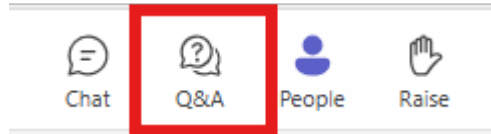


Review of the 2030 Home and Community-Based Services (HCBS) Quality Measure Set Review Workgroup

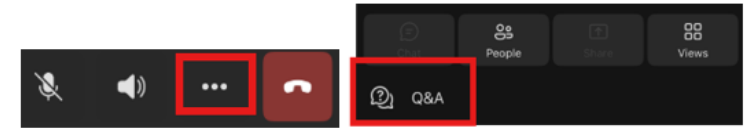
October 8, 2026

Technical Instructions

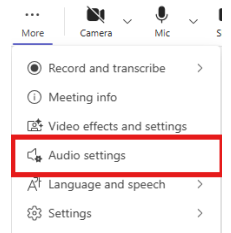
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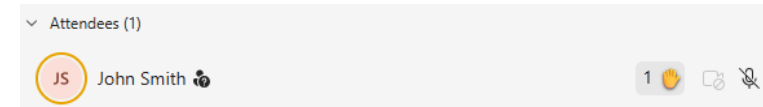
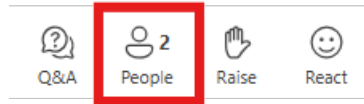
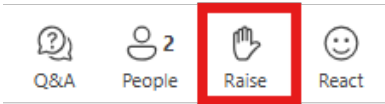


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 - Be sure to use the latest version of Teams or a supported browser.
 - Participants are encouraged to join 10-15 minutes early to test their speakers and microphone

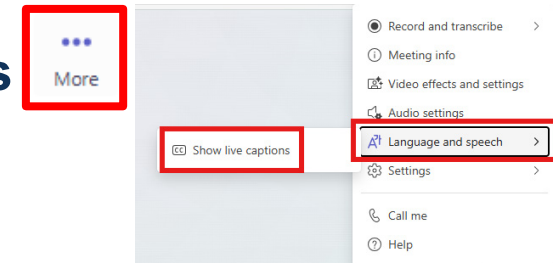


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- During the webinar, there will be opportunities for Workgroup member comments or public comment.
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Welcome, Introduction, and Workgroup Objectives

Meeting Objectives

- **Introduce the 2030 Home and Community-Based Services (HCBS) Quality Measure Set Workgroup.**
 - This year's review will focus on updates to the 2030 HCBS Quality Measure Set.
- **Describe the charge, timeline, and vision for the HCBS Quality Measure Set Review.**
- **Present the public Call for Measures process.**
- **Provide opportunity for questions.**

CMS Remarks

Melanie Brown

Technical Director

Division of Community Systems Transformation

Mathematica HCBS Quality Measure Set Review Team

- **Asmaa Albaroudi, Researcher**
- **Rosemary Borck, Principal Researcher**
- **Katerín Fernandez, Advisory Services Analyst**
- **Denesha Lafontant, Advisory Services Analyst**
- **Kathleen Shea, Senior Researcher**
- **Anna Synakh, Advisory Services Analyst**

2030 HCBS Quality Measure Set Review Workgroup (1/3)

Name	Organizational Affiliation
Co-Chair: Laney Bruner-Canhoto, PhD <i>Nominated by MassHealth Executive Office of Health and Human Services</i>	Massachusetts Department of Developmental Services
Co-Chair: ShaRhonda Sly, MSW	Ohio Department of Medicaid
Joseph Caldwell, PhD	Brandeis University Lurie Institute for Disability Policy
Lorin Chevalier <i>Nominated by TEAM Public Choices</i>	TEAM Public Choices
*Georgette Chukwuemeka	Arizona Health Care Cost Containment System
Tara Giberga, MBA, CPHQ <i>Nominated by Pennsylvania Department of Human Services</i>	Pennsylvania Department of Human Services, Office of Developmental Programs
Dennis Heaphy, DMin, MPH, MEd, MDiv	Disability Policy Consortium
*Ari Houser <i>Nominated by AARP Public Policy Institute</i>	AARP Public Policy Institute
Heleena Hufnagel, MBA	Health Care Authority of Washington

* New Workgroup member.

2030 HCBS Quality Measure Set Review Workgroup (2/3)

Name	Organizational Affiliation
Misty Jenkins, MA <i>Nominated by Mississippi Division of Medicaid</i>	Mississippi Division of Medicaid
Raina Josberger, MS	New York State Department of Health
Marci Kramer, MHA <i>Nominated by AmeriHealth Caritas</i>	AmeriHealth Caritas
Cathy Lerza	Kentucky Division of Developmental and Intellectual Disabilities
Eric Levey, MD <i>Nominated by American Academy of Pediatrics</i>	Health Services for Children with Special Needs
Morgan Loughmiller <i>Nominated by Kansas Department of Aging and Disability Services</i>	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
*Nicolette Reilly <i>Nominated by National Center for Assisted Living</i>	Oregon Health Care Association

* New Workgroup member.

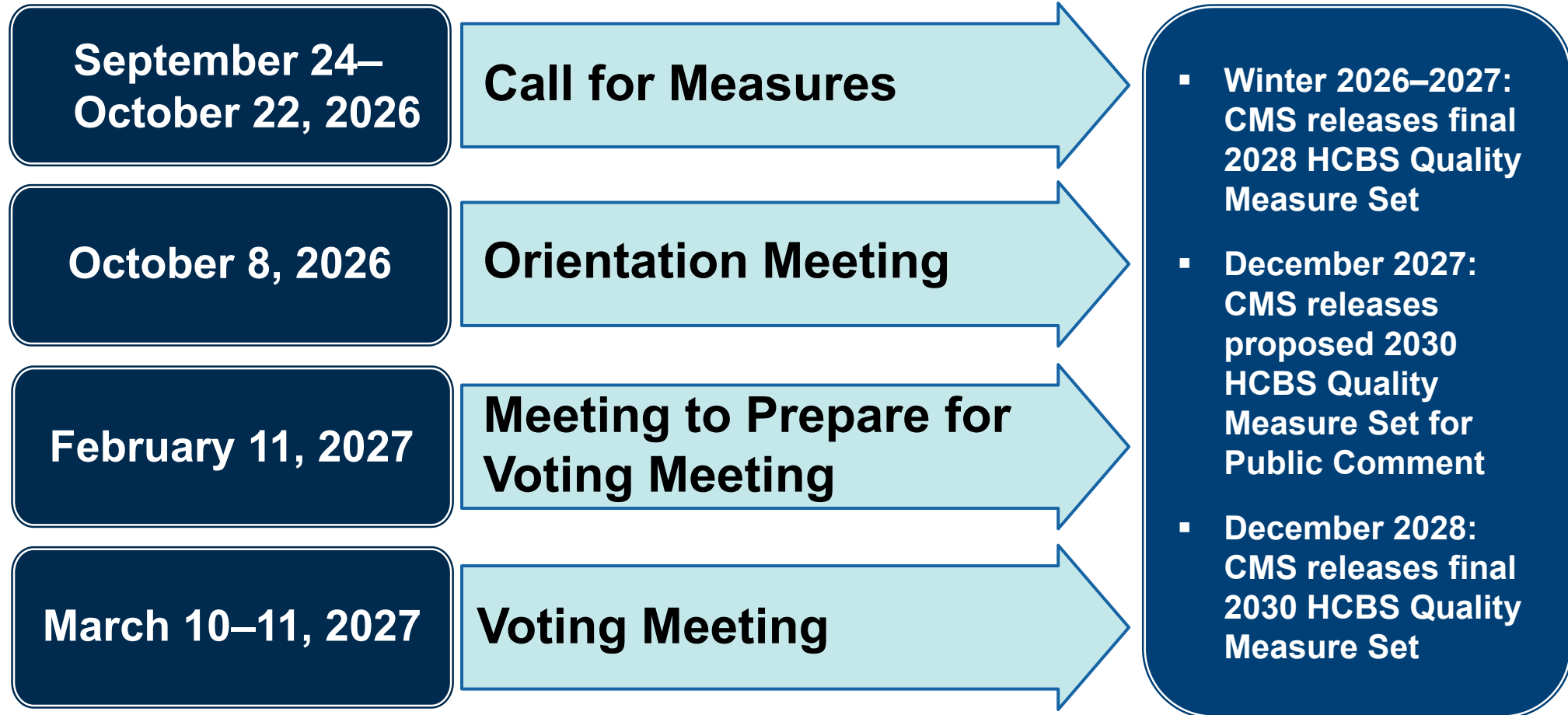
2030 HCBS Quality Measure Set Review Workgroup (3/3)

Name	Organizational Affiliation
Damon Terzaghi, MS	Home Care Association of America
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)

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.**
- **Workgroup members will review and update their Disclosure of Interest form before the Voting Meeting.**
- **Members deemed to have an interest in a measure recommended 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.**

2030 HCBS Quality Measure Set Review Milestones



All webinars and Workgroup meetings will be held virtually and are open to the public.

Background and Purpose of the HCBS Quality Measure Set Review Workgroup

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.
- CMS published an updated 2024 HCBS Quality Measure Set in April 2024 that included 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.

Overview of the Proposed 2028 HCBS Quality Measure Set

- **On April 28, 2026, CMS published a Federal Register notice proposing the 2028 Medicaid HCBS Quality Measure Set for public comment.**
 - Includes 23 mandatory measures and 2 voluntary measures.
 - States may also voluntarily report any HCBS CAHPS, NCI-AD, NCI-IDD, or POM measure not included in the proposed list of mandatory measures.
- **The proposed measure set includes the following experience of care (EOC) surveys to assess the experiences of all the major populations 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).
- **EOC measures are aligned across four key domains: community inclusion, person-centered care, safety, and transportation.**

Source: <https://www.federalregister.gov/d/2026-08190>.

Purpose of the HCBS Quality Measure Set Review

- 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.
- The [Ensuring Access to Medicaid Services final rule](#) requires states to report on the HCBS Quality Measure Set every other year and describes the process for updating and maintaining the measure set.
- Mathematica supports CMS by convening an independent HCBS Quality Measure Set Review Workgroup.
 - The Workgroup will review and identify gap areas in the proposed 2028 HCBS Quality Measure Set and recommend changes for improvement.

2030 HCBS Quality Measure Set Review Workgroup Charge

- The 2030 HCBS Quality Measure Set Review Workgroup is charged with assessing the proposed 2028 measure set and recommending measures for removal or addition to strengthen and improve the HCBS Quality Measure Set.
- The Workgroup should recommend measures that are feasible for state Medicaid HCBS program reporting, and that strike an appropriate balance between the desirability and viability of measures from the perspective of state-level quality measurement and improvement.
- The Workgroup should recommend removing measures that do not provide states and CMS with meaningful and actionable information about quality of care in Medicaid HCBS programs.

2028 Proposed HCBS Quality Measure Set (1/3)

CMIT ID	Measure Steward	Measure Name	Data Source/Data Collection Method
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
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

CI = Community Inclusion; CMIT = CMS Measure Information Tool; CMS = Centers for Medicare & Medicaid Services; CQL = Council on Quality and Leadership; FFS = fee-for-service; HCBS = Home and Community-Based Services; HCBS CAHPS = HCBS Consumer Assessment of Healthcare Providers and Systems; HLR = Human and Legal Rights; HSRI = Human Services Research Institute; LTSS = long-term services and supports; MLTSS = managed long-term services and supports; NASDDDS = National Association of State Directors of Developmental Disability Services; NCI-AD = National Core Indicators-Aging and Disabilities; NCI-IDD = National Core Indicators-Intellectual and Developmental Disabilities; PCP = Person-Centered Planning; POM = Personal Outcome Measures.

2028 Proposed HCBS Quality Measure Set (2/3)

CMIT ID	Measure Steward	Measure Name	Data Source/Data Collection Method
Mandatory Measures			
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
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

CI = Community Inclusion; CMIT = CMS Measure Information Tool; CMS = Centers for Medicare & Medicaid Services; CQL = Council on Quality and Leadership; FFS = fee-for-service; HCBS = Home and Community-Based Services; HCBS CAHPS = HCBS Consumer Assessment of Healthcare Providers and Systems; HLR = Human and Legal Rights; HSRI = Human Services Research Institute; LTSS = long-term services and supports; MLTSS = managed long-term services and supports; NASDDDS = National Association of State Directors of Developmental Disability Services; NCI-AD = National Core Indicators-Aging and Disabilities; NCI-IDD = National Core Indicators-Intellectual and Developmental Disabilities; PCP = Person-Centered Planning; POM = Personal Outcome Measures.

2028 Proposed HCBS Quality Measure Set (3/3)

CMIT ID	Measure Steward	Measure Name	Data Source/Data Collection Method
Mandatory Measures			
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

CI = Community Inclusion; CMIT = CMS Measure Information Tool; CMS = Centers for Medicare & Medicaid Services; CQL = Council on Quality and Leadership; FFS = fee-for-service; HCBS = Home and Community-Based Services; HCBS CAHPS = HCBS Consumer Assessment of Healthcare Providers and Systems; HLR = Human and Legal Rights; HSRI = Human Services Research Institute; LTSS = long-term services and supports; MLTSS = managed long-term services and supports; NASDDDS = National Association of State Directors of Developmental Disability Services; NCI-AD = National Core Indicators-Aging and Disabilities; NCI-IDD = National Core Indicators-Intellectual and Developmental Disabilities; PCP = Person-Centered Planning; POM = Personal Outcome Measures.

Preparing for the Workgroup Review

Public Call for Measures

- On behalf of CMS, Mathematica issued a public Call for Measures as part of CMS's process to make updates to 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 may update the HCBS Quality Measure Set based on Workgroup recommendations and other sources of input.
 - The proposed 2030 HCBS Quality Measure Set will be posted for public comment before it is finalized.

Criteria for Suggesting Measures

- As part of the public Call for Measures, individuals are asked to consider criteria in three areas when suggesting measures for addition to or removal from the HCBS Quality Measure Set:
 - Technical Feasibility
 - Actionability and Strategic Priority
 - Other Considerations
- Only measures meeting minimum technical feasibility requirements will be discussed and voted on by the Workgroup at the Voting Meeting. These include:
 - Having detailed technical specifications, evidence of measure testing or use by state Medicaid HCBS programs, and a data source for consistent calculations across states.
- The full list of measure criteria is available in the [Supplementary Materials for the Call for Measures](#) on our website.

Criteria for Suggesting 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.

Minimum Technical Feasibility and Appropriateness

- | |
|---|
| 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. |

Criteria for Assessing Measures for Addition (2/3)

Actionability

- 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, 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.
- B2.** 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).
- B3.** 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).
- 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.

Criteria for Assessing Measures for Addition (3/3)

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.

Criteria for Assessing Measures for Removal (1/3)

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).

Criteria for Assessing Measures for Removal (2/3)

Actionability

- 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 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).
- B3.** 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).
- 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.

Criteria for Assessing Measures for Removal (3/3)

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.

Process and Resources for Suggesting Measures for Addition or Removal

Suggesting Measures for Addition or Removal

- Anyone may suggest measures for removal from or addition to the 2030 HCBS Quality Measure Set.
- Use the links below to suggest a measure for addition or removal.
 - Form to Suggest a Measure for Addition:
<https://mathematica.questionprogov.com/HCBSQMS2030Additions>
 - Form to Suggest a Measure for Removal:
<https://mathematica.questionprogov.com/HCBSQMS2030Removals>
- The Call for Measures opened on Thursday, September 24, 2026, and closes on **Thursday, October 22, 2026, at 8:00 PM ET.**
- The “2030 Resources” tab on the [HCBS Quality Measure Set website](#) contains helpful documents, including the Call for Measures Supplemental Materials packet and Word previews of the measure submission forms.

2030 Measure Submission Form: Measure(s) Suggested for Addition to the HCBS Quality Measure Set



2030 Measure Submission Form: Measure(s) Suggested for Addition to the Home and Community-Based Services (HCBS) Quality Measure Set

Instructions

1. **Only measures that meet the minimum technical feasibility criteria for addition to the 2030 HCBS Quality Measure Set will be considered.** The full list of the criteria for suggesting measures for addition to or removal from the 2030 HCBS Quality Measure Set is available in the 2030 Call for Measures Supplemental Materials Packet posted at <https://www.mathematica.org/features/hcbsqmsreview>.
2. A response is required for all questions that have an asterisk *.
3. All questions that have free text responses in the online form have character limits. Please spell out all abbreviations and define special terms at their first occurrence.
4. For check box fields, note whether the field is "select one" or "select all that apply." You can click on the box to place or remove the "X."
5. Note that if you are suggesting a new measure to replace an existing measure, you do not need to submit a separate measure removal form. Submit your rationale for the measure substitution using only the additions form.
6. Please include links to supporting documentation where relevant. If links are not available, you may submit supporting documentation as an attachment via email to HCBSQMSReview@mathematica-mpr.com. If submitting an attachment, the file name should indicate the related question number in the form.
7. Send any questions to HCBSQMSReview@mathematica-mpr.com with the subject line "Public Call for Measures."

START

[Save & Continue Later](#)

General Measure Submission Tips (1/2)

- **Measure submission forms are the foundation for the Measure Information Sheets that Workgroup members review to prepare for the Voting Meeting.**
 - Provide evidence to support your measure suggestion, including citations.
 - If the Workgroup considered the measure in the 2028 Review, explain why it should be reconsidered.
 - For measures suggested for addition, address the minimum technical feasibility criteria.
- **If you are suggesting a new measure to replace an existing HCBS Quality Measure Set measure, submit your rationale using the **additions** form only.**
- **Use the Word previews of the measure submission forms to ensure that you have all the required information.**

General Measure Submission Tips (2/2)

- **For survey-based measures, CMS seeks alignment across the survey instruments included in the HCBS Quality Measure Set.**
- **For survey-based measures suggested for addition: Submitters should identify and suggest comparable measures across all four survey instruments in the HCBS Quality Measure Set for Workgroup consideration.**
- **For survey-based measures suggested for removal: The Workgroup will consider the suggested measure along with comparable measures from the other survey instruments, including whether comparable measures should also be removed.**

Co-Chair Remarks

Laney Bruner-Canhoto

Massachusetts Department of Developmental Services

ShaRhonda Sly

Ohio Department of Medicaid

Questions from Workgroup Members and the Public

Next Steps and Resources

Next Steps (1/2)

- Anyone is invited to suggest measures to add to or remove from the 2030 HCBS Quality Measure Set.
- Measure suggestion forms must be received by **Thursday, October 22, 2026, at 8:00 PM ET.**
- Upcoming Workgroup meetings:
 - The Meeting to Prepare for the Voting Meeting will be held February 11, 2027, 1:00–2:00 PM ET.
 - The Voting Meeting will be held March 10–11, 2027, 11:00–5:00 PM ET.
 - All meetings will be held virtually and are open to the public.
- Meeting registration links are available at <https://mathematica.org/features/hcbsqmsreview>.

Next Steps (2/2)

- **When the Call for Measures closes, Mathematica will review measure submissions to assess whether they meet the technical feasibility criteria to be considered by the Workgroup.**
- **To facilitate the Workgroup's review, Mathematica will:**
 - Develop resources, including a Measure Information Sheet for each measure submission;
 - Engage with measure stewards to discuss technical specifications, as needed; and
 - Collaborate with measure nominators to resolve outstanding questions.
- **Measure Information Sheets will be posted publicly before the Voting Meeting.**

Workgroup Voting Meeting

- **On March 10–11, 2027, the Workgroup will meet to discuss and vote on each measure suggestion that meets the technical feasibility criteria for consideration.**
 - During the discussion, measure stewards will be invited to attend to answer questions about their measures. There will also be opportunities for public comment.
- **Following discussion of each measure, the Workgroup will vote on whether to recommend the measure be added to or removed from the HCBS Quality Measure Set.**
 - A measure must receive a two-thirds vote to be recommended by the Workgroup.
- **CMS will consider the Workgroup's recommendations in drafting the 2030 HCBS Quality Measure Set, which will be posted in the Federal Register for public comment.**

Questions

- If you have any questions about the Call for Measures process or the 2030 HCBS Quality Measure Set Review, please email the Mathematica HCBS Quality Measure Set Review Team at: HCBSQMSReview@mathematica-mpr.com.

Thank you for participating!