

2028 HCBS Quality Measure Set Review: Meeting to Prepare for the 2028 Review Transcript March 11, 2025, 1:00–2:00 PM ET

Patricia Rowan:

Hello, everyone, and welcome to the meeting to prepare for the Home and Community-Based Services, or HCBS, Quality Measure Set Review Workgroup. My name is Tricia Rowan. I'm a principal researcher here at Mathematica. On behalf of the Centers for Medicare and Medicaid Services, Mathematica is hosting this webinar to prepare the workgroup for the voting meeting next month. Whether you're listening to this meeting live or to a recording on our website after the fact, thank you for joining us today. We'll spend the next several minutes reviewing the meeting's objectives and timeline.

For any questions about the HCBS Quality Measure Set that are unrelated to our objectives today, you can direct them to CMS. We will put an email address in the chat for everyone to reach out to CMS directly. Next slide. We have several objectives for this meeting today. First, we'll review the goals of the HCBS Quality Measure Set Review Workgroup. Second, I'll discuss the measures that were suggested for removal from or addition to the HCBS Quality Measure Set. We'll also describe the resources that are available to workgroup members for reviewing those measure suggestions. I'll also present the planned process for the measure discussion at our voting meeting.

Finally, we'll open it up for questions from workgroup members and comments from the public near the end of the meeting before concluding with next steps for measure review and voting. Next slide. I'd like to take a brief opportunity to acknowledge my colleagues here at Mathematica who are part of this team. They include Asmaa, Kanchana, Rosemary, Deb, Denesha, and Kathleen. Thank you to this wonderful team. And now I'm going to turn it over to Asmaa to discuss project milestones and the goals of the workgroup.

Asmaa Al-Baroudi:

Thanks, Tricia. Next slide, please. This may look familiar to you if you tuned in to our previous meetings. I'd like to briefly review some of the milestones to date and upcoming for the measure set review process. This past July and August, we had a call for workgroup nominations and separately a call for measures. Information on both is available on our website, which we link to later on in these slides and we'll push out in the chat. During the call for measures process, we held two office hour sessions on July 15th and August 12th to allow an opportunity for interested parties in the public to ask questions about the call for measures process. We also gathered the workgroup for an orientation meeting on October 16th.

These sessions were recorded and are available on our website. Today, the workgroup is convening to prepare for the voting meeting. We will introduce the final list of measures suggested for consideration and describe the process the workgroup will use to discuss and vote on the measures to recommend for addition or removal.

On April 8th and 9th, 2025, the workgroup will convene for the two-day voting meeting to make recommendations on updates to the HCBS quality measure set. Please note that these dates are still

tentative pending approval from CMS leadership. All webinars and workgroup meetings will be held virtually and are open to the public. Registration is available on our website. In late 2025, early 2026, CMS will release the proposed 2028 HCBS quality measure set in the Federal Register for Public Comment. No later than December 31st, 2026, CMS will post the final 2028 HCBS quality measure set in the Federal Register.

Next slide. Now we will review the goals of the workgroup. Next slide, please. Implementing an effective quality measures reporting program includes periodically reassessing the measures since many factors, such as changes in regulatory guidelines, experiences with reporting, and performance rates may warrant modifying the measure set.

The recently finalized Medicaid access rule requires states to report measures from the HCBS quality measure set every other year and describes the process for updating and maintaining the measure set. To support CMS, Mathematica is establishing and convening an HCBS quality measure set review workgroup. The workgroup will review and identify gaps in the current HCBS quality measure set and recommend changes for improvement.

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

Next slide. At next month's voting meeting, workgroup members will consider criteria that fit into three areas when assessing measures for inclusion in the quality measure set. First is the minimum technical feasibility requirements. Measures suggested for addition to the HCBS quality measure set must meet the minimum technical feasibility criteria to be considered by the workgroup. For example, a measure must be fully developed with specifications for state-level use and have an available data source for calculation. It also must have been tested or in use by one or more state Medicaid HCBS programs.

We want to emphasize these minimum technical feasibility criteria because only measures that meet these criteria will be discussed and voted on by the workgroup in April. The second area is actionability and strategic priority. The criteria include measures that are useful for estimating national HCBS quality, improving outcomes, or filling a gap in the measure set. Measures should also allow for comparative analysis and be used to assess and compare state progress in improving HCBS service delivery and outcomes.

Finally, other considerations for suggesting a measure for addition include whether the outcome being measured is prevalent enough to produce reliable and meaningful state-level results, consideration of data collection burden, and possible alignment of the measure specifications with other CMS programs. The criteria for suggesting measures for removal are, for the most part, the inverse of the criteria for suggesting measures for addition. So I won't walk through examples today. Detailed information on the criteria for addition and removal is available on the following slides.

Next slide. On this slide and the next, we have listed the criteria workgroup members will consider when suggesting a measure for removal. Since I summarized them on the previous slide, I won't read this information, but these slides are available on our website. Next slide. The criteria for suggesting a measure for removal continue here. Next slide, please. On this slide and the next two, we have listed the criteria workgroup members will consider when suggesting a measure for addition. Next slide. The criteria for suggesting a measure for addition continue here.

Next slide, please. This slide shows the remaining criteria. Next slide. Before we move on to the list of measures the workgroup will be reviewing, I want to provide more details about meeting minimum technical feasibility requirements. One of the criteria Mathematica used when assessing each measure suggested for addition. To meet minimum technical feasibility requirements for addition, a measure has to be fully developed, include detailed specifications to enable production of the measure at the state level, and must be tested or used by state Medicaid HCBS programs. In some instances, Mathematica reached out to measure stewards and nominators for additional information to make this determination.

Next slide. I'm now going to provide a brief overview of the measures that were suggested for removal from or addition to the HCBS quality measure set. Thank you for all the measure nominators for their time and effort suggesting these measures. Next slide. Members of the public had the opportunity to suggest measures for addition or removal from the HCBS quality measure set. As shared earlier, we hosted two office hours to answer questions about the process while the public call was open. A total of 45 measures were submitted. 30 measures were suggested for addition, of which 6 did not meet the criteria for workgroup discussion. And 15 measures were suggested for removal from the HCBS quality measure set.

Please note that this number changed slightly from what we had presented initially at the orientation meeting. As we had shared during that meeting, the Mathematica team worked to assess the measures suggested for addition to determine if they met our minimum technical feasibility criteria in between the meetings. This is the final count and list of measures to be discussed and voted on during our voting meeting in April. Next slide. Here, and on the coming slides, we are sharing the measures suggested for addition. As you'll find, many of the measures suggested come from the experience of care surveys currently included in the HCBS quality measure set, such as CAPS and NCI IDD. Next slide. The suggested measures for addition continue here.

Next slide, please. This slide has more of the measures submitted by the public. You will notice that this slide includes measures from a survey instrument, the Rehabilitation Research and Training Center on HCBS Outcome Measurement. That is not one of the four experience of care surveys currently in the measure set.

Next slide. This slide summarizes the six measures suggested for addition that will not be reviewed at the voting meeting due to the lack of testing or use in Medicaid HCBS programs or an incomplete submission by the measure nominator. One of these measures was the Money Follows the Person Quality of Life survey. Three were person-centered outcome measurement scale measures that use case management records as the data source. And two were HCBS CAPS measures focused on employment. Next slide. This slide and the next include those measures suggested for removal from the HCBS quality measure set.

Measures suggested for removal will all be discussed and voted on by the work group. Because they are already included in the quality measure set, they do not need to meet any minimum criteria in order to be discussed. Next slide, please. This slide shows the remaining measures suggested for removal. Now I will pass it back to my colleague, Tricia, who will provide information on resources available to the workgroup for reviewing measures.

Patricia Rowan:

Great. Thanks, Asmaa. Let's go to the next slide. All right, so to prepare work group members for the review of the suggested measures, we're going to go over some of the resources that our team has put together to assist in that task. So let's go to the next slide. In preparation for the voting meeting, we ask that workgroup members review all of the measures that were suggested for removal from or addition to the HCBS quality measure set. Workgroup members will be receiving a packet of materials from our team to help assess each measure's appropriateness for the quality measure set.

As you go through your review, please keep the criteria for removal of existing measures and addition of new measures top of mind. A copy of the criteria will be included in the packet that you receive from our team. We're also providing a measure review worksheet, which workgroup members can use to record and organize your notes, questions, and your preliminary votes on each measure. As you can see from the previous slides, there are 39 measures that the workgroup will be discussing in just a two-day meeting. So, to ensure an efficient discussion, please review the materials our team has prepared in advance to familiarize yourself with the measures that will be discussed, and come prepared to the meeting.

Next slide. The primary resource that we've developed to assist with your review of the measures are the measure information sheets. These were created for each measure that was suggested for either addition or removal. The information sheets provide standardized information for each measure to facilitate your review. The measure information sheets for measures that are suggested for removal include technical specifications, the reasons for removal that were provided by the individual who suggested the measure, as well as other information such as the use of the measure in other CMS programs.

Next slide. Similarly, we have developed measure information sheets for all of the measures that were suggested for addition, which also include the measures technical specifications. The measure information sheets for the addition measures also include a measure's alignment with the minimum technical feasibility criteria, comments from the individual who suggested the measure on how it meets actionability and strategic priority criteria, whether the measure's data source allows for stratification by the categories included in the access rule, as well as other information including measure testing or use in state Medicaid HCBS programs.

Next slide. When reviewing the measures, we recommend that workgroup members start with a review of the measure information sheets. You may use the included measure review worksheet to record your notes or any questions as you go through the measures that you want to raise during the voting meeting. We ask that you assess the measures against the criteria for addition or removal and record your preliminary vote in the measure review worksheet. That worksheet is also a good place to keep notes of any questions you have about the measure or any comments you want to make during the voting meeting.

Next slide. Let's move on to discussing our approach to organizing the voting meeting. Next slide. The virtual voting meeting currently is scheduled for two days on April 8th and 9th. To accommodate participants across time zones, each day the meeting will start at 11 a.m. Eastern and end by 4 p.m. The meeting is open to the public and there will be opportunities for public comment. I want to reiterate what my colleague said earlier that these dates are still pending CMS leadership approval, so we will be in touch as soon as we can if they change. Ahead of the voting meeting, we will post an agenda and resources to our website and registration information is currently available on our webpage if you want to get these meetings on your calendar right away.

Next slide. There are a total of 39 measures that the workgroup will discuss, 15 suggested for removal and 24 suggested for addition. That's a lot of measures to discuss in two days. So, in order to facilitate that discussion, Mathematica has organized the suggested measures into nine domains based on the topic that the measure addresses. These 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, meaning that we will discuss and vote on the measures as they are currently specified by the measure stewards without any conditions or modifications.

Voting on measures will occur by domain group after the work group discusses and there's an opportunity for public comment on all the measures in that domain. We'll begin by discussing and voting on measures suggested for removal and then turn to measures suggested for addition. Like I said, the work group will discuss measures by domain, but voting will be done for each individual measure under consideration. So we'll take 39 separate votes.

Next slide. On this slide and the following few slides, we list all the measures that were suggested for addition or removal by domain, by those nine domains that I mentioned earlier. So, on this first slide, we have the choice and control domain. Measures in this domain assess the level to which people who use HCBS are able to make life choices, choose their services and supports, and control how those services are delivered. This domain had nine measures suggested for addition and none suggested for removal.

Next slide. On this slide, we have four more domains with the associated measure suggestions. The consumer leadership and development domain refers to the level to which people who use HCBS are well supported to actively participate in the design, implementation, and evaluation of the system at all levels. There was one measure suggested for addition in this domain and none for removal. The system performance and accountability domain refers to the extent to which the system operates efficiently, ethically, transparently, and effectively to achieve the desired outcomes.

There was one measure suggested for addition and one measure suggested for removal in this domain. The community inclusion domain refers to measures of the level to which people who use HCBS are integrated into their communities and socially connected according to their own preferences. In this domain, there were five measures suggested for addition and one suggested for removal. The access and resource allocation domain refers to the level to which HCBS is available to those individuals who need support. In this domain, there were two measures suggested for removal.

Next slide. There are two more domains on this slide. The first one is the holistic health and functioning domain, which refers to measures of whether all dimensions of holistic health are assessed and supported for people who use HCBS. There were three measures suggested for addition in this domain and three for removal. The human and legal rights domain refers to the level to which the human and legal rights of people who use HCBS are promoted and protected. Here, there were four measures suggested for addition and three suggested for removal. Next slide. Okay, this is our final slide, which displays the two remaining domains.

The person-centered planning and coordination domain refers to measures of the approach to assessment, planning, and coordination of services focused on the individual's goals, preferences, and values. Here, there were three measures suggested for removal. In the system delivery and effectiveness domain, that refers to the level to which services and supports are provided in a manner consistent with the person's needs, goals, preferences, and values. And here, there was one measure suggested for addition and two suggested for removal. This information will also be in the packet that you get from our team, along with a list of other measures currently in the measure set that were not suggested for removal in each of these domains as well.

Next slide. So this slide talks a little bit about our voting process. As a reminder, only members of the work group are able to vote on each of these measure suggestions. So for each measure for removal, a yes vote means I recommend removing the measure from the HCBS quality measure set. And a no vote means I do not recommend removing the measure from the HCBS quality measure set. Similarly, for each measure that is suggested for addition, work group members will vote yes or no, where yes means that you do recommend adding the measure and no means that you do not recommend adding the measure.

In order for a measure to be recommended for removal or addition by the work group, the yes vote needs to receive two-thirds of the eligible votes. Prior to the voting meeting, we will provide work group members with information on how to use the voting platform. And work group members will also have an opportunity to test out the voting platform and we strongly encourage you to try it out before the meeting. Like we said that our voting meeting agenda will be packed and that we would give you an opportunity to practice that out before the meeting. Next slide. In addition to discussing the measures, the workgroup will also discuss priority gap areas in the HCBS quality measure set during the voting meeting.

The goal of this discussion on gaps is to help us inform the call for measures for the next HCBS quality measure set review. Public comment on gap areas will also be welcome during the voting meeting. Next slide. All right, so work group members, your homework is to prepare for the voting meeting by reviewing the materials related to the measures that were suggested for removal and addition. If you have any questions while you're reviewing the materials from our team, please don't hesitate to reach out to us. We're more than happy to answer your questions to help you prepare for that meeting next month.

We will also be emailing work group members with a request to complete a disclosure of interest form before the voting meeting. Any members who are deemed to have a conflict with a measure being discussed by the work group will be recused from voting on that measure. We'd also like to thank the measure stewards for sharing information about their measures. They've responded to a lot of emails from us over the last several weeks.

So we appreciate your time and attention. And finally, a big thank you to all of our work group members for taking the time to prepare for and engage in this process. We are really looking forward to a very interesting discussion during the voting meeting. Next slide. All right, at this point, I would like to turn it over and invite our co-chairs, Laney Bruner Canhoto and ShaRhonda Sly, to make some brief remarks about the work ahead of us. Laney, I think you agreed to go first, so I will pass it over to you first.

Laney Bruner Canhoto:

Yes, ShaRhonda and I flipped coins and I'm going first. So hi, welcome. My name is Laney Bruner Canhoto. I'm the Assistant Commissioner of Quality Management for the Department of Developmental Services in Massachusetts. In this role, I oversee quality measurement for eight 1915 HCBS waivers, including waivers for folks with IDD, brain injury, physical disabilities, and children with autism.

As I said at our first workgroup meeting last fall, the access rule and this quality measure set offers us a great opportunity to create measures that allow for consistency across waivers and across populations, something that I have been passionate about in my time as Assistant Commissioner as I have focused on consistent measures across all eight waiver populations to the greatest extent possible. The process and approach that the project team, Mathematica, have set out makes my researcher heart and mind happy as it is very organized, reliable, valid, precise, and overall just methodical.

The advocate in me is excited to hear all of the voices through this method, and I'm very hopeful that within this method, we can come at these discussions from our very different points of view, really listen to each other, and ultimately vote on a measure set for consideration that is stronger because of our diverse perspectives, that is actionable because we all know how HCBS works, that is informative for quality improvement efforts, that is feasible in terms of data collection, that is supportive of health and safety goals, and that remains person-centered at the heart of it all.

We have a lot of work ahead of us, but it is really important work that we have the privilege to do. I'm looking forward to digging into the measure information sheets in anticipation of our April voting sessions. I hope you are too. We definitely do have some homework, and I'm looking forward to the voted on measure set and then whatever next steps there may be. Thank you in advance for your time, effort, and engagement. ShaRhonda, you're up next.

ShaRhonda Sly:

That's hard to follow, Laney. Thank you. My name is ShaRhonda Sly, and I work with the Home and Community-Based Service Programs in Ohio, where we have nine 1915C waiver programs and one 1915I state plan program that are subject to all of our person-centered planning assessment and HCBS settings requirements. The range, just like Laney, includes our ICF IDD programs, NIF-based programs, and our state plan program.

This is exciting. I'm so glad to get to serve on this work group. We have a, I think, a pretty unique opportunity to integrate into this work our ability to really focus on seeing apples to apples how all of our programs that are subject to the CFR requirements for assessment, person-centered planning. And I'm particularly interested in the person's experience of HCBS settings requirements in a way that allows us to

really do it in an apples-to-apples comparison, a way we haven't had in the past. So thank you for the opportunity to serve on the workgroup, and I'm happy to be here.

Patricia Rowan:

Thanks so much to both of you, Laney and ShaRhonda, for your willingness to serve as our co-chairs and for your engagement as well. All right, let's go to the next slide. At this point, we are going to open it up for questions from the work group members about the voting process or anything else that we have shared today. As a reminder, please use the raise hand feature, which is in the lower right corner of your participant panel.

That will cause a hand icon to appear next to your name in the attendee list, and we'll be able to call on you and unmute your line in the order in which your hand was raised. So please just wait for your cue. You should hear me call your name. And then once you're done making your question, you can lower your hand using that same process. So we'll open it up to questions from the work group at this point. And we will have an opportunity for public comment from non-work group members after this. All right, I see Deborah. Rick, can we unmute Deborah's line? Go ahead, Deborah.

Deborah Paone:

Hi, my quick question -- Deborah Paone. Have you sent us these slides and when will you be sending all that measure material?

Patricia Rowan:

That is a great question. So these slides are available on our website. We'll put the link in the chat again, but they are available already. And our plan is to send out the packet of measure review materials tomorrow. We are just waiting for it to come back from our formatting and graphics folks. And then we will get everything out to the work group tomorrow. So, if you don't get it, reach out. If you don't get it sometime tomorrow, we'll be in touch or you can always reach out to our team this week, but we'll make sure that those get out to you as soon as we can.

Deborah Paone:

Thank you.

Patricia Rowan:

I will also flag that the disclosure of interest forms for all workgroup members will be sent on Thursday. Those will come from a different email address. So just keep your eyes open. If you don't see them from our team this week, make sure you check your spam folder. But there's a web-based process to electronically sign those documents as well. Any other questions from workgroup members? All right, maybe I'll just also add related to Deborah's question that the measure review packet will be available to the public on our website a little bit closer to the April meeting. So those won't be on our website publicly for another couple of weeks but will be sent to the workgroup tomorrow. Yeah, I see Deborah has her hand raised again, right? Can we unmute Deborah?

Deborah Paone:

I'm so sorry.

Patricia Rowan:

No problem.

Deborah Paone:

When you send out the material on each specific measure, one of the criteria you mentioned was that it is being used or has been tested in a state. Will we know what state? Will that provide that information of how it's being used? Thank you.

Patricia Rowan:

Yes, great question. There's a place on the measure information sheet where we have information about which states are using the measure or which states were involved in measure testing. Yeah, great question. I see Dawn Rudolph's hand up. Rick, can we unmute Dawn? Go ahead, Dawn.

Dawn Rudolph:

Double muted. Sorry.

Patricia Rowan:

That's okay.

Dawn Rudolph:

This is Dawn, and I have a logistical question regarding registration for the April meetings. When I originally had received the invitation for those, I had declined it because I was going to be away on vacation. I've managed to rearrange some plans so that I could still join, but it won't let me re-register.

Patricia Rowan:

All right, we will -- thanks for flagging for us. We will have Rick, our producer follow up and re-send those invitations.

Dawn Rudolph:

Thank you so much.

Patricia Rowan:

Yeah. All right, not seeing any other hands from work group members. So why don't we go to the next slide? And this is our opportunity to open it up for comments from the public. So same process, if you're a member of the public and you'd like to ask a question or make a comment, please use the raise hand feature in Webex to be unmuted. And when we call on you, if you wouldn't mind, please introduce

yourself and your organizational affiliation. All right, I am not seeing any. Oh, I see. Naomi has a hand raised. Can we unmute Naomi? Go ahead, Naomi. Let's unmute. Here we go. Go ahead.

Naomi:

Hello, my name is Naomi. I'm a policy analyst at the Oregon Department of Human Services, the Office of Aging and People with Disabilities. I don't believe we have someone on the work group, but I guess I just wasn't really sure what happens once the recommendations are voted on. Then what happens? And, you know, what is the relationship with CMS? You know, what do we expect will happen with them? I hope that's an okay question to ask.

Patricia Rowan:

Yeah, yeah. So I can answer that question to the best of my ability with the caveat being that you know, things can change, right? So maybe we could very briefly go back to slide seven. Denesha, can you go back to slide seven with the milestones? Perfect. All right. So this slide has some information. So the work group will make its recommendations at the voting meeting. CMS will take the recommendations of the workgroup, along with information from other partners and other feedback from other, you know, federal agencies as an example.

And we'll make proposed changes to the quality measure set, which will be released in the federal register. The plan is for that to go through the public comment process in late 2025, early 2026. And then by December 31st, 2026 for CMS to post the final updates to the measure set in the federal register. So that's the process that was laid out by CMS most recently, you know, at the orientation meeting. I will caveat that with that, you know, things can change with new leadership. And I hope that answers your question, Naomi.

Naomi:

Well, I was just wondering because I thought there was something recent about some things, maybe not going through public comment periods, not being open for public comments and also just not knowing like how much does CMS generally take recommendations or will they be. I mean, you said there'll be other opinions that will be submitted. So just wanted to make sense of how that all plays out.

Patricia Rowan:

That is not something that we here at Mathematica are able to comment on for CMS. I appreciate the curiosity and our colleagues at CMS are here and listen only mode. So they've heard your question and I'm sure can take it into consideration as they finalize things. Thank you.

Naomi:

Thanks.

Patricia Rowan:

I see a question from Tamika. Can we unmute their line? Go ahead. We might have lost Tamika as audio. Let's unmute her line again, Rick. Go ahead. All right, go ahead. We can hear you now. Yeah.

Tamika Black:

Okay. Sorry. My name is Tamika Black and I am a deputy commissioner at the Office for People with Developmental Disabilities in New York state. My question was, I saw that there were LTSS measures that look like they were suggested for removal. Would it be publicly available, the rationale or justification for the removal of those measures?

Patricia Rowan:

Yes, that's a great question. So the measure information sheets that our team puts together do include the rationale that the individual who suggested the measure included it for its removal. Those information sheets will be available to the public on our website before the voting meeting, usually a week or so in advance. And I will just reiterate that this is, you know, the measures that were suggested for removal. They will be discussed and voted on by the work group. So just because they were suggested for removal does not necessarily mean that they would be reviewed.

They'll be discussed by the workgroup and voted on. And then as to the previous question, CMS does make the ultimate decision about the final measures included in the quality measures. Any other questions? All right, I am not seeing any other hands raised. So why don't we go to the next slide? Great. Thank you. So, as far as next steps, workgroup members will soon be receiving the measure review materials from our team via email. This information will be used to help you review the measures that were suggested for addition and removal.

And as I mentioned, for members of the public, those measure information sheets will be posted publicly on our website ahead of the voting meeting. You are also welcome to send the Mathematica team here any questions using the email address on this slide and additional information about the review process can be found on our website. We'll drop the website link in the chat again so that folks have it if you'd like to go and look for any of our previous materials. Next slide. All right, with this, our meeting is adjourned. We want to thank everyone for participating in today's meeting. We look forward to seeing you at the voting meeting in a few weeks. We very much appreciate your time and we'll talk again soon. Thanks, everyone.