum technical feasibility criteria must be met for a measure to be considered by the workgroup during the voting meeting.

Technical Feasibility
A1. The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets). (Specifications must be provided as part of the submission.)
A2. The measure must have been tested in state Medicaid HCBS programs or be in use by one or more state Medicaid HCBS programs. (Documentation is required as part of the submission.)
A3. An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries receiving HCBS (or the ability to link to an identifier). (Evidence about the reliability and validity of measures is required as part of the submission, or an explanation for why such information is not available must be provided.)
A4. The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness). (Documentation of data quality and consistency across states is required as part of the submission.)
A5. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the HCBS Quality Measure Set.

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Criteria for Assessing Measures for Addition *(continued)*

Actionability and Strategic Priority
B1. Taken together with other measures in the HCBS Quality Measure Set, the measure can be used to estimate the overall national quality of HCBS service delivery, improves outcomes in Medicaid HCBS programs, or contributes to the measure set in a way that justifies its inclusion while aligning with the goal of a parsimonious measure set.
B2. The measure addresses a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs (e.g., it addresses the most pressing needs of beneficiaries receiving HCBS).
B3. The measure can be stratified by one or more of the stratification categories included in the Access rule. Considerations could include adequate sample and population sizes and available data in the required data source(s).
B4. The measure can be used to assess and compare state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs overall (e.g., the measure has room for improvement, performance is trendable, similar measure constructs can be measured across different survey instruments permitted within the measure set).
B5. The measure aligns with priorities that are important for and important to Medicaid beneficiaries receiving HCBS.
B6. The measure would fill a gap in the HCBS Quality Measure Set, would address an imbalance in data source types within the measure set, or would add value when compared to related measures that are already in the HCBS Quality Measure Set. (If this measure is being proposed as a replacement of an existing measure, a removal form must be submitted for the existing measure.)

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Criteria for Assessing Measures for Addition *(continued)*

Other Considerations
C1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful state-level results, taking into account Medicaid HCBS population sizes and demographics.
C2. The measure and measure specifications are aligned with those used in other CMS programs, where possible.
C3. Adding the measure to the HCBS Quality Measure Set does not result in substantial additional data collection burden for providers or Medicaid beneficiaries receiving HCBS relative to the measure's benefits.
C4. States should be able to produce the measure for all relevant Medicaid HCBS populations within two years of the measure being added to the HCBS Quality Measure Set.
C5. The code sets and codes specified in the measure must be in use by states or otherwise be readily available to states to support calculation of the measure.

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What Do We Mean by Testing or Use of Measures in Medicaid HCBS Programs?

- To meet minimum technical feasibility requirements for addition, the measure must be fully developed and have detailed specifications that enable production of the measure at the state level.

- The measure must be tested in state Medicaid HCBS programs or be in use by one or more state Medicaid HCBS programs.

- Mathematica assessed each measure suggestion to ensure it met minimum technical feasibility requirements, and where necessary, requested additional information from measure stewards and nominators to make this determination.

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Measures Suggested for Removal from or Addition to the HCBS Quality Measure Set

Results of the Public Call for Measures

- **For the 2028 HCBS Quality Measure Set review, members of the public were invited to suggest measures to add to or remove from the HCBS Quality Measure Set.**

  – **The call for measures was open from July 8 to August 16, 2024.**

- **A total of 45 measures were suggested for addition to or removal from the 2028 HCBS Quality Measure Set.**

  – **30 measures suggested for addition**

    • 6 of the 30 suggested measures for addition did not meet the criteria for workgroup discussion due to incomplete submissions and/or failing to meet the technical feasibility criteria.

  – **15 measures suggested for removal**

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Measures Suggested for Addition

Measure Name	Measure Steward	Data Source
Health Plan CAHPS: Health Plan Satisfaction (Q 26)	AHRQ	Survey
NCI-IDD: The percentage of people reported to be using a self-directed supports option	NASDDDS, HSRI	Survey
NCI-IDD: If you want to change something about your services, do you know who to talk to?	NASDDDS, HSRI	Survey
NCI-IDD: Do staff do things the way you want them to be done?	NASDDDS, HSRI	Survey
NCI-IDD: 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?	NASDDDS, HSRI	Survey
NCI-AD: Percentage of people in group settings who are able to choose their roommate	ADvancing States, HSRI	Survey

AHRQ = Agency for Healthcare Research and Quality; HCBS CAHPS = Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems; HSRI = Human Services Research Institute; NASDDDS = National Association of State Directors of Developmental Disabilities Services; NCI-AD = National Core Indicators-Aging and Disability; NCI-IDD = National Core Indicators-Intellectual and Developmental Disabilities.

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Measures Suggested for Addition *(continued)*

Measure Name	Measure Steward	Data Source
NCI-AD: Percentage of people in group settings who are able to furnish and decorate their room however they want to	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people in group settings who are able to lock the door to their room	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people who have access to mental health services if they want them	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people in group settings who always have access to food	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people who can get an appointment to see or talk to their primary care doctor when they need to	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people who know whom to contact if they have a complaint about their services	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people who have needed assistive equipment and devices	ADvancing States, HSRI	Survey

HSRI = Human Services Research Institute; NCI-AD = National Core Indicators-Aging and Disability

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Measures Suggested for Addition *(continued)*

Measure Name	Measure Steward	Data Source
RTC/OM: Experiences Seeking Employment	ICI – UMN Twin Cities	Survey
RTC/OM: Experiences Using Transportation	ICI – UMN Twin Cities	Survey
RTC/OM: Feelings of Safety Around Others	ICI – UMN Twin Cities	Survey
RTC/OM: Freedom from Experiences of Abuse and Neglect	ICI – UMN Twin Cities	Survey
RTC/OM: Job Experiences Survey	ICI – UMN Twin Cities	Survey
RTC/OM: Knowledge of Abuse and Neglect and How to Report It	ICI – UMN Twin Cities	Survey
RTC/OM: Meaningful Community Activity	ICI – UMN Twin Cities	Survey
RTC/OM: Personal Choices and Goals - Self-Determination Index	ICI – UMN Twin Cities	Survey
RTC/OM: Services and Supports - Self-Determination Index	ICI – UMN Twin Cities	Survey
RTC/OM: Social Connectedness	ICI – UMN Twin Cities	Survey
RTC/OM: System Supports Meaningful Consumer Involvement	ICI – UMN Twin Cities	Survey

ICI – UMN = Institute on Community Integration - University of Minnesota; RTC/OM = Rehabilitation Research and Training Center on HCBS Outcome Measurement.

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Measures Suggested for Addition that will not be Discussed

These measures were determined not to meet the criteria for workgroup discussion either due to lack of testing or use in Medicaid HCBS programs or incomplete submission by the nominator.

Measure Name	Measure Steward	Data Source
Money Follows the Person Quality of Life Survey	CMS, Mathematica	Survey
Person-Centered Outcome Measurement Scale: Goal Identification	NCQA	Case Management Records
Person-Centered Outcome Measurement Scale: Goal Follow-up	NCQA	Case Management Records
Person-Centered Outcome Measurement Scale: Goal Achievement	NCQA	Case Management Records
HCBS CAHPS®: Supplemental Employment Module - Works for Pay	CMS	Survey
HCBS CAHPS®: Supplemental Employment Module - Wants to Work for Pay	CMS	Survey

CMS = Centers for Medicare & Medicaid Services; NCQA = National Committee for Quality Assurance

Measures Suggested for Removal

Measure Name	Measure Steward	Data Source
HCBS CAHPS®: Staff Listen and Communicate Well	CMS	Survey
HCBS CAHPS®: Transportation to Medical Appointments Composite Measure (Q 59, 61, 62)	CMS	Survey
FFS LTSS/MLTSS-1: Comprehensive Assessment and Update	CMS	Case Management Record
FFS LTSS/MLTSS-2: Comprehensive Person-Centered Plan and Update	CMS	Case Management Record
FFS LTSS/MLTSS-3: Shared Person-Centered Plan with Primary Care Provider	CMS	Case Management Record
FFS LTSS/MLTSS-7: Minimizing Facility Length of Stay	CMS	Administrative
MLTSS: Plan All-Cause Readmission (HEDIS)	NCQA	Administrative

BH = behavioral health, CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; HCBS CAHPS = Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems; HEDIS = Healthcare Effectiveness Data and Information Set; MLTSS = managed long-term services and supports; NCQA = National Committee for Quality Assurance, PA = personal assistance.

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Measures Suggested for Removal *(continued)*

Measure Name	Measure Steward	Data Source
NCI-AD: Percentage of people who are able to see or talk to their friends and family when they want to	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people who had adequate follow-up after being discharged from a hospital or rehab/nursing facility	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people who are ever worried for the security of their personal belongings	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people with concerns about falling who had someone work with them to reduce risk of falls	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people who feel safe around their support staff	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people whose money was taken or used without their permission in the last 12 months	ADvancing States, HSRI	Survey
NCI-AD: Percentage of non-English speaking participants who receive information about their services in the language they prefer	ADvancing States, HSRI	Survey
NCI-AD: Percentage of people who know how to manage their chronic conditions	ADvancing States, HSRI	Survey

HSRI = Human Services Research Institute; NCI-AD = National Core Indicators-Aging and Disability.

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Resources Available to Workgroup Members for Reviewing Measures

Guidance for Measure Review

- **Before the voting meeting, workgroup members should review all the measures suggested for consideration by the workgroup.**

- **Mathematica will provide additional resources to help workgroup members assess the measures for removal from or addition to the HCBS Quality Measure Set.**

- **To guide their review, workgroup members should refer to the criteria for removal of existing measures and addition of new measures.**

- **The Measure Review Worksheet can be used to record and organize notes, questions, and planned vote for each measure suggested for removal or addition.**

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Measure Information Sheet: Removal

- **Measure information and technical specifications.**

- **Submitter's reasons for removal, by criteria.**

- **Other information, including use of measure in other CMS programs.**

Measure Information Sheet: Addition

MEASURE INFORMATION SHEET

2028 HOME AND COMMUNITY-BASED SERVICES (HCBS) QUALITY MEASURE SET REVIEW WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE 2028 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 the top-box score[a] of the 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	Medicaid Adult Core Set

Technical Specifications	
Ages	Age 18 and older.[1]
Data collection method/source	Survey.
Level of reporting for which specifications were developed	Program-level.
Denominator	Number of people who provided a valid response.

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

- **Measure information and technical specifications.**

- **Information on minimum technical feasibility criteria.**

- **Submitters' comments on actionability and strategic priority.**

- **Whether the data source allows for stratification by the stratification categories included in the Access rule.**

- **Other information, including measure testing or use in state Medicaid HCBS programs.**

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Guidance for Measure Review

1. Review Measure Information Sheets and record notes and questions in measure review worksheet.

2. Assess the measure in relation to the criteria for removal or addition.

3. Record preliminary vote in measure review worksheet.

Voting Meeting Approach

Voting Meeting Logistics

- **The voting meeting will be held April 8 and 9, 2025, from 11:00–4:00 PM ET each day.**

    - **All meetings will be held virtually and are open to the public.**

- **Meeting registration is now available at https://mathematica.org/features/hcbsqmsreview.**

- **More information about the meeting agenda and resources will be posted on our website before the voting meeting: https://mathematica.org/features/hcbsqmsreview.**

Approach to Measure Discussion

- **The workgroup will discuss 39 measures during the voting meeting, including 15 suggested for removal and 24 suggested for addition.**

- **To facilitate the workgroup's discussion, Mathematica has organized the measure suggestions into several domains based on the topic addressed.**

  – **Domains build on the current consensus-based entity domains, which are informed by the National Quality Forum 2016 HCBS Quality Framework.**

- **Measures will be considered and voted on in their specified form.**

- **Voting will take place by domain group after workgroup discussion and public comment on all measures in that domain.**

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Measures for Discussion, by Domain

Domain	Addition	Removal
Choice and Control	▪ NCI-IDD: Are there rules about having friends or visitors in your home? ▪ NCI-IDD: Do staff do things the way you want them to be done? ▪ NCI-IDD: If you want to change something about your services, do you know who to talk to? ▪ NCI-IDD: The percentage of people reported to be using a self-directed supports option ▪ NCI-AD: Percentage of people in group settings who are able to choose their roommate ▪ NCI-AD: Percentage of people in group settings who are able to furnish and decorate their room however they want to ▪ NCI-AD: Percentage of people in group settings who are able to lock the door to their room ▪ RTC/OM: Personal Choices and Goals - Self-Determination Index ▪ RTC/OM: Services and Supports - Self-Determination Index	None

NCI-AD = National Core Indicators-Aging and Disability; NCI-IDD = National Core Indicators-Intellectual and Developmental Disabilities; RTC/OM = Rehabilitation Research and Training Center on HCBS Outcome Measurement.

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Measures for Discussion, by Domain *(continued)*

Domain	Addition	Removal
Consumer Leadership and Development	▪ RTC/OM: System Supports Meaningful Consumer Involvement	None
System Performance and Accountability[1]	▪ Health Plan CAHPS: Health Plan Satisfaction Q26	▪ FFS LTSS/MLTSS-7: Minimizing Facility Length of Stay
Community Inclusion[2]	▪ RTC/OM: Experiences Seeking Employment ▪ RTC/OM: Experiences Using Transportation ▪ RTC/OM: Job Experiences Survey ▪ RTC/OM: Meaningful Community Activity ▪ RTC/OM: Social Connectedness	▪ NCI-AD: Percentage of people who are able to see or talk to their friends and family when they want to
Access and Resource Allocation	None	▪ NCI-AD: Percentage of non-English speaking participants who receive information about their services in the language they prefer ▪ HCBS CAHPS: Transportation to Medical Appointments Composite Measure (Q 59, 61, 62)

[1] System performance and accountability includes measures of rebalancing.
[2] Community Inclusion includes measures of employment, non-medical transportation, social connectedness and relationships, and community participation.

CAHPS = Consumer Assessment of Healthcare Providers and Systems; NCI-AD = National Core Indicators-Aging and Disability; RTC/OM = Rehabilitation Research and Training Center on HCBS Outcome Measurement.

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Measures for Discussion, by Domain *(continued)*

Domain	Addition	Removal
Holistic Health and Functioning	▪ NCI-AD: Percentage of people who have access to mental health services if they want them ▪ NCI-AD: Percentage of people who can get an appointment to see or talk to their primary care doctor when they need to ▪ NCI-AD: Percentage of people who have needed assistive equipment and devices	▪ NCI-AD: Percentage of people with concerns about falling who had someone work with them to reduce risk of falls ▪ NCI-AD: Percentage of people who know how to manage their chronic conditions ▪ MLTSS: Plan All-Cause Readmission (HEDIS)
Human and Legal Rights	▪ NCI-AD: Percentage of people in group settings who always have access to food ▪ RTC/OM: Feelings of Safety Around Others ▪ RTC/OM: Knowledge of Abuse and Neglect and How to Report It ▪ RTC/OM: Freedom from Experiences of Abuse and Neglect	▪ NCI-AD: Percentage of people who are ever worried for the security of their personal belongings ▪ NCI-AD: Percentage of people who feel safe around their support staff ▪ NCI-AD: Percentage of people whose money was taken or used without their permission in the last 12 months

HCBS CAHPS = Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems; HEDIS = Healthcare Effectiveness Data and Information Set; LTSS = Long-term services and supports; MLTSS = managed long-term services and supports; NCI-AD = National Core Indicators-Aging and Disability; RTC/OM = Rehabilitation Research and Training Center on HCBS Outcome Measurement.

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Measures for Discussion, by Domain *(continued)*

Domain	Addition	Removal
Person-Centered Planning and Coordination	None	- FFS LTSS/MLTSS-1: Comprehensive Assessment and Update - FFS LTSS/MLTSS-2: Comprehensive Person-Centered Plan and Update - FFS LTSS/MLTSS-3: Shared Person-Centered Plan with Primary Care Provider
System Delivery and Effectiveness[1]	NCI-AD: Percentage of people who know whom to contact if they have a complaint about their services	- NCI-AD: Percentage of people who had adequate follow-up after being discharged from a hospital or rehabilitation/nursing facility - HCBS CAHPS: Staff Listen and Communicate Well

[1] System delivery and effectiveness includes workforce measures.

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 Disabilities.

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Voting Process

- **Workgroup members will vote on each measure in its specified form.**

  - **Measure for removal:**

    - Yes = I recommend removing the measure from the HCBS Quality Measure Set.
    - No = I do not recommend removing the measure from the HCBS Quality Measure Set.

  - **Measures for addition:**

    - Yes = I recommend adding the measure to the HCBS Quality Measure Set.
    - No = I do not recommend adding the measure to the HCBS Quality Measure Set.

- **Measures will be recommended for removal or addition if two-thirds of eligible workgroup members vote "yes."**

Discussion of Gaps at the Voting Meeting

- During the voting meeting, Mathematica will engage the workgroup in a discussion about priority gap areas in the HCBS Quality Measure Set. The list of gaps is intended to inform the Call for Measures for the subsequent HCBS Quality Measure Set review.

- Public comment on priority gap areas for the Public Call for Measures will also be invited.

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Workgroup Homework

- **Ahead of the voting meeting, please:**

  – **Review Measure Information Sheets**

  – **Review measure overview file**

  – **Record notes and questions in the measure review worksheet**

- **If you have questions while reviewing the materials, please email hcbsqmsreview@mathematica-mpr.com.**

Co-Chair Remarks

Laney Bruner-Canhoto
Massachusetts Department of Developmental Services

ShaRhonda Sly
Ohio Department of Medicaid

Questions from Workgroup Members

Opportunity for Public Comment

Next Steps

- **Workgroup members will receive the measure review materials via email by COB tomorrow, March 12.**

- **Measure information sheets will be posted publicly before the voting meeting.**

- **Email Mathematica with any questions about the measures suggested for removal or addition, voting meeting process, or other logistics.**
  - **Contact us at hcbsqmsreview@mathematica-mpr.com.**

- **Information on the HCBS Quality Measure Set and meeting registration is available at https://www.mathematica.org/features/maccoresetreview.**

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THANK YOU FOR PARTICIPATING!