



All-State Medicaid and CHIP Call February 13, 2024



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Agenda

- Home and Community-Based Services (HCBS) Quality Measure Set
- Open Mic Q and A

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

Reporting Requirements and Implementation
Expectations for Money Follows the Person (MFP)
Grant Recipients - February 13, 2024

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About the HCBS Quality Measure Set (1/2)

- In July 2022, CMS released the first-ever [HCBS Quality Measure Set](#) through State Medicaid Director Letter (SMDL) # 22-003
 - Provides 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 nationally standardized quality measures in HCBS programs
 - Describes the purpose of the measure set, the measure selection criteria, and considerations for implementation
- Implementation of the HCBS Quality Measure Set creates opportunities for CMS, states, and territories to promote health equity and reduce disparities in health outcomes among people receiving HCBS

About the HCBS Quality Measure Set (2/2)

- Organizes measures by section 1915(c) service plan and health and welfare sub-assurances
- Identifies measures that address HCBS quality and outcomes in the following key priority areas: access, rebalancing, and HCBS settings requirements/community integration
- Designed to assess quality and outcomes across a broad range of key areas for HCBS
- Extensively leverages experience of care surveys used in HCBS programs, which is critical for ensuring that services are person-centered and support beneficiaries' goals and preferences for care

Measures Included in HCBS Quality Measure Set (1/2)

- Includes 48 measures derived from four experience of care **surveys**
 - HCBS Consumer Assessment of Healthcare Providers and Systems® (HCBS CAHPS®) (8 measures)
 - National Core Indicators-Aging and Disabilities (NCI-AD)™ (18 measures)
 - National Core Indicators®-Intellectual and Developmental Disabilities (NCI®-IDD) (16 measures)
 - Personal Outcome Measures® (POM) (6 measures)

NOTE: States and territories that implement the measure set are not expected to conduct all of the surveys listed. Instead, they 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 their HCBS programs.

Measures Included in HCBS Quality Measure Set (2/2)

- Also includes nationally standardized measures from other data sources
 - **6** measures that use **assessment and/or case management record data**
 - NOTE: Fee-for-service (FFS) versions of four managed long-term services and supports (MLTSS) measures will also be added to the measure set in early 2024.
 - **6** measures that use **claims and/or encounter data**
 - NOTE: Includes an aligned pair of FFS and MLTSS measures assessing admission to a facility from the community. FFS versions of two other MLTSS measures will also be added to the measure set in early 2024. One MLTSS measure (Flu Vaccination (HEDIS) (adults 18-64 only)) will be removed as the measure is being retired by its measure steward, National Committee for Quality Assurance (NCQA).

Home and Community Based Quality Measure Set Reporting Requirements for s Grant Recipients

- As required by Money Follows the Person (MFP) Program Term and Condition (PTC) 43, MFP grant recipients are required to implement the HCBS Quality Measure Set
- MFP grant recipients are required to report on the HCBS Quality Measure Set every other year for their section 1915(c), (i), (j), and (k) programs and section 1115 demonstrations that include HCBS
 - For the initial implementation of the measure set, MFP grant recipients can opt to, but are not required to, stratify data for MFP participants and by demographic or other characteristics of their HCBS participants

HCBS Quality Measure Set Reporting Requirements for MFP Grant Recipients

- The first year of reporting will be 2026, using performance data for 2025
 - New reporting forms in the Medicaid Data Collection Tool are under development
 - CMS expects that reporting in 2026 will be no earlier than September 1, 2026
- For the initial implementation of the HCBS Quality Measure Set, MFP grant recipients will be expected to report on a subset of the measures in the measure set and to develop a quality improvement plan related to two measures of their choice

Initial Implementation of the HCBS Quality Measure Set for MFP Grant Recipients(1/2)

1. Conduct experience of care survey(s) for each of the major population groups included in the state's or territory's HCBS programs
 - States and territories that conduct **HCBS CAHPS®** will be expected to report the results to the HCBS CAHPS® database managed by the Agency for Healthcare Research and Quality (AHRQ); CMS will obtain the survey results through the HCBS CAHPS® database
 - For states and territories that conduct **NCI-AD™**, CMS plans to work with ADvancing States and Human Services Research Institute (HSRI) to set up a process to obtain the survey results and avoid separate reporting to CMS
 - For states and territories that conduct **NCI-IDD®**, CMS plans to work with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and HSRI to set up a process to obtain the survey results and avoid separate reporting to CMS

Initial Implementation of the HCBS Quality Measure Set for MFP Grant Recipients (2/2)

2. Mandatory reporting of two assessment/case management record measures (LTSS-1 and LTSS-2)
 - Reporting on four assessment/case management record measures (LTSS-3, LTSS-4, MLTSS-5, HCBS 10) is voluntary
3. Mandatory reporting of three claims/encounter data rebalancing measures (LTSS-6 (formerly, MLTSS-6 and HCBS-1), LTSS-7, and LTSS-8)
 - At the state's or territory's option, CMS will report on the measures using Transformed Medicaid Statistical Information System (T-MSIS) data
 - Reporting on one claims/encounter data measure (all-cause readmissions) is voluntary

2026 MFP Reporting Requirements

| Mandatory/ Voluntary | Measure | Data Source/Data Collection Method | Delivery System |
|---------------------------------|--|---|----------------------------|
| Mandatory | Experience of care survey(s) for each of the major population groups included in the state's or territory's HCBS programs (specific measures to be determined) | Survey | FFS/MLTSS |
| Mandatory | LTSS-1: LTSS Comprehensive Assessment and Update | Assessment/Case Management Record | FFS/MLTSS |
| Mandatory | LTSS-2: LTSS Comprehensive Care Plan and Update | Case Management Record | FFS/MLTSS |
| Voluntary | LTSS-3: LTSS Shared Care Plan with Primary Care Practitioner | Case Management Record | FFS/MLTSS |
| Voluntary | LTSS-4: LTSS Reassessment/Care Plan Update after Inpatient Discharge | Assessment/Case Management Record | FFS/MLTSS |
| Voluntary | MLTSS-5: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls | Case Management Record | MLTSS |
| Mandatory | LTSS-6: LTSS Admission to a Facility from the Community | Claims/Encounter Data | FFS/MLTSS |
| Mandatory | LTSS-7: LTSS Minimizing Facility Length of Stay | Claims/Encounter Data | FFS/MLTSS |
| Mandatory | LTSS-8: LTSS Successful Transition After Long-Term Facility Stay | Claims/Encounter Data | FFS/MLTSS |
| Voluntary | HCBS-10: Self-direction of services and supports among Medicaid beneficiaries receiving LTSS through managed care organizations | Case Management Record | MLTSS |
| Voluntary | MLTSS: Plan All-Cause Readmission (HEDIS) | Claims/Encounter Data | MLTSS |

MFP Budget Considerations

- States and territories can include the costs associated with planning, implementation, and ongoing use of the HCBS Quality Measure Set in their MFP budgets
- Allowable costs include (but are not limited to):
 - Developing a quality management strategy and plan
 - Conducting experience of care surveys (also see slide 65)
 - Collecting and analyzing data for measures constructed from claims and/or encounter data and assessment/case management records

Getting Started (1/2)

- MFP recipients should **work with their state Medicaid agencies and operating agencies** to discuss planning and implementation of an HCBS experience of care survey
- Each survey also has an organization available to support states and territories with their questions and provide technical assistance

Getting Started (2/2)

| Survey | Organization(s) | Contact Information |
|----------------|--|---|
| HCBS CAHPS® | The Lewin Group/Westat | HCBSMeasures@lewin.com HCBS-CAHPS@cms.hhs.gov |
| NCI-AD™ | ADvancing States/Human Services Research Institute (HSRI) | Rosa Plasencia rplasencia@advancingstates.org |
| NCI®-IDD | National Association of State Directors of Developmental Disabilities Services (NASDDDS)/HSRI | Laura Vegas lvegas@nasddds.org |
| POM | The Council on Quality and Leadership (CQL) | Mary Kay Rizzolo mkrizzolo@thecouncil.org Michael Clausen mclausen@thecouncil.org |

For More Information

- ADvancing States and Human Services Research Institute (HSRI). National Core Indicators – Aging and Disabilities (NCI-AD)[™]. <https://nci-ad.org/>
- Agency for Healthcare Research and Quality (AHRQ). CAHPS[®] Home and Community-Based Services Survey. <https://www.ahrq.gov/cahps/surveys-guidance/hcbs/index.html>
- Centers for Medicare & Medicaid Services (CMS). (2022, July). SMD# 22-003: RE: Home and Community-Based Services Quality Measure Set. <https://www.medicare.gov/sites/default/files/2022-07/smd22003.pdf>
- CMS. Measuring and Improving Quality in Home and Community-Based Services. [HCBS Quality Measure Set](#)
- The Council on Quality and Leadership (CQL). Personal Outcome Measures[®] (POM). <https://www.c-q-l.org/tools/personal-outcome-measures/>
- NASDDDS and HSRI. National Core Indicators[®] – Intellectual and Developmental Disabilities (NCI[®]-IDD). <https://idd.nationalcoreindicators.org/>

Questions

CMS MFP Demonstration Mailbox
MFPDemo@cms.hhs.gov