

**SMD# 22-003**  
**RE: Home and Community-Based  
Services Quality Measure Set**

July 21, 2022

Dear State Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) and states have worked for decades to support increased availability and provision of high-quality Home and Community-Based Services (HCBS) for Medicaid beneficiaries. HCBS provide individuals who need assistance with everyday activities the opportunity to receive services (such as personal care, homemaker, and adult day health services) in their own homes or the community as opposed to institutional settings. This State Medicaid Director Letter provides information on a set of nationally standardized quality measures for Medicaid-funded HCBS that is intended to promote more common and consistent use within and across states of such nationally standardized quality measures in HCBS programs, 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.

## **Background**

Millions of Americans, including children, non-elderly adults, and older adults, need long-term services and supports (LTSS) because of disabling conditions, chronic illness, and other factors. Medicaid is the primary payer across the nation for these services, although private spending (e.g., out-of-pocket spending by individuals and long-term care insurance) and other public payers (e.g., Veterans Health Administration, state and local programs, and Medicare) also account for some LTSS spending nationally.<sup>1</sup> Medicaid allows for the coverage of LTSS through several authorities and programs and over a continuum of settings—ranging from institutional settings, such as nursing facilities, to home and community-based settings.<sup>2</sup> Medicaid coverage of HCBS varies by state and can include a combination of medical and non-medical services, such as (but not limited to) case management, homemaker, home health aide, personal care, adult day health, habilitation (both day and residential), and respite care services. HCBS programs serve a variety of targeted population groups, such as people with intellectual or developmental disabilities, physical disabilities, substance use disorders, and/or mental illness,

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<sup>1</sup> Office of the Assistant Secretary for Planning and Evaluation. February 8, 2018. An Overview of Long-Term Services and Supports and Medicaid: Final Report. Retrieved from <https://aspe.hhs.gov/basic-report/overview-long-term-services-and-supports-and-medicare-final-report>.

<sup>2</sup> See <https://www.medicare.gov/medicaid/long-term-services-supports/index.html> for more information on LTSS and <https://www.medicare.gov/medicaid/home-community-based-services/index.html> for more information on HCBS.

and provide opportunities for Medicaid beneficiaries to receive services in their own homes and communities rather than in institutions.

From the beginning of the Medicaid program in 1965, state Medicaid programs were required to provide medically necessary nursing facility care for most eligible individuals age 21 or older, but coverage for HCBS has been a state option.<sup>3</sup> However, over the past several decades states have used several Medicaid authorities,<sup>4</sup> as well as CMS-funded grant programs,<sup>5</sup> to develop a broad range of HCBS to provide alternatives to institutionalization for eligible Medicaid beneficiaries and to advance person-centered care. Consistent with many beneficiaries' preferences for where they would like to receive their care, HCBS have become a critical component of the Medicaid program and are part of a larger framework of progress toward community integration of older adults and people with disabilities that spans efforts across the federal government. Further, HCBS play an important role in states' efforts to achieve compliance with the Americans with Disabilities Act (ADA) and the *Olmstead* decision, in which the Supreme Court held that the unjustified institutional isolation of people with disabilities is a form of unlawful discrimination under the ADA.<sup>6</sup>

As a result of state and federal efforts to expand access to HCBS, Medicaid spending on HCBS now exceeds spending on institutional services. For instance, in fiscal year (FY) 1990, HCBS expenditures accounted for only 13 percent of the \$31 billion in federal and state expenditures for all Medicaid LTSS, including nursing home expenditures.<sup>7,8</sup> By FY 2020, HCBS expenditures accounted for \$125 billion, or 62 percent, of the \$199 billion spent nationally on Medicaid LTSS.<sup>9,10</sup> However, as the number of beneficiaries receiving Medicaid HCBS and

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<sup>3</sup> Wenzlow, Audra, Steve Eiken and Kate Sredl. 2016. Improving the Balance: The Evolution of Medicaid Expenditures for Long-Term Services and Supports (LTSS), FY 1981-2014. Retrieved from <https://www.medicaid.gov/sites/default/files/2019-12/evolution-ltss-expenditures.pdf>.

<sup>4</sup> These authorities include Medicaid state plan personal care services and Social Security Act (the Act) section 1915(c) waivers, section 1915(i) state plan HCBS, section 1915(j) self-directed personal assistant services, and section 1915(k) Community First Choice. See <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/index.html> for more information on these authorities. Some states also use demonstration authority under section 1115(a) of the Act to cover and test home and community-based service strategies. See <https://www.medicaid.gov/medicaid/section-1115-demonstrations/index.html> for more information.

<sup>5</sup> Federally funded grant programs, such as the Money Follows the Person demonstration, which was initially authorized by the Deficit Reduction Act (P.L. 109-171) and continues to operate in 36 states, and the Balancing Incentive Program authorized by the Patient Protection and Affordable Care Act (P.L. 111-148), which provided financial incentives over four years (FY 2011-2015) to 13 states to increase access to HCBS, have been designed to shift Medicaid's long-term care spending from institutional care to HCBS.

<sup>6</sup> <https://www.medicaid.gov/about-us/program-history/medicaid-50th-anniversary/entry/47688>

<sup>7</sup> Wenzlow, Audra, Steve Eiken and Kate Sredl. 2016. Improving the Balance: The Evolution of Medicaid Expenditures for Long-Term Services and Supports (LTSS), FYs 1981-2014. Retrieved from <https://www.medicaid.gov/sites/default/files/2019-12/evolution-ltss-expenditures.pdf>.

<sup>8</sup> Amount is not adjusted for inflation.

<sup>9</sup> Murray, Caitlin, Michelle Eckstein, Debra Lipson, and Andrea Wysocki. "Medicaid Long Term Services and Supports Annual Expenditures Report: Federal Fiscal Year 2020." Chicago, IL: Mathematica. Forthcoming.

<sup>10</sup> Amounts are not adjusted for inflation.

spending on HCBS has increased, so too has the need to ensure the availability and provision of high-quality services that promote positive outcomes and cost-effective delivery of care, while minimizing provider burden.

Over the past decade, the Department of Health and Human Services (HHS), states, and other entities have taken a number of steps to strengthen the capacity of states and the federal government to monitor, oversee, and improve the quality and effectiveness of services, and to assure beneficiary health and safety. For example, in 2014, CMS revised the quality oversight structure originally established in 2004 for section 1915(c) HCBS waiver programs.<sup>11</sup> At the center of this framework is reporting on state-developed performance measures designed to reflect the operations of waiver programs across important domains that CMS defined, such as beneficiary health and welfare (safety), financial accountability, and service provision and delivery. CMS has also promoted the development of new quality measures,<sup>12</sup> interoperability standards (including electronic long-term services and supports standards), standardized tools and instruments,<sup>13</sup> and other innovations related to HCBS through initiatives such as the Testing Experience and Functional Tools (TEFT) demonstration,<sup>14</sup> the Balancing Incentive Program,<sup>15</sup> and the Medicaid Innovation Accelerator Program,<sup>16</sup> among others.<sup>17</sup> As another example, for the last seven years, HHS’s Administration for Community Living’s National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) has funded a Rehabilitation Research and Training Center grant<sup>18</sup> to develop, cognitively and psychometrically test, and gain National Quality Forum (NQF)<sup>19</sup> approval for HCBS quality measures. Many states have also made substantial investments related to monitoring, overseeing, and improving the quality of HCBS.<sup>20</sup>

<sup>11</sup> [https://www.medicaid.gov/sites/default/files/2019-12/3-cmcs-quality-memo-narrative\\_0.pdf](https://www.medicaid.gov/sites/default/files/2019-12/3-cmcs-quality-memo-narrative_0.pdf)

<sup>12</sup> See <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html> and <https://www.medicaid.gov/medicaid/managed-care/ltss/index.html> for examples.

<sup>13</sup> See <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html> and <https://www.medicaid.gov/medicaid/ltss/teft-program/functional-assessment-standardized-items/index.html> for examples.

<sup>14</sup> <https://www.medicaid.gov/medicaid/ltss/teft-program/index.html>

<sup>15</sup> <https://www.medicaid.gov/medicaid/ltss/balancing/incentive/index.html>

<sup>16</sup> <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/index.html>

<sup>17</sup> <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/measuring-and-improving-quality-home-and-community-based-services-hcbs/index.html>

<sup>18</sup> See <https://acl.gov/programs/research-and-development/rehabilitation-research-and-training> for more information.

<sup>19</sup> NQF (<https://www.qualityforum.org/Home.aspx>) is a private non-profit organization and is currently designated as the consensus-based entity (CBE) with a contract with HHS under section 1890 of the Social Security Act (the Act). As required under section 1890, the CBE is required to: synthesize evidence and convene key stakeholders to make recommendations on an integrated national strategy and priorities for health care performance measurement in all applicable settings; provide for the endorsement of standardized health care performance measures; and establish and implement a process to ensure that measures endorsed are updated (or retired if obsolete) as new evidence is developed. See [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/CMS-RTC-Quality-Measurement-March-1-2019\\_508.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/CMS-RTC-Quality-Measurement-March-1-2019_508.pdf) for more information.

<sup>20</sup> National Quality Forum (NQF). “Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement.” Final Report. Washington, DC: NQF, September 2016.

Despite these and other recent advances, notable gaps and challenges related to HCBS quality remain. In particular, a 2016 NQF report commissioned by HHS, “Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement,” indicates that, unlike other types of health care services, “HCBS lacks any standardized set of quality measures...[and] consensus as to what HCBS quality entails.” The report recommended that HHS develop “a core set of standard measures for use across the HCBS system, along with a menu of supplemental measures that are tailorable to the population, setting, and program.”<sup>20</sup> In 2020, CMS published a request for information (RFI)<sup>21</sup> seeking public input on a draft set of quality measures for Medicaid-funded HCBS that was specifically intended to address that recommendation. Since releasing the RFI, CMS has also engaged with a broad range of stakeholders, including states, managed care plans, consumer advocates, quality measurement experts, researchers, and other federal agencies, to receive additional feedback on the draft measure set and on opportunities to support states with using the measure set, including to meet quality measurement and reporting requirements under various Medicaid HCBS authorities. As a result of these stakeholder engagement activities, CMS is releasing this first of two planned guidance documents to promote more common and consistent use of nationally standardized quality measures in their HCBS programs and to support states with improving the quality and outcomes of HCBS.

This letter provides the first official version of the HCBS Quality Measure Set. It includes the list of measures in the measure set (see attachment) and provides additional information on the purpose of the measure set, the measures included, measure selection criteria, organization of the measure set, and considerations for implementation. The list of measures in the attachment also includes the NQF number (if applicable), measure steward,<sup>22</sup> and data collection method for each measure, as well as information on whether each measure addresses section 1915(c) waiver assurances and/or can be used to assess access, LTSS rebalancing,<sup>23</sup> and/or community integration and HCBS settings requirements, as defined in the HCBS Settings final rule.<sup>24</sup>

A forthcoming second planned guidance document will describe how states can use the measure set as part of their HCBS quality measurement, reporting, and improvement activities, including to meet federal requirements for their HCBS programs (such as required reporting for section 1915(c) waiver assurances and subassurances).<sup>25</sup>

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[http://www.qualityforum.org/Publications/2016/09/Quality\\_in\\_Home\\_and\\_Community-Based\\_Services\\_to\\_Support\\_Community\\_Living\\_Address\\_Gaps\\_in\\_Performance\\_Measurement.aspx](http://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Address_Gaps_in_Performance_Measurement.aspx)

<sup>21</sup> <https://www.medicaid.gov/medicaid/quality-of-care/downloads/rfi-hcbs-recommended-measure-set.pdf>

<sup>22</sup> The measure steward is the entity that owns the measure and is responsible for maintaining it.

<sup>23</sup> Rebalancing is commonly defined as achieving a more equitable balance between the share of spending and use of services and supports delivered in home and community-based settings relative to institutional care.

<sup>24</sup> See <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html> for information on the HCBS Settings final rule.

<sup>25</sup> See [https://www.medicaid.gov/sites/default/files/2019-12/3-cmcs-quality-memo-narrative\\_0.pdf](https://www.medicaid.gov/sites/default/files/2019-12/3-cmcs-quality-memo-narrative_0.pdf) for more information on required reporting for section 1915(c) waiver assurances and subassurances.

## **Purpose of the HCBS Quality Measure Set**

The HCBS Quality Measure Set is intended to promote more common and consistent use, within and across states, of nationally standardized quality measures in HCBS programs, and to create opportunities for CMS and states to have comparative quality data on HCBS programs. In doing so, it is expected to support states with improving the quality and outcomes of HCBS. It is also intended to reduce some of the burden that states and others may experience in identifying and using HCBS quality measures. By providing states and other entities with a set of nationally standardized measures to assess HCBS quality and outcomes and by facilitating access to information on those measures, CMS may be able to reduce the time and resources expended on identifying, assessing, and implementing measures for use in HCBS programs.

While use of this measure set is voluntary at this time, CMS plans to incorporate use of the measure set into the reporting requirements for specific authorities and programs, including the Money Follows the Person (MFP) program and future section 1115 demonstrations that include HCBS. Additional information will be made available to states that are participating in the MFP program and that deliver HCBS through section 1115 demonstrations; states are not expected to make any changes to their measurement and reporting activities in their MFP programs or their section 1115 demonstrations until they receive additional information from CMS. CMS also encourages states to use the measure set to assess quality and outcomes in HCBS programs authorized under other federal authorities, including section 1915(c) waiver programs, section 1915(i) state plan services, section 1915(j) self-directed personal assistance services, and section 1915(k) Community First Choice. In addition, while some of the measures included in the measure set are applicable for only certain delivery system types, CMS encourages states to use the measure set, to the extent that measures are applicable to a specific HCBS program, regardless of delivery system type. As noted previously, a second guidance document, which is forthcoming, will describe how states can use the measure set to meet federal requirements for their HCBS programs (such as required reporting under section 1915(c) waivers and quality reporting in managed care programs).

## **Measures Included in the HCBS Quality Measure Set**

The HCBS Quality Measure Set is comprised of measures that assess quality across a broad range of domains identified as measurement priorities for HCBS. To be included in the measure set, a measure must be clearly defined and expressed as a rate, proportion, or ratio that is calculated with: (1) a numerator that counts the target process, condition, event, or outcome expected for the target population, and (2) a denominator that counts the number of people eligible for the process or for whom the outcome is relevant.<sup>26</sup> A measure must also have clearly defined exclusion criteria that can be used to identify who should be removed from the measure population.

In addition to claims-based measures and measures that require assessment or other beneficiary records, the HCBS Quality Measure Set extensively leverages existing beneficiary surveys used

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<sup>26</sup> <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/NTM-What-is-a-Quality-Measure-SubPage>.



by states to assess beneficiary experience of care, which is critical for improving the quality and outcomes of HCBS and ensuring that services are person-centered and support beneficiaries' goals and preferences for care. Specifically, the measure set includes measures derived from experience of care surveys (HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS)<sup>®</sup>, National Core Indicators<sup>®</sup>-Intellectual and Developmental Disabilities (NCI<sup>®</sup>-IDD), National Core Indicators-Aging and Disability (NCI-AD)<sup>™</sup>, Personal Outcome Measures (POM)<sup>®</sup>) which assess the experience of care of one or more population groups included in HCBS programs (e.g., older adults, adults with intellectual and developmental disabilities, adults with physical disabilities, adults with serious mental illness). The measure set also includes other nationally standardized and tested measures related to key areas, such as access, LTSS rebalancing, community integration, health and safety, and person-centered practices. These areas are discussed in more detail under “Organization of the HCBS Quality Measure Set” below.

### Measure Selection Criteria

Consistent with the CMS Measures Management System Blueprint<sup>27</sup> and NQF measure evaluation criteria,<sup>28</sup> CMS took into consideration the following criteria when selecting measures for inclusion in the measure set:

- *Importance to Measure and Report*: Extent to which the specific measure focus is evidence based and important to making significant gains in healthcare quality where there is variation in or overall, less than optimal performance.
- *Scientific Acceptability of the Measure Properties*: Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results, including across HCBS populations, when implemented.
- *Feasibility*: Extent to which the specifications, including measure logic, require data that are readily available or that could be captured without undue burden and can be implemented for performance measurement. This criterion also includes whether measure specifications and any instruments needed to collect data are publicly available at no cost.
- *Usability and Use*: Extent to which states, HCBS programs, managed LTSS (MLTSS) plans, or other entities are using or could use performance results for both accountability and performance improvement. For example, this would include whether a measure can be used to support the existing reporting requirements associated with the section 1915(c) assurances and subassurances<sup>29</sup> or other CMS requirements.
- *Related and Competing Measures*: Extent to which there are related measures (i.e., measures that address either the same topic or the same population) and/or competing measures (i.e., measures that address both the same topic and the same population) in the measure set.

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<sup>27</sup> CMS. “Blueprint for the CMS Measures Management System.” Version 17.0, September 2021.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint.html>.

<sup>28</sup> NQF. “Measure Evaluation Criteria and Guidance for Evaluating Measures for Endorsement.” September 2021.

<http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=88439>.

<sup>29</sup> [https://www.medicaid.gov/sites/default/files/2019-12/3-cmcs-quality-memo-narrative\\_0.pdf](https://www.medicaid.gov/sites/default/files/2019-12/3-cmcs-quality-memo-narrative_0.pdf)

See the CMS Measures Management System Blueprint<sup>30</sup> and NQF measure evaluation criteria<sup>31</sup> for more information on these criteria.

CMS also considered the type of measure (specifically: structural, process, or outcome<sup>32</sup>); the level at which the measure can be applied (e.g., statewide, delivery system, population level); and whether the measure promotes health information exchange, or the electronic sharing of health-related data between two or more organizations for use by a variety of stakeholders to inform health and care. However, due to the limited number of HCBS quality measures that fully meet all of these criteria, CMS used the criteria as a guide, rather than a standard, in selecting the measures.

As HCBS measure development continues to advance, CMS expects to update the measure set to address measure gaps, advance health information exchange, add newly developed measures that fully meet the criteria of the CMS Measures Management System Blueprint, and retire measures that do not meet Blueprint criteria. CMS expects to transition the measure set to include only measures that fully meet Blueprint criteria by 2025. Measure stewards are encouraged to complete any necessary data collection and testing to demonstrate that the measures included in the measure set fully meet Blueprint criteria by 2024.

### **Organization of the HCBS Quality Measure Set**

As shown in the attachment, CMS has organized the measures by section 1915(c)<sup>33</sup> waiver assurances and subassurances, where the measures align with the assurances and subassurances. This organization is intended to support states with using the measure set in their HCBS programs. While the current version of the measure set does not have an all-inclusive set of measures to demonstrate that assurances are met, CMS will continue to update the measure set to address gaps and identify additional measures to demonstrate that assurances are met. The current version of the measure set includes measures that address the following *Service Plan* subassurances:

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<sup>30</sup> CMS. “Blueprint for the CMS Measures Management System.” Version 17.0, September 2021.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint.html>.

<sup>31</sup> NQF. “Measure Evaluation Criteria and Guidance for Evaluating Measures for Endorsement.” September 2021.

<http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=88439>.

<sup>32</sup> *Structural measures* focus on features of a healthcare organization or provider that are relevant to the capacity to provide high quality care. *Process measures* focus on activities or steps performed for, on behalf of, or by a person related to their care. There should be a scientific basis for believing that the process, if executed well, will increase the probability of achieving a desired outcome. Process measures are the most common type of quality measure. *Outcome measures* assess the results of care. They focus on the person’s health state, health status, or change in health status resulting from care. Some outcome measures are intermediate outcome measures that examine the change produced by an intervention, which leads to a longer-term outcome (e.g., an intervention that prevents falls and, in turn, reduces the risk of serious injury and/or mortality among the elderly). Sources: CMS. “Blueprint for the CMS Measures Management System.” Version 17.0, September 2021. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint.html>; and NQF. “Measure Evaluation Criteria and Guidance for Evaluating Measures for Endorsement.” September 2018.

<http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=88439>.

<sup>33</sup> While HCBS can be provided under other Medicaid authorities, section 1915(c) waivers are most commonly used by states and account for about half of HCBS spending nationally. As a result, particular emphasis was placed on aligning the measure set with section 1915(c) reporting requirements.

- Service plans address all participants’ assessed needs (including health and safety risk factors) and personal goals, either by waiver services or through other means;
- Service plans are updated/revised at least annually or when warranted by changes in the waiver participant’s needs;
- Services are delivered in accordance with the service plan, including in the type, scope, amount, duration, and frequency specified in the service plan; and
- Participants are afforded choice between/among waiver services and providers.

The measure set also includes measures that address the following *Health and Welfare* subassurances:

- The state demonstrates on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation and unexplained death; and
- The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

In addition, the measure set identifies measures that address HCBS quality and outcomes in the following key priority areas:

1. **Access**, which is defined for the purposes of the measure set as the level to which the beneficiary/family caregiver/natural support is aware of and able to access resources (e.g., peer support, respite, crisis support, information and referral) that support overall well-being.
2. **Rebalancing**, which is commonly defined as achieving a more equitable balance between the share of spending and use of services and supports delivered in home and community-based settings relative to institutional care.
3. **Community Integration**, which is focused on ensuring the self-determination, independence, empowerment, and full inclusion of children and adults with disabilities and older adults in all parts of society; and **HCBS Settings Requirements**,<sup>34</sup> as defined in the HCBS Settings final rule,<sup>35</sup> which establishes requirements for the qualities of settings in which Medicaid HCBS are provided under sections 1915(c), 1915(i), and 1915(k) of the Social Security Act. The final rule requires that all home and community-based settings meet certain qualifications, including:
  - The setting is integrated in and supports full access to the greater community;
  - The setting is selected by the individual from among setting options;
  - The setting ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint;
  - The setting optimizes autonomy and independence in making life choices; and
  - The setting facilitates choice regarding services and who provides them.

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<sup>34</sup> Please note that the measures related to the HCBS settings requirements are not designed to determine if a particular setting is fully compliant with HCBS settings requirements. Instead, the measures are included as an assessment of overall system performance in terms of whether people receiving HCBS have opportunities for community integration and the system of care is meeting the purpose and intent of the settings rule.

<sup>35</sup> See <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html> for information on the HCBS Settings final rule.



The NQF number (if applicable), measure steward, and data collection method (e.g., survey, case management system) are also included for each measure. In addition, CMS will release a supplement to the measure set that provides additional technical details on each measure (e.g., numerator, denominator, exclusion criteria).

CMS notes that the draft version of the measure set released through the RFI included a different organization of the measures. Specifically, it was organized into two main parts: A base set of measures and an extended set of measures. The base set was comprised of a relatively small number of measures that would be used in their entirety as a set of measures to promote widespread adoption of common measures and create opportunities for comparative data (e.g., across states, MLTSS plans, or populations). The extended set was comprised of a larger number of measures from which states, managed care plans, and other entities could select to supplement the base set and address their priorities and needs. CMS also proposed to organize the measures in both the base set and the extended set using the eleven HCBS quality domains described in NQF's 2016 report, "Quality in Home- and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement." This organization was intended to help ensure that the measure set addresses a broad and diverse range of areas related to HCBS quality measurement priorities.<sup>36</sup> While stakeholder feedback generally supported the organization of the measure set proposed through the RFI, CMS adopted a different organization in the final version released through this letter to support states better with using the measure set in their programs and to ensure that the measure set is aligned with CMS reporting requirements and priorities for HCBS programs.

### **Considerations for Implementation**

The HCBS Quality Measure Set is designed to assess quality and outcomes across a broad range of key areas for HCBS. As a result, it is intended for use in all HCBS programs except when the identified measures are not applicable (e.g., managed care measures for states with only fee-for-service programs, measures derived from experience of care surveys other than those being used to assess beneficiary experience in the HCBS program<sup>37</sup>). However, states are also encouraged to use the measure set for specific purposes (e.g., to assess the impact of an initiative on access as part of the evaluation plan for a state directed payment in managed care<sup>38</sup>). In addition, while some of the measures included in the measure set are applicable for only certain delivery system types, CMS encourages states to use the measure set, to the extent that measures are applicable to a specific HCBS program, regardless of delivery system type. Most of the measures included in

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<sup>36</sup> The domains include: Service Delivery and Effectiveness; Person-Centered Planning and Coordination; Choice and Control; Community Inclusion; Caregiver Support; Workforce; Human and Legal Rights; Equity; Holistic Health and Functioning; System Performance and Accountability; and Consumer Leadership in System Development. Definitions for each NQF domain are embedded within the recommended measure set. The subdomains and subdomain definitions are also provided in the recommended measure set for informational purposes. However, because of the limited number and breadth of HCBS measures available, the measures are not organized by subdomain.

<sup>37</sup> See additional clarifying information on experience of care measures in the next paragraph.

<sup>38</sup> See <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf> for more information.

the measure set have only been tested with adults and have not been tested with children and adolescents. As a result, the measure set may not be appropriate for use in HCBS programs that serve children and adolescents.

As noted earlier, the HCBS Quality Measure Set extensively leverages existing beneficiary surveys used by states to assess beneficiary experience of care, and is designed to be used with one or more experience of care surveys to assess the experience of care of each of the major population groups included in the HCBS program (e.g., older adults, adults with intellectual and developmental disabilities, adults with physical disabilities, adults with serious mental illness).<sup>39</sup> In the measure set, CMS provides states with the choice of measures derived from the following experience of care surveys: HCBS CAHPS<sup>®</sup>, NCI<sup>®</sup>-IDD, NCI-AD<sup>™</sup>, and POM<sup>®</sup>. States that adopt the measure set are not expected to conduct all of the experience of care surveys included in the measure set. However, some experience of care surveys have not been tested with all populations enrolled in HCBS programs. As a result, states may need to use multiple experience of care surveys, depending on the populations served by the states' HCBS program and the particular survey instruments that states select to use, to ensure that all major population groups are assessed using the measures in the measure set. States are only expected to use as many surveys as are necessary to assess the experience of care of each of the major population groups included in the HCBS program (e.g., older adults, adults with intellectual and developmental disabilities, adults with physical disabilities, adults with serious mental illness).

Also, as noted earlier, while use of this measure set is voluntary at this time, CMS strongly encourages states to use the measures and plans to incorporate use of the measure set into the reporting requirements for specific authorities and programs, including the MFP program and section 1115 demonstrations that include HCBS. Additional information will be made available to states participating in the MFP program and states that deliver HCBS through section 1115 demonstrations. CMS also encourages states to use the measure set to assess quality and outcomes in their HCBS programs authorized under other federal authorities, including section 1915(c) waiver programs, section 1915(i) state plan services, section 1915(j) self-directed personal assistance services, and section 1915(k) Community First Choice.

States that implement the measure set are encouraged to assess their performance on the measures at least biannually, set performance targets, and develop a quality improvement plan to meet their targets. Further, states are strongly encouraged to oversample sufficiently to produce results at the population (e.g., older adults, adults with intellectual and developmental disabilities, adults with physical disabilities, adults with serious mental illness) and delivery system levels, and to assess and address disparities within their HCBS programs related to demographic characteristics (e.g., race, ethnicity, language), health status (e.g., physical disability, mental illness), and social determinants of health (e.g., housing security, food security, literacy). Additional information on using the measure set to promote equity is provided in the next section.

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<sup>39</sup> Most of the measures included in the measure set have only been tested with adults and have not been tested with children and adolescents. As a result, the measure set may not be appropriate for use in HCBS programs that serve children and adolescents.

CMS is available to provide states with technical assistance to support the implementation of the HCBS Quality Measure Set. We recognize that states may need to make enhancements to their data and information systems or incur other costs in implementing the measure set. We remind states that enhanced Federal Financial Participation (FFP) is available at a 90 percent Federal Medical Assistance Percentage (FMAP) rate for the design, development, or installation of improvements of mechanized claims processing and information retrieval systems, in accordance with applicable federal requirements.<sup>40</sup> Enhanced FFP at a 75 percent FMAP rate is also available for operations of such systems, in accordance with applicable federal requirements.<sup>41</sup> Receipt of these enhanced funds is conditioned upon states meeting a series of standards and conditions to ensure investments are efficient and effective.<sup>42</sup> States are also encouraged to advance the interoperable exchange of HCBS data and support quality improvement activities by adopting standards in 45 CFR Part 170 and other relevant standards identified in the Interoperability Standards Advisory (ISA).<sup>43</sup>

CMS reminds states that they continue to have independent obligations to comply with the Americans with Disabilities Act, Section 1557 of the Affordable Care Act, and Section 504 of the Rehabilitation Act, including their requirements under *Olmstead v. L.C.* Technical assistance on the implications of quality measurement for civil rights obligations is available from the HHS Office for Civil Rights and the Department of Justice Civil Rights Division.<sup>44</sup>

### **Using the Measure Set to Promote Equity**

Consistent with Executive Order 13985, *Advancing Racial Equity and Support for Underserved Communities*, CMS defines health equity as “the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved,

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<sup>40</sup> See Section 1903(a)(3)(A)(i) and § 433.15(b)(3), 80 FR 75817-75843; <https://www.medicaid.gov/state-resource-center/faq-medicaid-and-chip-affordable-care-act-implementation/downloads/affordable-care-act-faq-enhanced-funding-for-medicaid.pdf>; <https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16004.pdf>.

<sup>41</sup> See Section 1903(a)(3)(B) and § 433.15(b)(4).

<sup>42</sup> See § 433.112 (b), 80 FR 75841; <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-433/subpart-C>

<sup>43</sup> Relevant standards adopted by HHS and identified in the ISA include the USCDI (<https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi>), eLTSS (<https://www.healthit.gov/isa/documenting-care-plans-person-centered-services>), and Functional Assessment Standardized Items (<https://www.healthit.gov/isa/representing-patient-functional-status-and-or-disability>).

and providing the care and support that our enrollees need to thrive.”<sup>45,46</sup> The CMS Framework for Health Equity (2022-2032)<sup>47</sup> includes six priorities for operationalizing health equity across CMS programs: Priority 1 is to expand the collection, reporting, and analysis of standardized data. In support of this priority, CMS strives to improve our collection and use of comprehensive, interoperable, standardized individual-level demographic and social determinants of health data, including race, ethnicity, language, gender identity, sex, sexual orientation, and disability status. By increasing our understanding of the needs of those we serve, including social risk factors and changes in communities’ needs over time, CMS can leverage quality improvement and other tools to ensure all individuals have access to equitable care and coverage.

Stratification of data is necessary to use the HCBS Quality Measure Set effectively to identify health disparities experienced by Medicaid beneficiaries receiving HCBS, and to identify effectively where targeted interventions are needed to reduce inequities. We strongly recommend and encourage states that implement the measure set to stratify a subset of measures within two years of implementing the HCBS Quality Measure Set, and to increase meaningfully the number of measures that they stratify over time. Further, we strongly recommend and encourage states to oversample sufficiently to be able to stratify their data on key demographic and other beneficiary characteristics, such as race and ethnicity, sex, age, rural/urban, disability, and language. CMS recognizes that oversampling may be associated with increased cost of implementation and recommends that states consider using part of the enhanced FFP noted above for system improvements that will enhance their ability to collect the demographic and other data necessary for stratification.

We encourage states to pay particular attention to measures that are “disparity-sensitive,”<sup>48</sup> based on the prevalence and magnitude of the disparity and the actionability of the measure, when using the measures to address disparities in health care access, quality, and outcomes for people receiving HCBS. We also encourage states to consider whether stratification can be accomplished based on valid statistical methods and without risking violation of beneficiary privacy, as states may not serve large enough HCBS populations to be able to stratify all measures and/or to stratify measures for all beneficiary characteristics of interest.<sup>49</sup> In addition, states should consider the specific variables that are available through the survey or other data source in determining which measures to stratify. We note that many key demographic characteristics are included as part of the United State Core Data for Interoperability (USCDI) standard adopted by the Office of National Coordinator for Health IT (ONC).<sup>50</sup> This standardized set of health data classes can not only support stratification activities but also support reporting and care delivery as measures elements may align with an existing or future

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<sup>45</sup> Executive Order 13985: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>

<sup>46</sup> Centers for Medicare and Medicaid Services, “Health Equity” <https://www.cms.gov/pillar/health-equity>

<sup>47</sup> Centers for Medicare and Medicaid Services, “CMS Framework for Health Equity (2022-2032).” <https://www.cms.gov/files/document/cms-framework-health-equity.pdf>

<sup>48</sup> See <https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72347> for more information.

<sup>49</sup> Privacy issues can occur, in particular, when stratifying data for smaller and less diverse populations, as it becomes possible to identify individual data when there are small numbers to report.

<sup>50</sup> See <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi>.

national core set. States should consider the USCDI in determining which measures to stratify in addition to helping to determine which measures to adopt overall.

### **Conclusion**

The HCBS Quality Measure Set addresses a critical gap related to HCBS quality. The measure set is intended to support states with improving the quality and outcomes of HCBS, and can play an important role in states' efforts to promote equity in their HCBS programs. CMS is available to provide technical assistance to states on the implementation of the measure set. Additional guidance on how states can use the measure set to meet federal reporting requirements for HCBS programs, such as required reporting on section 1915(c) waiver assurances and subassurances, is forthcoming.

We look forward to working with states on the implementation of this new HCBS Quality Measure Set. If you have any questions regarding the HCBS Quality Measure Set, please contact Jennifer Bowdoin, who is the Director of the Division of Community Systems Transformation in the Disabled and Elderly Health Programs Group, by email at [Jennifer.Bowdoin@cms.hhs.gov](mailto:Jennifer.Bowdoin@cms.hhs.gov).

Sincerely,



Daniel Tsai  
Deputy Administrator and Center Director

Enclosure



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## Home and Community-Based Services (HCBS) Quality Measure Set July 2022

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The HCBS Quality Measure Set is intended to promote more common and consistent use, within and across states, of nationally standardized quality measures in HCBS programs and to create opportunities for CMS and states to have comparative quality data on HCBS programs. It is comprised of measures that assess quality across a broad range of areas identified as measurement priorities for HCBS. States are encouraged to use the measure set to assess quality and outcomes in their HCBS programs, regardless of federal authority.

The HCBS Quality Measure Set is designed to assess quality and outcomes across a broad range of key areas for HCBS. As a result, it is intended for use in all HCBS programs except when the identified measures are not applicable (e.g., managed care measures for states with only fee-for-service programs, measures derived from experience of care surveys other than those being used to assess beneficiary experience in the HCBS program<sup>1</sup>). However, states are also encouraged to use the measure set for specific purposes (e.g., to assess the impact of an initiative on access as part of the evaluation plan for a State Directed Payment in managed care<sup>2</sup>). In addition, while some of the measures included in the measure set are applicable for certain delivery system types only, CMS encourages states to use the measure set, to the extent that measures are applicable to a specific HCBS program, regardless of delivery system type.

In addition to claims-based measures and measures that require assessment or other beneficiary records, the measure set includes measures derived from several experience of care surveys (HCBS CAHPS<sup>®</sup>, National Core Indicators<sup>®</sup>-Intellectual and Developmental Disabilities (NCI-IDDD), National Core Indicators-Aging and Disability (NCI-AD)<sup>™</sup>, Personal Outcome Measures (POM)<sup>®</sup>) which assess the experience of care of one or more population groups included in HCBS programs (e.g., older adults, adults with intellectual and developmental disabilities, adults with physical disabilities, adults with serious mental illness).<sup>3</sup> States that adopt the measure set are not expected to conduct all of the experience of care surveys included in the measure set. However, some experience of care surveys have not been tested with all populations enrolled in HCBS programs. As a result, states may need to use multiple experience of care surveys, depending on the populations served by the states' HCBS programs and the particular survey instruments that states select to use, to ensure that all major population groups are assessed using the measures in the measure set. The measure set also includes other nationally standardized and tested measures in key measurement areas.

The measures are organized by section 1915(c) waiver assurances and subassurances, where the measures align with the assurances and subassurances. While the current version of the measure set does not have an all-inclusive set of measures to demonstrate that assurances are met, CMS will continue to update the measure set to address gaps and identify additional measures to demonstrate that assurances are met. The measure set currently includes measures that address the *Service Plan* section 1915(c) waiver subassurances, and some of the *Health and Welfare* section 1915(c) waiver subassurances. The *Service Plan* measures are in blue shading, while the *Health and Welfare* measures are in orange shading. Measures that are not highlighted in blue or orange shading have not been identified by CMS to address the section 1915(c) waiver Service

Plan or Health and Welfare subassurances. It is important to note that the measure set cannot be used, by itself, to fully meet all of the section 1915(c) waiver subassurances, because the measure set does not include measures that address all of the subassurances,

The measure set also includes measures that address HCBS quality and outcomes in the following areas:

1. **Access**, which is defined for the purposes of the measure set as the level to which the beneficiary/family caregiver/natural support is aware of and able to access resources (e.g., peer support, respite, crisis support, information and referral) that support overall well-being.
2. **Rebalancing**, which is commonly defined as achieving a more equitable balance between the share of spending and use of services and supports delivered in home and community-based settings relative to institutional care.
3. **Community Integration**, which is focused on ensuring the self-determination, independence, empowerment, and full inclusion of children and adults with disabilities and older adults in all parts of society; and **HCBS Settings Requirements**, as defined in the HCBS Settings final rule, which establishes requirements for the qualities of settings in which Medicaid HCBS are provided under sections 1915(c), 1915(i) and 1915(k) of the Social Security Act. The final rule requires that all home and community-based settings meet certain qualifications, including:
  - The setting is integrated in and supports full access to the greater community;
  - The setting is selected by the individual from among setting options;
  - The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
  - The setting optimizes autonomy and independence in making life choices; and
  - The setting facilitates choice regarding services and who provides them.

In addition to measure name, the measure set also includes National Quality Forum (NQF) number (if applicable), measure steward, and data collection method (e.g., survey, case management system) for each measure. CMS will also release a supplement to the measure set that will provide additional technical details on each measure (e.g., numerator, denominator, exclusion criteria).

States that implement the measure set are encouraged to assess their performance at least biannually, set performance targets, and develop a quality improvement plan to meet their targets. Further, states are strongly encouraged to oversample sufficiently to produce results at the population (e.g., older adults, adults with intellectual and developmental disabilities, adults with physical disabilities, adults with serious mental illness) and delivery system levels, and to use the measures in the measure set to assess and address disparities within their HCBS programs.

## HCBS Quality Measure Set

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
<p><b>Section 1915(c) Service Plan Subassurances</b></p> <p>For the Service Plan subassurances, measures from multiple experience of care surveys are included. States that implement the measure set are not expected to conduct all of the experience of care surveys listed. Instead, states are only expected to use as many surveys as are necessary to assess the experience of care of each of the major population groups included in the HCBS program (e.g., older adults, adults with intellectual and developmental disabilities, adults with physical disabilities, adults with serious mental illness).<sup>4</sup> Measures from the Personal Outcome Measures® (POM) can also be used to address some of the Service Plan section 1915(c) waiver subassurances.</p> <p>States may use the measures from the measure set to report on their performance in meeting some section 1915(c) subassurances. In some cases, it may be necessary to report more than one measure to demonstrate compliance with the subassurances. Further, the measure set does not currently include sufficient measures to satisfy all of the subassurances. As a result, states will need to supplement the measure set with additional measures to fully meet all of the subassurances.</p> <p>States that deliver their HCBS programs through managed LTSS (MLTSS) can use either the MLTSS measures listed or their HEDIS equivalents (if available). At a state's option, the Functional Assessment Standardized Items (FASI) measures<sup>5</sup> can be used in place of MLTSS-1 and MLTSS-2 for subassurance 1; FASI-1 and FASI-2 are not expected to be used by all states implementing the measure set and instead are included only as an option in place of MLTSS-1 and MLTSS-2. For any states opting to use the FASI measures, CMS will work with states to map their existing assessment instruments to the FASI.</p> <p>Work is underway to re-specify and test most of the MLTSS measures for use in fee-for-service. The measure set will be updated with relevant fee-for-service measures once they have been fully re-specified and tested. CMS expects to complete testing of the measures in 2022 and to make the full measure specifications available in 2023 for fee-for-service versions of most of the MLTSS measures included in the measure set.</p> <p>Although the waiver subassurances are only required for certain HCBS authorities, states are encouraged to use the measures listed below for all of their HCBS programs, regardless of federal authority, given the importance of person-centered practices in HCBS programs.</p> <p>Service Plan measures are in blue shading.</p>							
<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p>							
<p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p>							
2967	CMS	HCBS CAHPS Choosing the services that matter to you (Q 56, 57) <sup>6</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p>	✓		✓
3622	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)	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p>	✓		✓

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
Not applicable (NA)	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change what kind of services they get	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change when and how often they get their services	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose service plan includes their preferences and choices	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		✓
NA	CQL	POM: People realize personal goals	Paper Records, Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p>			

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	CMS	MLTSS-1: LTSS Comprehensive Assessment and Update <sup>7</sup>  HEDIS equivalent available <sup>8</sup>	Assessment/ Case Management System	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 2. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.</p>			✓
NA	CMS	MLTSS-2: LTSS Comprehensive Care Plan and Update <sup>9</sup>  HEDIS equivalent available	Case Management System	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 2. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.</p>			✓
3593	CMS	FASI-1: Identification of Person-Centered Priorities <sup>10,11</sup>	Electronic Health Record, Paper Records, Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p>			✓
3594	CMS	FASI-2: Documentation of a Person-Centered Service Plan <sup>12,13</sup>	Electronic Health Record, Paper Records, Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p>			✓
<p><b>Subassurance:</b> 2. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.</p>							



NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
2967	CMS	HCBS CAHPS Unmet Needs Single-Item Measures (Q 18, 22, 25, 27, 40) <sup>14</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 2. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.</p> <p><b>Subassurance:</b> 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.</p>	✓		
NA	CMS	MLTSS-1: LTSS Comprehensive Assessment and Update <sup>15</sup>  HEDIS equivalent available	Assessment/ Case Management System	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 2. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.</p>			✓
NA	CMS	MLTSS-2: LTSS Comprehensive Care Plan and Update <sup>16</sup>  HEDIS equivalent available	Case Management System	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 2. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.</p>			✓
NA	CMS	MLTSS-4: LTSS Reassessment/Care Plan Update after Inpatient Discharge <sup>17</sup>  HEDIS equivalent available	Assessment/ Case Management System	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 2. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.</p>		✓	
<p><b>Subassurance:</b> 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.</p>							

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
2967	CMS	HCBS CAHPS Unmet Needs Single-Item Measures (Q 18, 22, 25, 27, 40) <sup>18</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 2. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.</p> <p><b>Subassurance:</b> 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.</p>	✓		
2967	CMS	HCBS CAHPS Staff Are Reliable and Helpful Composite Measure (Q 13, 14, 15, 19, 37, 38) <sup>19</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.</p>	✓		
2967	CMS	HCBS CAHPS Staff Listen and Communicate Well Composite Measure (Q 28, 29, 30, 31, 32, 33, 41, 42, 43, 44, 45) <sup>20</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.</p>			
NA	NASDDDS, HSRI	NCI-IDD: Percentage of people who report their staff come and leave when they are supposed to	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.</p>			
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose support staff do things the way they want them done	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.</p>			

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose support staff show up and leave when they are supposed to	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.</p>	✓		
<b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.							
2967	CMS	HCBS CAHPS Community Inclusion and Empowerment Composite Measure (Q 75, 77, 78, 79, 80, 81) <sup>21</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>			✓
3622	NASDDDS, HSRI	NCI-IDD CC-4: Life Decision Composite Measure (The proportion of people who report making choices (independently or with help) in life decisions)	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>			✓
NA	NASDDDS, HSRI	NCI-IDD: The percentage of people who report that they helped make their service plan	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>			✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change what kind of services they get	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		✓

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change when and how often they get their services	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change their support staff	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>			✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose service plan reflects their preferences and choices	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		✓
NA	CQL	POM: People choose services	Paper Records, Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>			
NA	CMS	HCBS-10: Self-direction of services and supports among Medicaid beneficiaries receiving LTSS through managed care organizations <sup>22</sup>	Case Management System	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
<b>Section 1915(c) Health and Welfare Subassurances</b>							
<p>For the Health and Welfare subassurances, measures from multiple experience of care surveys are included. States that implement the measure set are not expected to conduct all of the experience of care surveys listed. Instead, states are only expected to use as many surveys as is necessary to assess the experience of care of each of the major population groups included in the HCBS program (e.g., older adults, adults with intellectual and developmental disabilities, adults with physical disabilities, adults with serious mental illness).<sup>23</sup> Measures from the Personal Outcome Measures® (POM) can also be used to address some of the Health and Welfare section 1915(c) waiver subassurances.</p> <p>States may use the measures from the measure set to report on their performance in meeting some section 1915(c) subassurances. In some cases, it may be necessary to report more than one measure to demonstrate compliance with the subassurances. Further, the measure set does not currently include sufficient measures to satisfy all of the subassurances. As a result, states will need to supplement the measure set with additional measures to fully meet all of the subassurances.</p> <p>States that deliver their HCBS programs through MLTSS can use either the MLTSS measures listed or their HEDIS equivalents (if available). Work is underway to re-specify and test most of the MLTSS measures for use in fee-for-service. The measure set will be updated with relevant fee-for-service measures once they have been fully re-specified and tested. CMS expects to complete testing of the measures in 2022 and to make the full measure specifications available in 2023 for fee-for-service versions of most of the MLTSS measures included in the measure set.</p> <p>Although the waiver subassurances are only required for certain HCBS authorities, states are encouraged to use the measures listed below for all of their HCBS programs, regardless of federal authority, given the importance of promoting beneficiary health and welfare in HCBS programs.</p> <p><b>Health and Welfare measures</b> are in orange shading.</p>							
<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.							
<b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.							
2967	CMS	HCBS CAHPS Personal Safety & Respect Composite Measure (Q 64, 65, 68) <sup>24</sup>	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✓
2967	CMS	HCBS CAHPS Physical Safety Single-Item Measure (Q 71) <sup>25</sup>	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who feel safe around their support staff	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✓



NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who are ever worried for the security of their personal belongings	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose money was taken or used without their permission in the last 12 months	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✓
NA	CQL	POM: People are free from abuse and neglect	Paper Records, Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✓
<b>Subassurance:</b> 2. The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.							
No relevant measures							
<b>Subassurance:</b> 3. State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.							
No relevant measures							
<b>Subassurance:</b> 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.							
NA	NASDDDS, HSRI	NCI-IDD preventive screening single-item measures: Percentage of people who are reported to have received preventive health screenings within recommended time frames (physical exam, routine dental exam, vision screening, hearing test, mammogram, pap test, colorectal cancer screening)	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.	✓		

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who know how to manage their chronic conditions	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.			
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who had somebody talk or work with them to reduce their risk of falling or being unstable	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.			
NA	CMS	MLTSS-3: LTSS Shared Care Plan with Primary Care Practitioner <sup>26</sup>  HEDIS equivalent available	Case Management System	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.			
NA	NCQA	MLTSS-5: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls (NCQA)	Case Management System	<b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. <b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. <b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.			
NA	NCQA	MLTSS: Plan All-Cause Readmission (HEDIS)	Administrative Claims	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.			

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	NCQA	MLTSS: Flu Vaccination (HEDIS) (adults 18-64 only)	Administrative Claims	<p><b>Assurance:</b> Health &amp; Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.</p> <p><b>Subassurance:</b> 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.</p>			
NA	CQL	POM: People have the best possible health	Paper Records, Participant Reported Data/Survey	<p><b>Assurance:</b> Health &amp; Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.</p> <p><b>Subassurance:</b> 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.</p>			

**Access, Rebalancing, and Community Integration/HCBS Settings Requirements**

For Access, Rebalancing, and Community Integration/HCBS Settings Requirements, measures from multiple experience of care surveys are included. States that implement the measure set are not expected to conduct all of the experience of care surveys listed. Instead, states are only expected to use as many surveys as is necessary to assess the experience of care of each of the major population groups included in the HCBS program (e.g., older adults, adults with intellectual and developmental disabilities, adults with physical disabilities, adults with serious mental illness).<sup>27</sup> Measures from the Personal Outcome Measures® (POM) can also be used to address some areas related to access, rebalancing, and community integration/HCBS settings requirements.

Work is underway to re-specify and test most of the MLTSS measures listed below for use in fee-for-service. The exception is MLTSS-6, for which a fee-for-service equivalent is already available (HCBS-1). The measure set will be updated with additional relevant fee-for-service measures once they have been fully re-specified and tested. CMS expects to complete testing of the measures in 2022 and to make the full measure specifications available in 2023.

**Access** - the level to which the beneficiary/family caregiver/natural support is aware of and able to access resources (e.g., peer support, respite, crisis support, information and referral) that support overall well-being.

2967	CMS	HCBS CAHPS Choosing the services that matter to you (Q 56, 57) <sup>28</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p>	✓		✓
2967	CMS	HCBS CAHPS Unmet Needs Single-Item Measures (Q 18, 22, 25, 27, 40) <sup>29</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.</p>	✓		

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
2967	CMS	HCBS CAHPS Staff Are Reliable and Helpful Composite Measure (Q 13, 14, 15, 19, 37, 38) <sup>30</sup>	Participant Reported Data/Survey	<b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. <b>Subassurance:</b> 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.	✓		
2967	CMS	HCBS CAHPS Transportation to Medical Appointments Composite Measure (Q 59, 61, 62) <sup>31</sup>	Participant Reported Data/Survey		✓		
3622	NASDDDS, HSRI	NCI-IDD CI-3: Transportation Availability Scale (The proportion of people who report adequate transportation)	Participant Reported Data/Survey		✓		✓
3622	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)	Participant Reported Data/Survey	<b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. <b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.	✓		✓
NA	NASDDDS, HSRI	NCI-IDD preventive screening single-item measures: Percentage of people who are reported to have received preventive health screenings within recommended time frames (physical exam, routine dental exam, vision screening, hearing test, mammogram, pap test, colorectal cancer screening)	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 4. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.	✓		

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose support staff show up and leave when they are supposed to	Participant Reported Data/Survey	<b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. <b>Subassurance:</b> 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.	✓		
NA	ADvancing States, HSRI	NCI-AD: Percentage of non-English speaking participants who receive information about their services in the language they prefer	Participant Reported Data/Survey		✓		
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who have transportation when they want to do things outside of their home	Participant Reported Data/Survey		✓		✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who have transportation to get to medical appointments when they need to	Participant Reported Data/Survey		✓		
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change what kind of services they get	Participant Reported Data/Survey	<b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. <b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. <b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.	✓		✓

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change when and how often they get their services	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose service plan reflects their preferences and choices	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		✓
NA	CMS	HCBS-10: Self-direction of services and supports among Medicaid beneficiaries receiving LTSS through managed care organizations <sup>32</sup>	Case Management System	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		
<p><b>Rebalancing</b> - achieving a more equitable balance between the share of spending and use of services and supports delivered in home and community-based settings relative to institutional care.</p>							
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who had adequate follow up after being discharged from a hospital or rehabilitation/nursing facility	Participant Reported Data/Survey			✓	
NA	CMS	<p>MLTSS-4: LTSS Reassessment/Care Plan Update after Inpatient Discharge<sup>33</sup></p> <p>HEDIS equivalent available</p>	Assessment/ Case Management System	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 2. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.</p>		✓	



NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	CMS	MLTSS-6: LTSS Admission to a Facility from the Community (MLTSS equivalent of HCBS-1)	Administrative Claims			✓	
NA	CMS	HCBS-1: Admission to a Facility from the Community Among Medicaid Fee-for Service (FFS) HCBS Users (CMS) (FFS equivalent of MLTSS-6) <sup>34</sup>	Administrative Claims			✓	
3457	CMS	MLTSS-7: LTSS Minimizing Facility Length of Stay	Administrative Claims			✓	✓
NA	CMS	MLTSS-8: LTSS Successful Transition After Long-Term Facility Stay	Administrative Claims			✓	✓
<p><b>Community Integration</b>, which is focused on ensuring the self-determination, independence, empowerment, and full inclusion of children and adults with disabilities and older adults in all parts of society, and <b>HCBS Settings Requirements</b>, as defined in the HCBS Settings final rule, which establishes requirements for the qualities of settings in which Medicaid HCBS are provided under sections 1915(c), 1915(i) and 1915(k) of the Social Security Act. The final rule requires that all home and community-based settings meet certain qualifications, including:</p> <ul style="list-style-type: none"> <li>• The setting is integrated in and supports full access to the greater community;</li> <li>• The setting is selected by the individual from among setting options;</li> <li>• The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</li> <li>• The setting optimizes autonomy and independence in making life choices; and</li> <li>• The setting facilitates choice regarding services and who provides them.</li> </ul> <p>Please note that the measures included in the measure set are not designed to determine if a particular setting is fully compliant with HCBS settings requirements. Instead, the measures are included as an assessment of overall system performance in terms of whether people receiving HCBS have opportunities for community integration and the system of care is meeting the purpose and intent of the settings rule.</p>							
2967	CMS	HCBS CAHPS Choosing the services that matter to you (Q 56, 57) <sup>35</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p>	✓		✓

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
2967	CMS	HCBS CAHPS Personal Safety & Respect Composite Measure (Q 64, 65, 68) <sup>36</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Health &amp; Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.</p> <p><b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.</p>			✓
2967	CMS	HCBS CAHPS Physical Safety Single-Item Measure (Q 71) <sup>37</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Health &amp; Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.</p> <p><b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.</p>			✓
2967	CMS	HCBS CAHPS Community Inclusion and Empowerment Composite Measure (Q 75, 77, 78, 79, 80, 81) <sup>38</sup>	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>			✓
3622	NASDDDS, HSRI	NCI-IDD CI-1: Social Connectedness (The proportion of people who report that they do not feel lonely)	Participant Reported Data/Survey				✓
3622	NASDDDS, HSRI	NCI-IDD CI-3: Transportation Availability Scale (The proportion of people who report adequate transportation)	Participant Reported Data/Survey		✓		✓
NA	NASDDDS, HSRI	NCI-IDD: The percentage of people who report that they helped make their service plan	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>			✓

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
3622	NASDDDS, HSRI	NCI-IDD CC-3: Can Stay Home When Others Leave (The proportion of people who live with others who report they can stay home if they choose when others in their house/home go somewhere)	Participant Reported Data/Survey				✓
3622	NASDDDS, HSRI	NCI-IDD CC-4: Life Decision Composite Measure (The proportion of people who report making choices (independently or with help) in life decisions)	Participant Reported Data/Survey	<b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. <b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.			✓
3622	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)	Participant Reported Data/Survey	<b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. <b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.	✓		✓
3622	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)	Participant Reported Data/Survey				✓
3622	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)	Participant Reported Data/Survey				✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who are as active in their community as they would like to be	Participant Reported Data/Survey				✓

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who are able to see or talk to their friends and family when they want to	Participant Reported Data/Survey				✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who have transportation when they want to do things outside of their home	Participant Reported Data/Survey		✓		✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who feel safe around their support staff	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who are ever worried for the security of their personal belongings	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose money was taken or used without their permission in the last 12 months	Participant Reported Data/Survey	<b>Assurance:</b> Health & Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. <b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.			✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people in group settings who have enough privacy where they live	Participant Reported Data/Survey				✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change what kind of services they get	Participant Reported Data/Survey	<b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. <b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. <b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.	✓		✓

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change when and how often they get their services	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people who can choose or change their support staff	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>			✓
NA	ADvancing States, HSRI	NCI-AD: Percentage of people whose service plan reflects their preferences and choices	Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 4. Participants are afforded choice between/among waiver services and providers.</p>	✓		✓
NA	CQL	POM: People are free from abuse and neglect	Paper Records, Participant Reported Data/Survey	<p><b>Assurance:</b> Health &amp; Welfare - The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.</p> <p><b>Subassurance:</b> 1. The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.</p>			✓
NA	CQL	POM: People live in integrated environments	Paper Records, Participant Reported Data/Survey				✓

NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
NA	CQL	POM: People interact with other members of the community	Paper Records, Participant Reported Data/Survey				✓
NA	CQL	POM: People participate in the life of the community	Paper Records, Participant Reported Data/Survey				✓
NA	CMS	MLTSS-1: LTSS Comprehensive Assessment and Update <sup>39</sup>  HEDIS equivalent available <sup>40</sup>	Assessment/ Case Management System	<b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. <b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. <b>Subassurance:</b> 2. Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.			✓
NA	CMS	MLTSS-2: LTSS Comprehensive Care Plan and Update <sup>41</sup>  HEDIS equivalent available	Case Management System	<b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. <b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. <b>Subassurance:</b> 2. Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.			✓
3457	CMS	MLTSS-7: LTSS Minimizing Facility Length of Stay	Administrative Claims			✓	✓
NA	CMS	MLTSS-8: LTSS Successful Transition After Long-Term Facility Stay	Administrative Claims			✓	✓



NQF #	Measure Steward	Measure Name	Data Collection Method	Assurance Subassurance	Access	Rebalancing	Community Integration and HCBS Settings Requirements
3593	CMS	FASI-1: Identification of Person-Centered Priorities <sup>42,43</sup>	Electronic Health Record, Paper Records, Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p><b>Subassurance:</b> 2. Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.</p>			✓
3594	CMS	FASI-2: Documentation of a Person-Centered Service Plan <sup>44,45</sup>	Electronic Health Record, Paper Records, Participant Reported Data/Survey	<p><b>Assurance:</b> Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</p> <p><b>Subassurance:</b> 1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p>			✓

<sup>1</sup> See additional clarifying information on experience of care measures in the next paragraph.

<sup>2</sup> See <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf> for more information.

<sup>3</sup> Most of the measures included in the measure set have only been tested with adults and have not been tested with children and adolescents. As a result, the measure set may not be appropriate for use in HCBS programs that serve children and adolescents.

<sup>4</sup> Most of the measures included in the measure set have only been tested with adults and have not been tested with children and adolescents. As a result, the measure set may not be appropriate for use in HCBS programs that serve children and adolescents.

<sup>5</sup> At a state's option, the FASI measures may also be used with fee-for-service populations.

<sup>6</sup> Questions used to calculate the composite score include:

- Q 56: In the last 3 months, did your [program-specific term for "service plan"] include . . .
- Q 57: In the last 3 months, did you feel {personal assistance/behavioral health staff} knew what's on your [program-specific term for "service plan"], including the things that are important to you?

<sup>7</sup> Measure description: The percentage of MLTSS plan members age 18 and older who have documentation of a comprehensive assessment in a specified timeframe that includes documentation of core elements. For more information, see <https://www.medicaid.gov/media/3396>.

<sup>8</sup> For all measures with a HEDIS equivalent, states can opt to use the HEDIS equivalent for managed care and FFS populations.

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<sup>9</sup> Measure description: The percentage MLTSS plan members age 18 and older who have documentation of a comprehensive LTSS care plan in a specified timeframe that includes documentation of core elements. For more information, see <https://www.medicaid.gov/media/3396>.

<sup>10</sup> Measure description: Percentage of individuals 18 years or older who received community-based LTSS with documented needs determined by the Functional Assessment Standardized Items AND who have identified at least 3 personal priorities related to self-care, mobility, or IADL functional needs within the reporting period. For more information, see <https://www.medicaid.gov/medicaid/ltss/teft-program/functional-assessment-standardized-items/index.html>.

<sup>11</sup> At a state's option, FASI-1 can be used in place of MLTSS-1; FASI-1 is not expected to be used by all states implementing the measure set and instead is included only as an option in place of MLTSS-1.

<sup>12</sup> Measure description: Percentage of individuals 18 years or older who received community-based LTSS with documented functional needs as determined by the Functional Assessment Standardized Items assessment AND documentation of a person-centered service plan that addressed identified functional needs within the reporting period. For more information, see <https://www.medicaid.gov/medicaid/ltss/teft-program/functional-assessment-standardized-items/index.html>.

<sup>13</sup> At a state's option, FASI-2 can be used in place of MLTSS-2; FASI-2 is not expected to be used by all states implementing the measure set and instead is included only as an option in place of MLTSS-2.

<sup>14</sup> Questions include:

- Q 18: Unmet need in dressing/bathing due to lack of help: In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- Q 22: Unmet need in meal preparation/eating due to lack of help: In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- Q 25: Unmet need in medication administration due to lack of help: In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- Q 27: Unmet need in toileting due to lack of help: In the last 3 months, did you get all the help you needed with toileting from {personal assistance/behavioral health staff} when you needed it?
- Q 40: Unmet need with household tasks due to lack of help: In the last 3 months, was this because there were no {homemakers} to help you?

<sup>15</sup> Measure description: The percentage of MLTSS plan members age 18 and older who have documentation of a comprehensive assessment in a specified timeframe that includes documentation of core elements. For more information, see <https://www.medicaid.gov/media/3396>.

<sup>16</sup> Measure description: The percentage MLTSS plan members age 18 and older who have documentation of a comprehensive LTSS care plan in a specified timeframe that includes documentation of core elements. For more information, see <https://www.medicaid.gov/media/3396>.

<sup>17</sup> Measure description: The percentage of discharges from inpatient facilities for MLTSS plan members age 18 and older for whom a reassessment and care plan update occurred within 30 days of discharge. For more information, see <https://www.medicaid.gov/media/3396>.

<sup>18</sup> Questions include:

- Q 18: Unmet need in dressing/bathing due to lack of help: In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- Q 22: Unmet need in meal preparation/eating due to lack of help: In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- Q 25: Unmet need in medication administration due to lack of help: In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- Q 27: Unmet need in toileting due to lack of help: In the last 3 months, did you get all the help you needed with toileting from {personal assistance/behavioral health staff} when you needed it?
- Q 40: Unmet need with household tasks due to lack of help: In the last 3 months, was this because there were no {homemakers} to help you?

<sup>19</sup> Questions used to calculate the composite score include:

- Q 13: In the last 3 months, how often did {personal assistance/behavioral health staff} come to work on time?
- Q 14: In the last 3 months, how often did {personal assistance/behavioral health staff} work as long as they were supposed to?
- Q 15: In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that {personal assistance/behavioral health staff} could not come that day?

- Q 19: In the last 3 months, how often did {personal assistance/behavioral health staff} make sure you had enough personal privacy when you dressed, took a shower, or bathed?
- Q 37: In the last 3 months, how often did {homemakers} come to work on time?
- Q 38: In the last 3 months, how often did {homemakers} work as long as they were supposed to?

<sup>20</sup> Questions used to calculate the composite score include:

- Q 28: In the last 3 months, how often did {personal assistance/behavioral health staff} treat you with courtesy and respect?
- Q 29: In the last 3 months, how often were the explanations {personal assistance/behavioral health staff} gave you hard to understand because of an accent or the way {personal assistance/behavioral health staff} spoke English?
- Q 30: In the last 3 months, how often did {personal assistance/behavioral health staff} treat you the way you wanted them to?
- Q 31: In the last 3 months, how often did {personal assistance/behavioral health staff} explain things in a way that was easy to understand?
- Q 32: In the last 3 months, how often did {personal assistance/behavioral health staff} listen carefully to you?
- Q 33: In the last 3 months, did you feel {personal assistance/behavioral health staff} knew what kind of help you needed with everyday activities, like getting ready in the morning, getting groceries, or going places in your community?
- Q 41: In the last 3 months, how often did {homemakers} treat you with courtesy and respect?
- Q 42: In the last 3 months, how often were the explanations {homemakers} gave you hard to understand because of an accent or the way the {homemakers} spoke English?
- Q 43: In the last 3 months, how often did {homemakers} treat you the way you wanted them to?
- Q 44: In the last 3 months, how often did {homemakers} listen carefully to you?
- Q 45: In the last 3 months, did you feel {homemakers} knew what kind of help you needed?

<sup>21</sup> Questions used to calculate the composite score include:

- Q 75: In the last 3 months, when you wanted to, how often could you get together with these family members who live nearby?
- Q 77: In the last 3 months, when you wanted to, how often could you get together with these friends who live nearby?
- Q 78: In the last 3 months, when you wanted to, how often could you do things in the community that you like?
- Q 79: In the last 3 months, did you need more help than you get from {personal assistance/behavioral health staff} to do things in your community?
- Q 80: In the last 3 months, did you take part in deciding what you do with your time each day?
- Q 81: In the last 3 months, did you take part in deciding when you do things each day—for example, deciding when you get up, eat, or go to bed?

<sup>22</sup> This measure assesses the offer, and selection, of self-directed services among MLTSS adult enrollees who receive HCBS. The measure consists of two rates:

1. Self-direction offer rate: Percentage of HCBS users ages 18 and older enrolled in MLTSS plans and eligible for self-direction who were offered the option to self-direct their home and community-based services in the last 12 months.
2. Self-direction opt-in rate: Percentage of HCBS users ages 18 and older enrolled in MLTSS plans and eligible for self-direction who opted-in to self-direct their home and community-based services, among those who received an offer to self-direct in the last 12 months.

<sup>23</sup> Most of the measures included in the measure set have only been tested with adults and have not been tested with children and adolescents. As a result, the measure set may not be appropriate for use in HCBS programs that serve children and adolescents.

<sup>24</sup> Questions used to calculate the composite score include:

- Q 64: In the last 3 months, was there a person you could talk to if someone hurt you or did something to you that you didn't like?
- Q 65: In the last 3 months, did any {personal assistance/behavioral health staff, homemakers, or your case managers} take your money or your things without asking you first?
- Q 68: In the last 3 months, did any {staff} yell, swear, or curse at you?

<sup>25</sup> Question: In the last 3 months, did any {staff} hit you or hurt you?

<sup>26</sup> Measure description: The percentage of MLTSS plan members age 18 and older with a care plan that was transmitted to their primary care practitioner (PCP) or other documented medical care practitioner identified by the plan member within 30 days its development. For more information, see <https://www.medicaid.gov/media/3396>.

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<sup>27</sup> Most of the measures included in the measure set have only been tested with adults and have not been tested with children and adolescents. As a result, the measure set may not be appropriate for use in HCBS programs that serve children and adolescents.

<sup>28</sup> Questions used to calculate the composite score include:

- Q 56: In the last 3 months, did your [program-specific term for “service plan”] include . . .
- Q 57: In the last 3 months, did you feel {personal assistance/behavioral health staff} knew what’s on your [program-specific term for “service plan”], including the things that are important to you?

<sup>29</sup> Questions include:

- Q 18: Unmet need in dressing/bathing due to lack of help: In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- Q 22: Unmet need in meal preparation/eating due to lack of help: In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- Q 25: Unmet need in medication administration due to lack of help: In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- Q 27: Unmet need in toileting due to lack of help: In the last 3 months, did you get all the help you needed with toileting from {personal assistance/behavioral health staff} when you needed it?
- Q 40: Unmet need with household tasks due to lack of help: In the last 3 months, was this because there were no {homemakers} to help you?

<sup>30</sup> Questions used to calculate the composite score include:

- Q 13: In the last 3 months, how often did {personal assistance/behavioral health staff} come to work on time?
- Q 14: In the last 3 months, how often did {personal assistance/behavioral health staff} work as long as they were supposed to?
- Q 15: In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that {personal assistance/behavioral health staff} could not come that day?
- Q 19: In the last 3 months, how often did {personal assistance/behavioral health staff} make sure you had enough personal privacy when you dressed, took a shower, or bathed?
- Q 37: In the last 3 months, how often did {homemakers} come to work on time?
- Q 38: In the last 3 months, how often did {homemakers} work as long as they were supposed to?

<sup>31</sup> Questions used to calculate the composite score include questions 59, 61, and 62.

<sup>32</sup> This measure assesses the offer, and selection, of self-directed services among MLTSS adult enrollees who receive HCBS. The measure consists of two rates:

1. Self-direction offer rate: Percentage of HCBS users ages 18 and older enrolled in MLTSS plans and eligible for self-direction who were offered the option to self-direct their home and community-based services in the last 12 months.
2. Self-direction opt-in rate: Percentage of HCBS users ages 18 and older enrolled in MLTSS plans and eligible for self-direction who opted-in to self-direct their home and community-based services, among those who received an offer to self-direct in the last 12 months.

<sup>33</sup> Measure description: The percentage of discharges from inpatient facilities for MLTSS plan members age 18 and older for whom a reassessment and care plan update occurred within 30 days of discharge. For more information, see <https://www.medicaid.gov/media/3396>.

<sup>34</sup> For all measures with a HEDIS equivalent, states can opt to use the HEDIS equivalent for Managed Care or FFS populations.

<sup>35</sup> Questions used to calculate the composite score include:

- Q 56: In the last 3 months, did your [program-specific term for “service plan”] include . . .
- Q 57: In the last 3 months, did you feel {personal assistance/behavioral health staff} knew what’s on your [program-specific term for “service plan”], including the things that are important to you?

<sup>36</sup> Questions used to calculate the composite score include:

- Q 64: In the last 3 months, was there a person you could talk to if someone hurt you or did something to you that you didn’t like?
- Q 65: In the last 3 months, did any {personal assistance/behavioral health staff, homemakers, or your case managers} take your money or your things without asking you first?

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- Q 68: In the last 3 months, did any {staff} yell, swear, or curse at you?

<sup>37</sup> Question: In the last 3 months, did any {staff} hit you or hurt you?

<sup>38</sup> Questions used to calculate the composite score include:

- Q 75: In the last 3 months, when you wanted to, how often could you get together with these family members who live nearby?
- Q 77: In the last 3 months, when you wanted to, how often could you get together with these friends who live nearby?
- Q 78: In the last 3 months, when you wanted to, how often could you do things in the community that you like?
- Q 79: In the last 3 months, did you need more help than you get from {personal assistance/behavioral health staff} to do things in your community?
- Q 80: In the last 3 months, did you take part in deciding what you do with your time each day?
- Q 81: In the last 3 months, did you take part in deciding when you do things each day—for example, deciding when you get up, eat, or go to bed?

<sup>39</sup> Measure description: The percentage of MLTSS plan members age 18 and older who have documentation of a comprehensive assessment in a specified timeframe that includes documentation of core elements. For more information, see <https://www.medicaid.gov/media/3396>.

<sup>40</sup> For all measures with a HEDIS equivalent, states can opt to use the HEDIS equivalent for managed care and FFS populations.

<sup>41</sup> Measure description: The percentage MLTSS plan members age 18 and older who have documentation of a comprehensive LTSS care plan in a specified timeframe that includes documentation of core elements. For more information, see <https://www.medicaid.gov/media/3396>.

<sup>42</sup> Measure description: Percentage of individuals 18 years or older who received community-based LTSS with documented needs determined by the Functional Assessment Standardized Items AND who have identified at least 3 personal priorities related to self-care, mobility, or IADL functional needs within the reporting period. For more information, see <https://www.medicaid.gov/medicaid/ltss/teft-program/functional-assessment-standardized-items/index.html>.

<sup>43</sup> At a state's option, FASI-1 can be used in place of MLTSS-1; FASI-1 is not expected to be used by all states implementing the measure set and instead is included only as an option in place of MLTSS-1.

<sup>44</sup> Measure description: Percentage of individuals 18 years or older who received community-based LTSS with documented functional needs as determined by the Functional Assessment Standardized Items assessment AND documentation of a person-centered service plan that addressed identified functional needs within the reporting period. For more information, see <https://www.medicaid.gov/medicaid/ltss/teft-program/functional-assessment-standardized-items/index.html>.

<sup>45</sup> At a state's option, FASI-2 can be used in place of MLTSS-2; FASI-2 is not expected to be used by all states implementing the measure set and instead is included only as an option in place of MLTSS-2.