
2030 HCBS Quality Measure Set Review: Orientation Meeting for the 2030 Review Transcript

October 8, 2025, 1:00 – 2:00 PM ET

Kathleen Shea:

Hello, everyone. Welcome to the 2030 Home and Community-Based Services, or HCBS, Quality Measure Set Review Workgroup Orientation Meeting.

My name is Kathleen Shea, and I'm a senior researcher at Mathematica. On behalf of the Centers for Medicare and Medicaid Services, Mathematica is hosting this orientation meeting to introduce the Workgroup members and provide an overview of the 2030 HCBS Quality Measure Set review process. Whether you are listening to the meeting live or listening to the recording, thank you for joining us today. Before we get started, we want to cover a few technical instructions.

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If you experience technical issues during today's webinar, please send a message through the Q&A function. You can access Q&A from the meeting controls at the top of your screen. If you have issues speaking during public comments, please make sure you are not also muted on your device, headset, or phone. We recommend connecting with computer audio and using headphones to reduce echo. Call-in only users cannot make comments. Please make sure your audio is associated with your name and teams, and do not connect with computer and phone audio at the same time.

We also encourage participants to use the latest version of Teams or a supported browser and to join 10 to 15 minutes early for future meetings to test speakers and microphones.

During the webinar, there will be opportunities for Workgroup member comments and public comments. To make a comment, please use the "Raise Hand" feature. A hand icon will appear next to your name in the People panel. Please wait for a verbal cue before unmuting. After receiving the verbal cue, select the microphone button to unmute yourself. Please lower your hand when you've finished speaking. The Chat function is disabled for this webinar. Please submit questions using the Q&A function.

Closed captioning is available in Teams. Select "More" from the meeting controls. Choose "Language and Speech," and then select "Show live captions."

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Welcome again to the Orientation Meeting for the 2030 review Workgroup for the HCBS Quality Measure Set. We'll spend this next several minutes reviewing the meeting's objectives and introducing the Workgroup members.

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We have several objectives for this meeting.

First, I'll introduce the Workgroup members whose focus will be reviewing suggested changes for the 2030 HCBS Quality Measure Set.

Next, we will describe the charge, timeline, and purpose of the HCBS Quality Measure Set Review and provide background on the proposed 2028 HCBS Quality Measure Set that serves as the starting point for this review.

Third, I will walk through the public Call for Measures process, including the criteria for suggesting measures for addition or removal and resources available to submitters.

Finally, we will review next steps for the Workgroup and provide an opportunity for questions from Workgroup members and the public.

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Before we begin introductions, I'd like to turn it over to Melanie Brown, Technical Director from CMS's Division of Community Systems Transformation, to share remarks from CMS on the 2030 HCBS Quality Measure Set Review.

Melanie?

Melanie Brown:

Thanks, Kathleen.

Good afternoon and good morning, everyone. As Kathleen said, I'm Melanie Brown, Technical Director at CMS in the Center for Medicaid and CHIP Services, Medicaid Benefits and Health Programs Group. On behalf of CMS, I do want to welcome you to the Orientation Meeting for the 2030 HCBS Quality Measure Set Review Workgroup. Before we get into today's orientation, I'd like to take just a few minutes to provide some broader context for this year's review and how it fits within CMS's evolving approach to quality measurement.

As many of you are aware, the quality measurement landscape has changed considerably over the past decade with the development of new measures and emerging approaches aimed at reducing the burden associated with quality measurement and reporting. CMS has recognized these changes and recently introduced the Investing in Health Outcomes Quality Pledge centered on several core principles: prioritizing outcomes over process, rationalizing measure inventory, modernizing quality measurement toward digital approaches, and aligning financial accountability with outcome measures. To date, more than 30 states have joined the pledge and are developing action plans to implement these principles as they assess and strengthen their Medicaid quality strategy.

As a federal partner, CMS is also considering how these principles should inform our statutory and regulatory quality measurement activities, including how we maintain and strengthen the HCBS Quality Measure Set over time.

As you begin this review, we encourage you to keep the broader principles of the Investing in Health Outcomes quality pledge in mind as you consider the current HCBS Quality Measure Set and potential

recommendations for additions or removals. In particular, we ask you to consider whether the measure set is focused on measures that provide meaningful and actionable information about the quality of HCBS and the outcomes that matter to people receiving services while also being mindful of feasibility and measurement burden.

This review is an important opportunity to take a thoughtful look at the HCBS Quality Measure Set as a whole, where there may be important gaps, where measures may no longer be adding sufficient value, and where opportunities exist to strengthen the set while keeping it focused and parsimonious. Your expertise and perspective will be critical in helping CMS identify a measure set that supports meaningful quality improvement and reflects the priorities and experiences of people receiving Medicaid HCBS.

With that broader context in mind, I want to thank all of you for your willingness to contribute your time and expertise to this process. We greatly value your perspectives and look forward to your recommendations as the review moves forward.

With that, I'll turn it back over to Kathleen to continue with today's orientation.

Kathleen Shea:

Thank you, Melanie.

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I'd like to take a moment to acknowledge my colleagues at Mathematica who are a part of the HCBS Quality Measure Set Review Team: Asmaa Al-baroudi, Rosemary Borck, Katerin Fernandez, Denesha Lafontant, and Anna Synakh.

Thank you to the team.

Next slide.

I'm pleased to introduce the Workgroup for the 2030 HCBS Quality Measure Set Review. The Workgroup brings together individuals with a range of professional affiliations, backgrounds, and perspectives relevant to Medicaid HCBS quality measurement. In the interest of time today, we will not have a roll call. We are also pleased that Laney Bruner-Canhoto from the Massachusetts Department of Developmental Services and ShaRhonda Sly from the Ohio Department of Medicaid will continue to serve as our Workgroup co-chairs for the 2030 review.

We are also welcoming three new Workgroup members who are indicated with an asterisk before their name on the slides. This slide and the next two list Workgroup members and their professional organizational affiliations. Workgroup members participate in the review process as individuals and bring their own expertise to the discussion.

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The roster continues on this slide. A copy of the Workgroup roster is also available on our website.

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The Disclosure of Interest process is designed to support the integrity and public confidence of the HCBS Quality Measure Set Review Workgroup's activities, advice, and recommendations. All Workgroup members are required to disclose interests, relationships, or circumstances from the past four years that could give rise to a potential conflict of interest or the appearance of a conflict related to measures currently in the HCBS Quality Measure Set or measures reviewed during this 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 also be asked to disclose relevant interests, although a disclosure does not necessarily mean that a conflict exists.

I will now pass it to my colleague Asmaa Al-baroudi, who will review key milestones and provide background information on the HCBS Quality Measure Set.

Asmaa?

Asmaa Al-baroudi:

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Thanks, Kathleen.

I'd like to briefly review the key milestones for the 2030 review:

The public Call for Measures opened on September 24th, and will remain open through October 22, 2026.

Today, October 8th, we are convening the Workgroup for this Orientation Meeting.

On February 11, 2027, the Workgroup will reconvene for a Meeting to Prepare for the Voting Meeting. We will introduce the measures that will be considered and review the process the Workgroup will use to discuss and vote on recommendations.

The two-day Voting Meeting will be held March 10th and 11th, 2027.

In winter of 2026 through 2027, CMS plans to post the final 2028 HCBS Quality Measure Set.

CMS plans to release a proposed 2030 HCBS Quality Measure Set for public comment in December 2027 and post the final 2030 HCBS Quality Measure Set in December 2028.

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

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Next, we'll provide some background on the HCBS Quality Measure Set and the purpose and charge of the Workgroup.

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CMS released the first official HCBS Quality Measure Set in 2022 for voluntary use. The HCBS Quality Measure Set is a set of nationally standardized quality measures for Medicaid-covered HCBS. It is

intended to promote common and consistent use of standardized measures within and across states, create opportunities for CMS and states to have comparative quality data on HCBS programs, and drive improvement in quality of care and outcomes for people receiving HCBS.

CMS published an updated 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 requiring states and territories with Money Follows the Person Demonstration grants to report on a subset of mandatory measures from the HCBS Quality Measure Set beginning in fall 2026.

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On April 28, 2026, published a Federal Register notice proposing the 2028 Medicaid HCBS Quality Measure Set for public comment. The period of performance for each of these proposed measures differs slightly; but in general, measures that states must report in 2028 will be calculated based on services provided in 2026 and/or 2027.

The proposed set includes 23 mandatory measures and 2 voluntary measures including measures from four experience of care surveys: HCBS CAHPS, NCI-IDD NCI-AD, and personal outcomes measures. The experience of care measures are aligned across four key domains: community inclusion, person-centered care, safety, and transportation. Together these instruments are intended to assess the experiences of major populations receiving Medicaid-covered HCBS. States may voluntarily report any HCBS CAHPS, NCI-AD, NCI-IDD, or POM measure that is not included in the proposed list of mandatory measures.

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Implementing an effective quality measures reporting program includes periodically reassessing the measures since many factors -- such as changes in regulatory guidance, experiences with reporting, or measure performance -- 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. To support CMS, Mathematica convenes an independent HCBS Quality Measure Set Review Workgroup. For the 2030 review, the Workgroup will review the proposed 2028 HCBS Quality Measure Set; identify gaps areas; and recommend changes for improvement.

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The 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. When considering measures for addition, the Workgroup should focus on measures that are feasible for state Medicaid HCBS program reporting and strike an appropriate balance between the desirability and viability of the measure from the perspective of state-level quality measurement and improvement.

For measures considered for removal, the Workgroup should consider whether the measure continues to provide states and CMS with meaningful and actionable information about quality of care in Medicaid HCBS programs.

Next slide, please.

The next three slides show the measures in the proposed 2028 HCBS Quality Measure Set that serve as the starting point for the Workgroup's review. You can see that the measure set includes survey measures as well as measures that use case management records or Medicaid administrative data as the data source. We will not read through each measure today, but we wanted to provide the full proposed set for reference. These slides will also be available on our website.

Next slide.

The proposed 2028 Measure Set continues on this slide, including NCI-AD and NCI-IDD survey measures.

Next slide, please.

This slide shows the remaining mandatory measures and the voluntary measures in the proposed 2028 HCBS Quality Measure Set. As noted earlier, states may also voluntarily report HCBS CAHPS, NCI-AD, NCI-IDD, or POM measures that are *not* included in the proposed list of mandatory measures.

I'll now pass it back to Kathleen, who will talk about the Call for Measures and the Workgroup review process.

Kathleen Shea:

Thanks, Asmaa.

Next slide, please.

Next, we'll review the public Call for Measures and the criteria and resources that will help prepare for the Workgroup's review.

Next slide.

On behalf of CMS, Mathematica has issued a public Call for Measures as part of CMS's process for updating the HCBS Quality Measure Set. Measures suggested for addition to or removal from the HCBS Quality Measure Set will be considered as part of the process for finalizing the 2030 HCBS Quality Measure Set.

CMS will update the measure set based on Workgroup recommendations and other sources of input. The draft 2030 HCBS Quality Measure Set will then be posted for public comment before it is finalized.

Next slide.

As part of the 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 other considerations. For measures suggested for addition, all minimum technical feasibility requirements must be met for a measure to be considered by the Workgroup during the Voting Meeting. We will discuss these criteria on the next slide. The full list of criteria for addition and removal is available in the Supplementary Materials for the Call for Measures on the HCBS Quality Measure Set Review website.

Next slide.

This slide provides the full minimum technical feasibility criteria for measures suggested for addition. As a reminder, all five of these criteria must be met for a measure to be considered by the Workgroup at the Voting Meeting in March:

A measure must be fully developed with detailed state-level technical specifications.

It must have been tested or used in state Medicaid HCBS programs.

It must have an available data source or validated survey instrument containing the necessary data elements.

It must be possible for the measure to be calculated consistently across states, and

The measure must have technical specifications including code sets that are available to states free of charge.

We encourage anyone considering a measure for addition to review these criteria carefully before submitting the form and to provide the requested supporting documentation.

Next slide.

If a measure meets the minimum technical feasibility criteria, the Workgroup will also consider the measure's actionability. Actionability criteria include, for example: w

Whether the measure contributes meaningful information about HCBS quality and outcomes,

Whether it addresses important needs in Medicaid HCBS programs,

If it can be used to assess and compare state progress, and

If it would add value when compared to related measures that are already in the measure set.

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Finally, other considerations for suggesting a measure for addition include whether the prevalence of the condition or outcome is sufficient to produce reliable state-level results, whether the measure aligns with measures used in other CMS programs where possible, and whether the benefits of the measure justify any additional data collection burden. The Workgroup will also consider whether states should be able to produce the measure for all relevant Medicaid HCBS populations within two years of its addition and whether the required code sets and codes are already in use by states or otherwise readily available.

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The criteria for suggesting measures for removal focus on reasons a measure may no longer be appropriate for the HCBS Quality Measure Set. The criteria for suggesting measures for removal are, for the most part, the inverse of the criteria for suggesting measures for addition; so I won't walk through all these examples today. But as a reminder, detailed information on the criteria for addition and removal are available in the Supplementary Materials for the Call for Measures document on our website.

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You can see that there are seven actionability criteria to consider when suggesting a measure for removal.

Next slide.

And that there are four criteria that touch upon other considerations when suggesting a measure for removal.

Next slide.

Now that we've briefly reviewed the criteria, we'll walk through the process and resources available for suggesting measures for addition or removal.

Next slide.

Anyone may suggest a measure for addition to or removal from the 2030 HCBS Quality Measure Set. There are separate online forms for additions and removal, and the links are shown on this slide. The Call for Measures opened on Thursday, September 24th; and it closes on Thursday, October 22, 2026, at 8:00 p.m. Eastern Time. On the HCBS Quality Measure Set Review website, the "2030 Resources" tab includes the Call for Measure Supplementary Materials packet; and Microsoft Word previews a full submission form. We encourage submitters to use these resources as they prepare their suggestion.

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This slide shows what the Addition Submission form looks like. The online form asks submitters to provide information about the measure and evidence addressing the criteria that we just reviewed. We strongly encourage submitters to review the Microsoft Word preview before beginning the online form so that they can gather all required information and supporting documentation in advance.

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We want to highlight several tips for submitting a measure suggestion. The information provided in the submission form is the foundation for the Measure Information Sheet that Workgroup members will review in preparation for the Voting Meeting. So complete and well-supported responses are important. Please provide evidence and citations to support the suggestion. If the Workgroup considered the measure during the 2028 review, please explain why the measure should be reconsidered and provide new evidence for justification.

For measures suggested for addition, be sure to address all of the minimum technical feasibility criteria. If you're suggesting a new measure to replace an existing measure in the HCBS Quality Measure Set, submit the rationale for the substitution using the Additions form only. A separate removal form is not needed.

Finally, use the Microsoft Word previews of the submission forms to make sure you have all the required information before entering your responses online.

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We also want to highlight an additional consideration for survey dates measures. CMS seeks alignment across the survey instruments included in the HCBS Quality Measure Set. For survey-based measures that are suggested for addition, submitters should identify and suggest comparable measures across the 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 these comparable measures should also be removed.

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Now I'd like to invite our co-chairs Laney Bruner-Canhoto and ShaRhonda Sly to offer a brief welcome and share some remarks with the Workgroup. First, Laney will share her remarks.

Laney?

Laney Bruner-Canhoto:

Yes, hi, thank you so much.

My name is Laney Bruner-Canhoto. I'm the Assistant Commissioner of Quality Management for the Massachusetts Department of Developmental Services, where I oversee quality measurement across eight HCBS waivers serving people with a wide range of needs including intellectual and developmental disabilities, brain injury, physical disabilities, and children with autism. I'm so excited, and I welcome all of you to this Workgroup.

I've been doing this work for about 12 years, and one of the challenges that I have faced has been finding ways to create consistency in how we measure quality while recognizing that HCBS programs and the people they serve can be very different. That's why I'm so excited about this Workgroup and the opportunity we have here. We have a lot of experience around this virtual table, and we're coming at this from so many different perspectives. This means we can consider quality measures and outcomes through various lenses including clinical, person-centered, financial, social, the experiences of people receiving the services, and the practical realities of states and waiver programs.

I think these different perspectives that we have are really important as we continue to tackle some basic but difficult questions:

What does quality actually *mean* in HCBS?

What should we be measuring consistently and across HCBS waivers?

Are we collecting information that states *and* CMS can actually use to make services better?

I certainly don't think the answers will be straightforward. What works for one population or waiver may not work as well for another, and we need to keep that in mind. For me, the goal is really about finding the right balance, more consistency where it makes sense, while still respecting the flexibility *and* the person-centered approach that are so important in HCBS.

I'm really looking forward to working in that together with all of you through these questions and learning from everyone's experience. Thank you so much for your time and your engagement in this worthwhile endeavor.

ShaRhonda, I'll turn it over to you next.

ShaRhonda Sly:

Thank you.

Good afternoon. I'm ShaRhonda Sly, the Section Chief for Medicaid home and community-based programs in Ohio. I work through the Ohio Department of Medicaid and bring more than 20 years of HCBS experience across various programs in both private and public sectors including direct service, policy development, operations, and various roles in leadership. This background informs my understanding of our systems, our partners and, most importantly, the individuals and families we have the privilege to serve.

I'm honored to co-chair this Workgroup. Your time, insight, and commitment are truly valued. Each of us brings a unique perspective; and together we create a richer, more complete version of what high-quality, person-centered HCBS should look like across all states. Despite our varied roles and experience, we share a common goal, ensuring individuals have meaningful access to services and supports they need, in the communities they choose, in ways that promote independence, dignity, and quality of life.

We also share responsibility for understanding what's working well and where improvements are needed, awareness that will guide the work before us. Through open dialog, thoughtful collaboration, and a willingness to learn from one another, I'm confident we can offer meaningful, practical recommendations for CMS to consider. I look forward to the work ahead and the progress we'll make together.

Back to Kathleen, thank you.

Kathleen Shea:

Thank you both.

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I'd like to now open it up for questions and comments from both Workgroup members and members of the public. Please use the "Raise Hand" feature if you would like to speak. When you are called on, please introduce yourself including your name and affiliation. As a reminder, you're also welcome to leave questions in the Q&A section at the top of your screen; and our team will respond to your question as well.

[Attendees did not have any questions.]

If there are no other questions, I'm happy to close the orientation meeting by reviewing next steps in the 2030 HCBS Quality Measure Set and share resources available. As a reminder, if there are any questions following this meeting, please feel free to reach out to us via email at hcbsgmsreview@mathematica-mpr.com. We can share that email in the Chat as well – in the Q&A as well.

Anyone is invited to suggest a measure to add or remove from the 2030 HCBS Quality Measure Set. Measure suggestion forms must be received by Thursday, October 22, 2026, at 8:00 p.m. Eastern Time.

The Workgroup will reconvene on February 11, 2027, from 1:00 p.m. to 2:00 p.m. Eastern Time for the meeting to prepare for the Voting Meeting.

The Voting Meeting will be held on March 10th and 11th, 2027, from 11:00 a.m. to 5:00 p.m. Eastern Time. All meetings will be held virtually and are open to the public. Registration links will be available on the HCBS Quality Measure Set Review website, which we can post in the Q&A.

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After the Call for Measures closes, Mathematica will review the submissions to assess whether measures suggested for addition will meet the technical feasibility criteria required for Workgroup consideration. To facilitate the Workgroup's review, we will develop a Measure Information Sheet for each measure submission, engage with measure stewards as needed to discuss and confirm technical specifications, and work with measure nominators to resolve outstanding questions.

Measure Information Sheets will be posted publicly before the Voting Meeting so Workgroup members and the public can review the information that will inform the discussion.

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On March 10th and 11th, 2027, the Workgroup will meet to discuss and vote on each measure suggestion that meets the criteria for consideration. Measure stewards will be invited to attend the discussions to answer questions about their measures, and there will also be opportunities for public comment.

Following discussion of each measure, the Workgroup will vote on whether to recommend that 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 proposed 2030 HCBS Quality Measure Set, which will be posted for public comment.

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Again as a reminder, if you have questions after today's meeting about the Call for Measures process or about the 2030 HCBS Quality Measure Set Review, please email the Mathematica HCBS Quality Measure Set Review Team at HCBSQMSReview@mathematica-mpr.com.

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Finally, we want to thank everyone for participating in today's meeting and for your engagement in the 2030 HCBS Quality Measure Set review process.

This meeting is now adjourned.