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

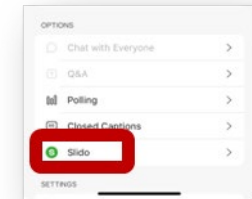**April 8, 2025**
Day 1

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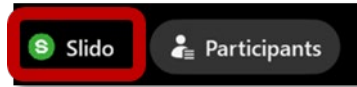
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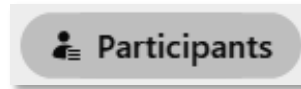
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Welcome and Meeting Objectives

Mathematica HCBS Quality Measure Set Review Team

- **Asmaa Al-baroudi, Researcher**

- **Kanchana Bhat, Director Advisory Services**

- **Rosemary Borck, Project Director**

- **Deb Haimowitz, Research Associate**

- **Denesha Lafontant, Research Associate**

- **Patricia Rowan, Principal Researcher**

- **Kathleen Shea, Senior Researcher**

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Meeting Objectives

- **Review the measures suggested for removal from or addition to the HCBS Quality Measure Set.**

- **Recommend updates to the HCBS Quality Measure Set.**

- **Discuss gap areas.**

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

Introduction of Workgroup Members and Disclosure of Interests

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Disclosure of Interest

- **All Workgroup members are required to submit a Disclosure of Interest form.**

  – **Mathematica requires that Workgroup participants disclose any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest related to the current HCBS Quality Measure Set measures or measures reviewed during the Workgroup process.**

- **Members deemed to have an interest in a measure suggested for consideration will be recused from voting on that measure.**

- **During the voting meeting, members will be asked to disclose any interests, though such disclosure may not indicate that a conflict exists.**

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Workgroup Roll Call

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2028 HCBS Quality Measure Set Review Workgroup *(1/2)*

Name	Organizational Affiliation
Co-Chair: Laney Bruner-Canhoto, PhD *Nominated by MassHealth Executive Office of Health and Human Services*	Massachusetts Department of Developmental Services
Co-Chair: ShaRhonda Sly, MSW	Ohio Department of Medicaid
Joseph Caldwell, PhD	Brandeis University Lurie Institute for Disability Policy
Eric Carlson, JD	Justice in Aging
Lorin Chevalier *Nominated by TEAM Public Choices*	TEAM Public Choices
Carolyn Foster, MD *Nominated by American Academy of Pediatrics*	Northwestern University Ann & Robert H. Lurie Children's Hospital of Chicago
Tara Giberga, MBA, CPHQ *Nominated by Pennsylvania Department of Human Services*	Pennsylvania Department of Human Services, Office of Developmental Programs
Dennis Heaphy, DMin, MPH, MEd, MDiv	Disability Policy Consortium
Sarah Hoerle, MSW	Colorado Department of Health Care Policy and Financing
Heleena Hufnagel, MBA	Health Care Authority of Washington
Misty Jenkins, MA *Nominated by Mississippi Division of Medicaid*	Mississippi Division of Medicaid
Raina Josberger, MS	New York State Department of Health

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2028 HCBS Quality Measure Set Review Workgroup *(2/2)*

Name	Organizational Affiliation
Marci Kramer, MHA *Nominated by AmeriHealth Caritas*	AmeriHealth Caritas
Cathy Lerza	Kentucky Division of Developmental and Intellectual Disabilities
Eric Levey, MD *Nominated by American Academy of Pediatrics*	Health Services for Children with Special Needs
Morgan Loughmiller *Nominated by Kansas Department of Aging and Disability Services*	Kansas Department for Aging and Disability Services
Joseph Macbeth	National Alliance for Direct Support Professionals
Deborah Paone, DrPh	Special Needs Plan Alliance
Delandran Pillay, MPA	California Department of Health Care Services
Jason Rachel, PhD	Virginia Department of Medical Assistance Services
Dawn Rudolph, MSEd	Wyoming Institute for Disabilities at the University of Wyoming
Damon Terzaghi, MS	National Association for Home Care & Hospice
Renata Ticha, PhD	University of Minnesota Institute on Community Integration
Brent Watkins, MBA	Oregon Department of Human Services, Office of Developmental Disabilities Services
Amanda Yanez, MPA	Division of TennCare – LTSS (Tennessee)

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Overview of the HCBS Quality Measure Set

Background: The HCBS Quality Measure Set

- **In 2022, the Centers for Medicare & Medicaid Services (CMS) released the first official HCBS Quality Measure Set for voluntary use.**

- **The HCBS Quality Measure Set is a set of nationally standardized quality measures for Medicaid-covered HCBS that:**
  - **Promotes common and consistent use of nationally standardized measures within and across states.**
  - **Creates opportunities for CMS and states to have comparative quality data on HCBS programs.**
  - **Drives improvement in quality of care and outcomes for people receiving HCBS.**

- **Implementing an effective quality measures reporting program includes periodically reassessing the measures.**
  - **Changes in regulatory guidance or experience with reporting and performance rates may warrant modifying the measure set.**

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Overview of the 2024 HCBS Quality Measure Set

- **CMS published an updated 2024 HCBS Quality Measure Set that includes 65 nationally standardized quality measures for Medicaid-funded HCBS.**

  - **CMS also released a CMCS Informational Bulletin (CIB) that requires states and territories with Money Follows the Person (MFP) Demonstration grants to report on a subset of mandatory measures from the HCBS Quality Measure Set beginning in the fall of 2026.**

- **The HCBS Quality Measure Set includes the following experience of care (EOC) surveys to assess the EOC of all the major population groups receiving Medicaid-covered HCBS:**

  - **HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®);**

  - **National Core Indicators®-Intellectual and Developmental Disabilities (NCI®-IDD);**

  - **National Core Indicators-Aging and Disability (NCI-AD)™; and**

  - **Personal Outcome Measures (POM)®.**

Source: CIB - HCBS Quality Measure Set Reporting Requirements for MFP Demonstration Grant Recipients.

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Approach to Measure Review and Voting

Role of the Workgroup in Strengthening the HCBS Quality Measure Set

- The 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 for state reporting in 2028 (referred to as the "2028 HCBS Quality Measure Set").

- The Workgroup must first determine whether a measure is feasible for state Medicaid HCBS program reporting and that it strikes an appropriate balance between the desirability and viability of measures for state-level quality measurement and improvement.

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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 *(1/2)*

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 stratification categories used in other CMS programs. Considerations could include a lack of adequate sample and population sizes or lack of available data in the required data source(s).

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Criteria for Assessing Measures for Removal *(2/2)*

Actionability and Strategic Priority (continued)
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).
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 (1/3)

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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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 stratification categories used in other CMS programs. 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 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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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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Voting Process

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

- **Voting will take place by domain after Workgroup discussion and public comment. Voting is open to Workgroup members only.**
  - **For each domain, we will have two rounds of voting (as applicable): first for the measures that have been suggested for removal, and then for the measures that have been suggested for addition.**

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Questions from Workgroup Members

Practice Voting

Practice Vote #1

- **What is your favorite season?**
  - **Fall**
  - **Winter**
  - **Spring**
  - **Summer**

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Measure Discussion and Voting

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 (NQF) 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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Measure Domains

Domain[1]	Current Measures	Suggested for Removal	Suggested for Addition
Choice and Control	9	0	9
Consumer Leadership and Development	0	0	1
System Performance and Accountability[2]	3	1	1
Service Delivery and Effectiveness[3]	11	2	1
Person-Centered Planning and Coordination	9	3	0
Community Inclusion[4]	10	1	5
Access and Resource Allocation	3	2	0
Holistic Health and Functioning	12	3	3
Human and Legal Rights	8	3	4

[1] These domains were adapted from the National Quality Forum HCBS Quality Measure Framework. One domain in that framework (Caregiver Support) is not included in this list, as there are no measures currently in the HCBS Quality Measure Set, suggested for addition, or suggested for removal that fall into that domain.
[2] System Performance and Accountability includes rebalancing measures.
[3] Service Delivery and Effectiveness includes workforce measures.
[4] Community Inclusion includes measures of employment, non-medical transportation, social connectedness and relationships, and community participation.

Domain: Choice and Control

Measures Suggested for Addition

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
4. NCI-IDD: The Percentage of People Who Report That There Are Rules About Having Friends or Visitors at Home
5. NCI-IDD: The Percentage of People Reported to Be Using a Self-Directed Supports Option
6. NCI-IDD: The Percentage of People Who Report Staff Do Things the Way They Want Them Done
7. NCI-IDD: The Percentage of People Who Report That They Know Whom to Talk to if They Want to Change Services
8. RTC/OM: Personal Choices and Goals – Self-Determination Index
9. RTC/OM: Services and Supports – Self-Determination Index

NOTE: No measures in this domain were suggested for removal.

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

Addition #1: NCI-AD: Percentage of People in Group Settings Who Are Able to Choose Their Roommate

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
Data collection method	Survey
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.
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.

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Addition #2: NCI-AD: Percentage of People in Group Settings Who Are Able to Furnish and Decorate Their Room However 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 furnish and decorate your room however you want to?
Measure steward	ADvancing States, Human Services Research Institute (HSRI)
Measure type	Outcome
Data collection method	Survey
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.
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.

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Addition #3: NCI-AD: Percentage of People in Group Settings Who Are Able to Lock the Door to Their Room

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
Data collection method	Survey
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.
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.

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Addition #4: NCI-IDD: The Percentage of People Who Report That There Are Rules About Having Friends or Visitors at Home

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
Data collection method	Survey
Denominator	Number of people who provided a valid response to this question and meet all survey eligibility requirements.
Numerator	The number of respondents who indicated the most positive response to the question (lower rates are better).
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.

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Addition #5: NCI-IDD: The Percentage of People Reported to Be Using a Self-Directed Supports Option

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
Data collection method	Survey
Denominator	Number of people who provided a valid response to this question and meet all survey eligibility requirements.
Numerator	The number of people reported to use a self-directed support option.
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.1

[1] The NCI-IDD survey measure was removed from the 2026 Adult Core Set because of its inclusion in the HCBS Quality Measure Set to minimize duplication across measure sets and reduce state burden.

Addition #6: NCI-IDD: The Percentage of People Who Report Staff Do Things the Way They Want Them Done

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
Data collection method	Survey
Denominator	Number of people who provided a valid response to this question and meet all survey eligibility requirements.
Numerator	The number of respondents who report "Yes" to the question.
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.[1]

[1] The NCI-IDD survey measure was removed from the 2026 Adult Core Set because of its inclusion in the HCBS Quality Measure Set to minimize duplication across measure sets and reduce state burden.

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Addition #7: NCI-IDD: The Percentage of People Who Report That They Know Whom to Talk to if They Want to Change Services

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
Data collection method	Survey
Denominator	Number of people who provided a valid response to this question and meet all survey eligibility requirements.
Numerator	The number of respondents who report "Yes" to the question.
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.[1]

[1] The NCI-IDD survey measure was removed from the 2026 Adult Core Set because of its inclusion in the HCBS Quality Measure Set to minimize duplication across measure sets and reduce state burden.

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Addition #8: RTC/OM: Personal Choices and Goals – Self-Determination Index

Description	The *Personal Choices and Goals – Self-Determination Index* measure is the first 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. The Self-Determination Index determines: (a) the level of personal control a participant exercises, (b) the degree to which this is consistent with the level of control they desire to exercise, and (c) the level of importance they assign to having control over each area. A participant's composite score on the measure is derived from a combined total score across 21 questions on the survey. The measure questions and scoring methodology are in the Measure Information Sheet.
Measure steward	Institute on Community Integration (ICI) - University of Minnesota, Twin Cities
Measure type	Outcome
Data collection method	Survey
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services.[1]
Numerator	Number of survey respondents with a score in the interquartile range of 41-106 (out of a total range of 7-140).
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.

[1] 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 section 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.

Addition #9: RTC/OM: Services and Supports – Self-Determination Index

Description	The *Services and Supports – Self-Determination Index* measure is the second 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. The Self-Determination Index determines: (a) the level of personal control a participant exercises, (b) the degree to which this is consistent with the level of control they desire to exercise, and (c) the level of importance they assign to having control over each area. A participant's composite score on the measure is derived from a combined total score across 15 questions on the survey. The measure questions and scoring methodology are in the Measure Information Sheet.
Measure steward	Institute on Community Integration (ICI) - University of Minnesota, Twin Cities
Measure type	Outcome
Data collection method	Survey
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services.[1]
Numerator	Number of survey respondents with a score in the interquartile range of 29-76 (out of a total range of 5–100).
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.

[1] 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 section 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.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Additions: Measure Vote #1

Should the *NCI-AD: Percentage of People in Group Settings Who Are Able to Choose Their Roommate* measure be added to the HCBS Quality Measure Set?

- 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.

Additions: Measure Vote #2

Should the *NCI-AD: Percentage of People in Group Settings Who Are Able to Furnish and Decorate Their Room However They Want To* measure be added to the HCBS Quality Measure Set?

- 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.

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Additions: Measure Vote #3

Should the *NCI-AD: Percentage of People in Group Settings Who Are Able to Lock the Door to Their Room* measure be added to the HCBS Quality Measure Set?

- 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.

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Additions: Measure Vote #4

Should the *NCI-IDD: The Percentage of People Who Report That There Are Rules About Having Friends or Visitors at Home* **measure be added to the HCBS Quality Measure Set?**

- 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.

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Additions: Measure Vote #5

Should the *NCI-IDD: The Percentage of People Reported to Be Using a Self-Directed Supports Option* **measure be added to the HCBS Quality Measure Set?**

- 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.

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Additions: Measure Vote #6

Should the *NCI-IDD: The Percentage of People Who Report Staff Do Things the Way They Want Them Done* **measure be added to the HCBS Quality Measure Set?**

- 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.

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Additions: Measure Vote #7

Should the *NCI-IDD: The Percentage of People Who Report That They Know Whom to Talk to if They Want to Change Services* **measure be added to the HCBS Quality Measure Set?**

- 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.

Additions: Measure Vote #8

Should the *RTC/OM: Personal Choices and Goals - Self-Determination Index* measure be added to the HCBS Quality Measure Set?

- 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.

Additions: Measure Vote #9

Should the *RTC/OM: Services and Supports - Self-Determination Index* measure be added to the HCBS Quality Measure Set?

- **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.**

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Break

Domain: Consumer Leadership and Development

Measure Suggested for Addition

1. RTC/OM: System Supports Meaningful Consumer Involvement

NOTE: No measures in this domain were suggested for removal.

RTC/OM = Research and Training Center on HCBS Outcome Measurement.

Addition #1: RTC/OM: System Supports Meaningful Consumer Involvement

Description	The *System Supports Meaningful Consumer Involvement* 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. A participant's composite score on the measure is derived from a combined total score across 10 questions on the survey. The measure questions and scoring methodology are in the Measure Information Sheet.
Measure steward	Institute on Community Integration (ICI) - University of Minnesota, Twin Cities
Measure type	Outcome
Data collection method	Survey
Denominator	Adults 18 years of age or older who are currently receiving HCBS or HCBS-like services. [1]
Numerator	Number of survey respondents with a score in the interquartile range of 8-22 (out of a total range of 0-30).
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.

[1] 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 section 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.

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Workgroup Member Discussion

Opportunity for Public Comment

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Vote on Measures

Additions: Measure Vote #1

Should the *RTC/OM: System Supports Meaningful Consumer Involvement* measure be added to the HCBS Quality Measure Set?

- **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.**

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Domain: System Performance and Accountability[1]

Measure Suggested for Removal

1. FFS LTSS/MLTSS-7: Minimizing Facility Length of Stay

Measure Suggested for Addition

1. Health Plan CAHPS: Health Plan Satisfaction

[1] System performance and accountability includes measures of rebalancing.
FFS LTSS/MLTSS = Fee-for-service Long Term Services and Supports/Managed Long Term Services and Supports; CAHPS = Consumer Assessment of Healthcare Providers and Systems.

Removal #1: FFS LTSS/MLTSS-7: Minimizing Facility Length of Stay

Description	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. 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.
Measure steward	The Centers for Medicare & Medicaid Services (CMS)
Measure type	Outcome
If the measure is removed, does it leave a gap?	Response 1: Removing the measure would not leave a gap in the HCBS Quality Measure Set, as this measure assesses aspects of service delivery that are outside the influence of Medicaid programs and providers. Response 2: Removal of this measure would not leave a gap in the HCBS Quality Measure Set.
Is there another related measure in the HCBS Quality Measure Set?	One individual who suggested this measure noted that the *Successful Transition after Long-Term Facility Stay* measure (MLTSS-8/FFS LTSS-8) more appropriately assesses plans' and states' ability to provide the care coordination and services to ensure individuals are appropriately served in the community.
Data collection method	Administrative
Denominator	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.

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Addition #1: Health Plan CAHPS: Health Plan Satisfaction

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
Data collection method	Survey
Denominator	The number of people who provided a response of 0 to 10 to the question.
Numerator	The percentage of respondents who provided a response of 10 to the question.
Use in other federal programs	Medicaid and CHIP Child Core Set and Medicaid Adult Core Set[1]

[1] The Child Core Set includes CAHPS Health Plan Survey 5.1H – Child Version including Medicaid and Children with Chronic Conditions Supplemental Items. The Adult Core Set includes CAHPS Health Plan Survey 5.1H – Adult Version (Medicaid).

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Workgroup Member Discussion

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Opportunity for Public Comment

Vote on Measures

Removals: Measure Vote #1

Should the *FFS LTSS/MLTSS-7: Minimizing Facility Length of Stay* measure be removed from the HCBS Quality Measure Set?

- 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.

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Additions: Measure Vote #1

Should the *Health Plan CAHPS: Health Plan Satisfaction* measure be added to the HCBS Quality Measure Set?

- **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.**

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Break

Domain: Service Delivery and Effectiveness[1]

Measures Suggested for Removal

1. HCBS CAHPS®: Staff Listen and Communicate Well

2. NCI-AD: Percentage of People Who Had Adequate Follow-Up After Being Discharged from a Hospital or Rehabilitation/Nursing Facility

Measure Suggested for Addition

1. NCI-AD: Percentage of People Who Know Whom to Contact if They Have a Complaint About their Services

[1] Service delivery and effectiveness includes workforce measures.
HCBS CAHPS = Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems; NCI-AD = National Core Indicators-Aging and Disability.

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Removal #1: HCBS CAHPS: Staff Listen and Communicate Well

Description	HCBS CAHPS: Staff Listen and Communicate Well is a composite measure that evaluates the quality of communication between a participant and the staff providing HCBS. A participant's composite score on the measure is derived from a combined total score across the 11 questions on the survey. HCBS CAHPS Survey is for Medicaid HCBS participants 18 years of age and older.
Measure steward	The Centers for Medicare & Medicaid Services (CMS)
Measure type	Experience of Care
If the measure is removed, does it leave a gap?	The individuals who suggested the measure indicated that removing the measure would not leave a gap in the HCBS Quality Measure Set.
Is there another related measure in the HCBS Quality Measure Set?	NCI-AD: Percentage of non-English speaking participants who receive information about their services in the language they prefer[1] NCI-AD: Percentage of people whose support staff do things the way they want them done
Data collection method	Survey
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. For the 11 questions in the measure, the measure score is calculated by averaging the proportions for each question (respondents who gave the most positive answer divided by the total number of respondents who answered the question).

[1] This measure was also suggested for removal from the HCBS Quality Measure Set.

Removal #2: 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?	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.
Is there another related measure in the HCBS Quality Measure Set?	No
Data collection method	Survey
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.

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Addition #1: NCI-AD: Percentage of People Who Know Whom to Contact if They Have a Complaint About Their Services

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
Data collection method	Survey
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.
Use in other federal programs	No other programs listed in CMS's Measure Inventory Tool.

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Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Removals: Measure Vote #1

Should the *HCBS CAHPS: Staff Listen and Communicate Well* measure be removed from the HCBS Quality Measure Set?

- 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.

Removals: Measure Vote #2

Should the *NCI-AD: Percentage of People Who Had Adequate Follow-Up After Being Discharged from a Hospital or Rehabilitation/Nursing Facility* measure be removed from the HCBS Quality Measure Set?

- 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.

Additions: Measure Vote #1

Should the *NCI-AD: Percentage of People Who Know Whom to Contact if They Have a Complaint About Their Services* measure be added to the HCBS Quality Measure Set?

- **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.**

Domain: Person-Centered Planning and Coordination

Measures Suggested for Removal

1. FFS LTSS/MLTSS-1: Comprehensive Assessment and Update

2. FFS LTSS/MLTSS-2: Comprehensive Person-Centered Plan and Update

3. FFS LTSS/MLTSS-3: Shared Person-Centered Plan with Primary Care Provider

NOTE: No measures in this domain were suggested for addition.

FFS LTSS/MLTSS = Fee-for-service Long Term Services and Supports/Managed Long Term Services and Supports.

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Removal #1: FFS LTSS/MLTSS-1: Comprehensive Assessment and Update *(1/2)*

Description	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. 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
Measure steward	The Centers for Medicare & Medicaid Services (CMS)
Measure type	Process
If the measure is removed, does it leave a gap?	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.
Is there another related measure in the HCBS Quality Measure Set?	No
Data collection method	Case Management Record. Administrative data may be needed to identify the sample of participants specified in this measure.

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Denominator	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.
Numerator	The measure reports two numerators. **Rate 1: Assessment of Core Elements.** The number of participants receiving Medicaid FFS LTSS or MLTSS who had *either* of the following: • **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. **Rate 2: Assessment of Supplemental Elements.** The number of Medicaid FFS LTSS or MLTSS participants who had *either* of the following: • **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.

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Description	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. 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.
Measure steward	The Centers for Medicare & Medicaid Services (CMS)
Measure type	Process
If the measure is removed, does it leave a gap?	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.
Is there another related measure in the HCBS Quality Measure Set?	No
Data collection method	Case Management Record. Administrative data may be needed to identify the sample of participants specified in this measure.

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Removal #2: FFS LTSS/MLTSS-2: Comprehensive Person-Centered Plan and Update *(2/2)*

Denominator	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.
Numerator	The measure reports two numerators. **Rate 1: Assessment of Core Elements.** The number of participants receiving Medicaid FFS LTSS or MLTSS who had *either* of the following: • **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. **Rate 2: Assessment of Supplemental Elements.** The number of Medicaid FFS LTSS or MLTSS participants who had *either* of the following: • **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.

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Description	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. 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.
Measure steward	The Centers for Medicare & Medicaid Services (CMS)
Measure type	Process
If the measure is removed, does it leave a gap?	Response 1: 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. Response 2: Removal of 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.
Is there another related measure in the HCBS Quality Measure Set?	No
Data collection method	Case Management Record. Administrative data may be needed to identify the sample of participants specified in this measure.

Removal #3: FFS LTSS/MLTSS-3: Shared Person-Centered Plan with Primary Care Provider *(2/2)*

Denominator	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.
Numerator	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). 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. Evidence of person-centered plan transmission includes 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.

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Workgroup Member Discussion

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Opportunity for Public Comment

Vote on Measures

Removals: Measure Vote #1

Should the *FFS LTSS/MLTSS-1: Comprehensive Assessment and Update* measure be removed from the HCBS Quality Measure Set?

- **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.**

Removals: Measure Vote #2

Should the *FFS LTSS/MLTSS-2: Comprehensive Person-Centered Plan and Update* measure be removed from the HCBS Quality Measure Set?

- **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.**

Removals: Measure Vote #3

Should the *FFS LTSS/MLTSS-3: Shared Person-Centered Plan with Primary Care Provider* measure be removed from the HCBS Quality Measure Set?

- **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.**

Preview of Day 2 and Wrap-up

Agenda for Day 2

- **Discuss measure suggestions in remaining domains**
  - **Community Inclusion**
  - **Access and Resource Allocation**
  - **Holistic Health and Functioning**
  - **Human and Legal Rights**
  - **Person-Centered Planning and Coordination**

- **Discussion of gaps**

- **Public comment**

- **Next steps and wrap-up**

Preview of Workgroup Discussion of Gap Areas

- **Gap Areas: What are the gap areas in the current HCBS Quality Measure Set that could be addressed by the Public Call for Measures to strengthen and improve the HCBS Quality Measure Set?**

  - **Round robin with Workgroup members: Mention one gap area or plus-one a gap area mentioned by another Workgroup member**

- **Opportunity for public comment after the Workgroup discussion**

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Co-Chair Wrap-Up Remarks

ShaRhonda Sly
Ohio Department of Medicaid

Thank you for participating in Day 1 of the HCBS Quality Measure Set Review!

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