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Home and Community-Based Services (HCBS) Quality Measure Set Review:

Supplementary Materials for the Call for Measures

September 2026

Contents

Instructions for Suggesting Measures for Addition or Removal

The Home and Community-Based Services (HCBS) Quality Measure Set is a set of nationally standardized quality measures for Medicaid-covered HCBS. It is intended to promote more common and consistent use within and across states of nationally standardized quality measures in HCBS programs, create opportunities for the Centers for Medicare & Medicaid Services (CMS) and states to have comparative quality data on HCBS programs, drive improvement in quality of care and outcomes for people receiving HCBS, and support states' efforts to improve the health outcomes for Medicaid beneficiaries receiving HCBS.

On behalf of CMS, Mathematica is issuing a Call for Measures as part of CMS's process to make updates to the HCBS Quality Measure Set. Anyone can suggest measures for addition to or removal from the HCBS Quality Measure Set. Measures suggested for addition to or removal from the HCBS Quality Measure Set will be considered by CMS in finalizing the 2030 HCBS Quality Measure Set. CMS will update the HCBS Quality Measure Set based on Workgroup recommendations, along with other sources of input. The proposed 2028 HCBS Quality Measure Set is currently posted in the Federal Register for public comment before it will be finalized.

CMS seeks to maintain a balanced and parsimonious HCBS Quality Measure Set that supports meaningful quality measurement across the major populations served by state HCBS programs. Measures suggested for addition or removal will be considered in the context of the overall composition of the measure set, rather than in isolation. Survey-based measures suggested for removal will be considered **together with comparable measures from other surveys** in the HCBS Quality Measure Set to ensure alignment across survey options. Survey-based measures suggested for addition will similarly be considered **together with comparable, survey-based measures** within survey instruments currently included in the HCBS Quality Measure Set. When suggesting measures for addition or removal, submitters should identify any comparable measures available in other survey instruments currently included in the HCBS Quality Measure Set (if applicable) and explain how the addition or removal could affect domain coverage, population coverage, and reporting burden.

Submission Process

The Call for Measures will be conducted via an online form. All suggestions for adding or removing measures must be submitted using the forms linked below. Separate forms must be submitted for each measure.

- **Form to Suggest a Measure for Addition:** https://mathematica.questionprogov.com/HCBSQMS2030Additions
- **Form to Suggest a Measure for Removal:** https://mathematica.questionprogov.com/HCBSQMS2030Removals

After submitting a form, you will receive a confirmation email with your recorded responses. If you cannot locate this email, please contact us to confirm your submission was received.

All measure suggestion forms must be submitted by 8 PM ET on Wednesday, October 21, 2026, in order to be considered for the 2030 review cycle.

If you have questions about the process for submitting measure suggestions, you can email the Mathematica team at HCBSQMSReview@mathematica-mpr.com.

Criteria for Suggesting Measures

When considering measures for addition or removal, please note the following criteria used to assess measure suggestions. This information should inform your measure suggestion and will inform discussions by the HCBS Quality Measure Set Review Workgroup.

Table 1. Criteria for Suggesting Measures for Addition

Technical Feasibility (ALL criteria must be met for a measure to be discussed at the Voting Meeting)	
☐	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.)
☐	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.)
☐	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.)
☐	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.)
☐	The measure must include technical specifications (including code sets) that are provided free of charge for state use in the HCBS Quality Measure Set.
Actionability	
☐	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, can be used to improve 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.
☐	The measure addresses the improvement of service delivery and outcomes in Medicaid HCBS programs (e.g., it addresses the most pressing needs of beneficiaries receiving HCBS).
☐	The measure can be stratified by the required stratification categories included in the reporting guidance in the Federal Register, taking into account phased implementation of the stratification requirements Considerations could include a lack of adequate sample and population sizes or lack of available data in the required data source(s).
☐	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).
☐	The measure aligns with priorities that are important for and important to Medicaid beneficiaries receiving HCBS.
☐	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.
Other Considerations	
☐	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.
☐	The measure and measure specifications are aligned with those used in other CMS programs, where possible.
☐	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.
☐	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.
☐	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.

Table 2. Criteria for Suggesting Measures for Removal

Technical Feasibility	
☐	The measure is being retired by the measure steward and will no longer be updated or maintained.
☐	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, and value sets).
☐	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).
☐	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	
☐	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.
☐	The measure does not address the improvement of service delivery and outcomes in Medicaid HCBS programs (e.g., it does not address the most pressing needs of Medicaid beneficiaries receiving HCBS).
☐	The measure cannot be stratified by the required stratification categories included in the reporting guidance in the Federal Register. Considerations could include a lack of adequate sample and population sizes or lack of available data in the required data source(s).
☐	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).
☐	Improvement on the measure is outside the direct influence of Medicaid HCBS programs/providers.
☐	The measure no longer aligns with priorities that are important for and important to Medicaid beneficiaries receiving HCBS.
☐	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	
☐	The measure does not produce reliable and meaningful state-level results, given Medicaid HCBS population sizes and demographics.
☐	The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
☐	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.
☐	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.

For More Information

If you have questions about the Call for Measures or any technical difficulties with the forms, please contact us at HCBSQMSReview@mathematica-mpr.com.

Priority Gaps in the HCBS Quality Measure Set

As you think about measures to suggest for addition to the 2030 HCBS Quality Measure Set, please consider how a measure might address one or more of the priority gaps noted by CMS and in the 2028 Workgroup discussion. Table 3 summarizes priority gaps that were discussed by Workgroup members during the 2028 HCBS Quality Measure Set Review voting meeting. Please also review the criteria for suggesting measures for addition (included in this packet) and keep in mind the elements of technical feasibility and appropriateness, actionability, and other considerations when deciding to suggest a measure for addition to the 2030 HCBS Quality Measure Set.

Table 3. Priority gaps discussed by 2028 HCBS Quality Measure Set Review Workgroup

Priority Gaps
• Measures specified for children receiving HCBS • Measures of support for individuals who care for beneficiaries receiving HCBS • Health outcome measures for individuals with complex medical needs • Employment measures • Successful community transition measures • Comparable survey-based measures for all HCBS populations

Measures Discussed by the 2028 HCBS Quality Measure Set Review Workgroup

This resource identifies measures discussed during the 2028 HCBS Quality Measure Set Workgroup Review to inform the public Call for Measures for the 2030 HCBS Quality Measure Set Review. Please review this resource prior to suggesting a measure for addition to, or removal from, the HCBS Quality Measure Set. If the measure has been discussed by the Workgroup previously, refer to the applicable Measure Information Sheet for background on the measure and to the Final Report from the 2028 review for a summary of the discussion and recommendation.

The Measure Information Sheets and Final Report are available on the HCBS Quality Measure Set Review webpage in the archive for the 2028 review.

- Table 4 shows 2028 HCBS Quality Measure Set measures that the Workgroup previously discussed for removal, including (1) measures that were recommended by the Workgroup for removal and proposed for removal by CMS, (2) measures that were recommended by the Workgroup for removal and proposed for retention by CMS and (3) measures that were discussed and not recommended for removal.
- Table 5 shows measures that the Workgroup previously discussed for addition that are not on the proposed 2028 HCBS Quality Measure Set, including (1) measures recommended for addition but not proposed for addition by CMS, and (2) measures that were not recommended for addition.
- Table 6 shows measures that were not discussed by the Workgroup due to lack of testing or use in Medicaid HCBS programs, or an incomplete submission by the measure submitter.

If you have any questions, please contact the mailbox at HCBSQMSReview@mathematica-mpr.com.

Table 4. 2028 HCBS Quality Measure Set Measures the Workgroup Previously Discussed for Removal

✱ Measure was recommended for removal by the Workgroup during this review.
X Measure was discussed but not recommended for removal by the Workgroup during this review.

Measure Name	2028 Review
Measures Discussed and Recommended by the Workgroup for Removal and Proposed for Removal by CMS	
LTSS-3: Shared Person-Centered Plan with Primary Care Provider	✱
Measures Discussed and Recommended by the Workgroup for Removal but Proposed for Retention by CMS	
LTSS-1: Comprehensive Assessment and Update	✱
LTSS-2: Comprehensive Person-Centered Plan and Update	✱
Measures Discussed but Not Recommended by the Workgroup for Removal	
LTSS-7: Minimizing Facility Length of Stay	X
HCBS CAHPS: Staff Listen and Communicate Well	X
HCBS CAHPS: Transportation to Medical Appointments Composite Measure	X
MLTSS: Plan All-Cause Readmissions (HEDIS)	X
NCI-AD: Percentage of People Who Are Ever Worried for the Security of Their Personal Belongings	X
NCI-AD: Percentage of People Who Feel Safe Around Their Support Staff	X
NCI-AD: Percentage of People with Concerns About Falling Who Had Someone Work with Them to Reduce Risk of Falls	X
NCI-AD: Percentage of People Who Know How to Manage Their Chronic Conditions	X
NCI-AD: Percentage of People Whose Money Was Taken or Used Without Their Permission in the Last 12 Months	X

Measure Name	2028 Review
NCI-AD: Percentage of Non-English Speaking Participants Who Receive Information About Their Services in the Language They Prefer	X
NCI-AD: Percentage of People Who Are Able to See or Talk to Their Friends and Family When They Want To	X
NCI-AD: Percentage of People who Had Adequate Follow-Up After Being Discharged from a Hospital or Rehabilitation/Nursing Facility	X

Table 5. Measures the Workgroup Previously Discussed for Addition That Are Not on the Proposed 2028 HCBS Quality Measure Set

✱ Measure was recommended for addition by the Workgroup during this review.
X Measure was discussed but not recommended for addition by the Workgroup during this review.

Measure Name	2028 Review
Measures Discussed and Recommended by the Workgroup for Addition but Not Proposed for Addition by CMS	
NCI-AD: Percentage of People Who Have Access to Mental Health Services If They Want Them	✱
NCI-AD: Percentage of People Who Know Whom to Contact If They Have a Complaint About Their Services	✱
NCI-AD: Percentage of People Who Have Needed Assistive Equipment and Devices	✱
NCI-IDD: The Percentage of People who Report that They Know Whom to Talk to if they Want to Change Services	✱
Measures Discussed but Not Recommended by the Workgroup for Addition	
Health Plan CAHPS: Health Plan Satisfaction	X
NCI-AD: Percentage of People in Group Settings Who Always Have Access to Food	X
NCI-AD: Percentage of People in Group Settings Who Are Able to Choose Their Roommate	X
NCI-AD: Percentage of People in Group Settings Who Are Able to Furnish and Decorate Their Room However They Want to	X
NCI-AD: Percentage of People in Group Settings Who Are Able to Lock the Door to Their Room	X
NCI-AD: Percentage of People Who Can Get an Appointment to See or Talk to Their Primary Care Doctor When They Need to	X
NCI-IDD: The Percentage of People Reported to Be Using a Self-Directed Supports Option	X
NCI-IDD: The Percentage of People who Report Staff Do Things the Way They Want Them Done	X
NCI-IDD: The Percentage of People who Report That There are Rules About Having Friends or Visitors at Home	X
RTC/OM: Experiences Seeking Employment	X
RTC/OM: Experiences Using Transportation	X
RTC/OM: Feelings of Safety Around Others	X
RTC/OM: Freedom from Experiences of Abuse and Neglect	X
RTC/OM: Job Experiences	X
RTC/OM: Knowledge of Abuse and Neglect and How to Report It	X
RTC/OM: Meaningful Activity	X
RTC/OM: Personal Choices and Goals – Self-Determination Index	X
RTC/OM: Services and Supports – Self-Determination Index	X

Measure Name	2028 Review
RTC/OM: Social Connectedness	X
RTC/OM: System Supports Meaningful Consumer Involvement	X

Table 6. Measures Suggested for Addition that Were Not Discussed by the Workgroup

- Measure was suggested for addition, but was not discussed by the Workgroup during this review.[a]

Measure Name	2028 Review
HCBS CAHPS: Supplemental Employment Module – Works for Pay	●
HCBS CAHPS: Supplemental Employment Module – Wants to Work for Pay	●
Money Follows the Person Quality of Life Survey	●
NCI-AD: Percentage of people who felt comfortable going home after being discharged from a hospital or rehab/nursing facility	●
Person-Centered Outcome Measurement Scale: Goal Achievement	●
Person-Centered Outcome Measurement Scale: Goal Follow-up	●
Person-Centered Outcome Measurement Scale: Goal Identification	●

Note: Mathematica established technical feasibility criteria to guide the HCBS Quality Measure Set Review Workgroup's consideration of measures for addition. To be considered, a measure must (1) be fully developed and include detailed technical specifications, such as numerator, denominator, and value sets, that enable consistent calculation at the state level; (2) have been tested in state Medicaid HCBS programs or be in use by one or more state Medicaid HCBS programs; (3) have an available data source or validated survey instrument containing all data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries receiving HCBS (or the ability to link to such an identifier); (4) support consistent calculation across states through standardized specifications and sufficiently complete and comparable data; and (5) include technical specifications, including code sets, that are available to states free of charge for use in the HCBS Quality Measure Set. In addition to technical feasibility, the Workgroup considers a measure's actionability and importance, including whether it supports assessment of HCBS service delivery and outcomes, addresses key priorities for Medicaid beneficiaries receiving HCBS, can be used for comparative analyses between Medicaid beneficiaries receiving HCBS, and fills an important gap or adds value within a parsimonious measure set. The Workgroup also considers additional factors such as measure prevalence, alignment with other CMS programs, implementation burden, feasibility of state reporting, and the availability and use of specified code sets by states.

[a] Measures were not discussed by the Workgroup due to lack of testing or use in Medicaid HCBS programs, or an incomplete submission by the measure submitter.

2028 Proposed HCBS Quality Measure Set by Measure Steward and Data Source

CMIT ID	Measure Steward	Measure Name	Data Source/Data Collection Method[a]
Mandatory Measures			
00095-01-C-LTSS	CMS	HCBS CAHPS: Choosing the Services that Matter to You Composite Measure (Q 56, 57)	Survey
00095-03-C-LTSS	CMS	HCBS CAHPS: Personal Safety & Respect Composite Measure (Q 64, 65, 68)	Survey
00095-04-C-LTSS	CMS	HCBS CAHPS: Physical Safety Single-Item Measure (Q 71)	Survey
00095-07-C-LTSS	CMS	HCBS CAHPS: Transportation to Medical Appointments Composite Measure (Q 59, 61, 62)	Survey
00960-01-C-LTSS (MLTSS-1) and 00960-02-C-LTSS (FFS LTSS-1)	CMS	LTSS-1: Long-Term Services and Supports Comprehensive Assessment and Update	Assessment/Case Management Record
00961-01-C-LTSS (MLTSS-2) and 00961-02-C-LTSS (FFS LTSS-2)	CMS	LTSS-2: Long-Term Services and Supports Comprehensive Person-Centered Plan and Update	Assessment/Case Management Record
00020-03-C-LTSS (FFS LTSS-6) and 00020-04-C-LTSS (MLTSS-6)	CMS	LTSS-6: Long-Term Services and Supports Admission to a Facility from the Community	Administrative Data
00968-01-C-LTSS (MLTSS-7) and 00968-01-C-LTSS (FFS LTSS-7	CMS	LTSS-7: Long-Term Services and Supports Minimizing Facility Length of Stay	Administrative Data
000414-03-C-LTSS (MLTSS-8) and 000414-04-C-LTSS (FFS LTSS-8	CMS	LTSS-8: Long-Term Services and Supports Successful Transition after Long-Term Facility Stay	Administrative Data
00457-05-C-MACS	ADvancing States, HSRI	NCI-AD: Percentage of People Who are as Active in Their Community as They Would Like to Be	Survey
00457-10-C-MACS	ADvancing States, HSRI	NCI-AD: Percentage of People Who Feel Safe Around Their Support Staff	Survey
00457-13-C-MACS	ADvancing States, HSRI	NCI-AD: Percentage of People Who Have Transportation to Get to Medical Appointments When They Need to	Survey
00457-14-C-MACS	ADvancing States, HSRI	NCI-AD: Percentage of People Who Have Transportation When They Want to Do Things Outside the Home	Survey
00457-17-C-MACS	ADvancing States, HSRI	NCI-AD: Percentage of People Whose Service Plan Includes Their Preferences and Choices	Survey
01823-07-C-LTSS	NASDDDS, HSRI	NCI-IDD PCP-5: Satisfaction with Community Inclusion Scale (The Proportion of People Who Report Satisfaction with the Level of Participation in Community-Inclusion Activities)	Survey
01823-03-C-MACS	NASDDDS, HSRI	NCI-IDD CI-1: Social Connectedness (The Proportion of People Who Report that They Do Not Feel Lonely Often)	Survey
01823-04-C-MACS	NASDDDS, HSRI	NCI-IDD CI-3: Transportation Availability Scale (The Proportion of People Who Report Adequate Transportation)	Survey

CMIT ID	Measure Steward	Measure Name	Data Source/Data Collection Method[a]
01823-05-C-LTSS	NASDDDS, HSRI	NCI-IDD HLR-1: Respect for Personal Space Scale (The Proportion of People Who Report that Their Personal Space is Respected in the Home)	Survey
01823-06-C-LTSS	NASDDDS, HSRI	NCI-IDD PCP 2: Person-Centered Goals (The Proportion of People Who Report their Service Plan Includes Things that are Important to Them)	Survey
01822-01-C-LTSS	CQL	POM: People are Free from Abuse and Neglect	Survey
01822-02-C-LTSS	CQL	POM: People Choose Services	Survey
01822-06-C-LTSS	CQL	POM: People Participate in the Life of the Community	Survey
01822-07-C-LTSS	CQL	POM: People Realize Personal Goals	Survey
Voluntary Measures			
00962-01-C-LTSS (MLTSS-4) and 00962-02-C-LTSS (FFS LTSS-4)	CMS	LTSS-4: Reassessment and Person-Centered Plan Update after Inpatient Discharge	Assessment/Case Management Record
01255-01-C-LTSS	CMS	MLTSS-5: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls	Assessment/Case Management Record
Varies	Varies	Any HCBS CAHPS, NCI-AD, NCI-IDD, or POM measure not included in the proposed list of mandatory measures	Survey

Source: Centers for Medicare & Medicaid Services, Medicaid Program; 2028 Medicaid Home and Community-Based Services Quality Measure Set, April 28, 2026. Available at https://www.federalregister.gov/documents/2026/04/28/2026-08190/medicaid-program-2028-medicaid-home-and-community-based-services-quality-measure-set.

[a] Technical specifications for these measures are available at https://www.federalregister.gov/documents/2026/04/28/2026-08190/medicaid-program-2028-medicaid-home-and-community-based-services-quality-measure-set.

CMIT = CMS Measure Inventory Tool; CMS = Centers for Medicare & Medicaid Services; CQL = Council on Quality and Leadership; HCBS = Home and Community-Based Services; HCBS CAHPS = HCBS Consumer Assessment of Healthcare Providers and Systems; HSRI = Human Services Research Institute; LTSS = long-term services and supports; MLTSS = managed long-term services and supports; N/A = not applicable; NASDDDS = National Association of State Directors of Developmental Disabilities Service; NCI-AD = National Core Indicators-Aging and Disabilities; NCI-IDD = National Core Indicators-Intellectual and Development Disabilities; POM = Personal Outcome Measures®.