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(Coordinator): Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. During the Q&A session, if you'd like to ask a question, you press Star 1 on your phone. Today's call is being recorded. If you have any objections, please disconnect at this time. I will now turn the call over to Jackie Glaze. Thank you. You may begin.

Jackie Glaze: Thank you and good afternoon and welcome everyone to today's All-State Column Webinar. I'll now turn to Anne-Marie Costello, our Deputy Center Director for opening remarks. Anne-Marie?

Anne-Marie Costello: Thanks, Jackie, and hi, everyone, and welcome to today's All-State call. On today's call, we'll be discussing the Home and Community-Based Services, or HCBS Quality Measure Set, including the reporting requirements and implementation expectations for the Money Follows the Person grant recipient.

In July of 2022, CMS released the first ever Home and Community-Based Quality Measure Set through a State Medicaid Director letter. Implementation of the HCBS Quality Measures Set creates opportunities for CMS, states, and territories to promote health equity and reduce disparities in health outcomes among people receiving Home and Community-

Based Services. So, we're excited for today's discussion. But before we get started, I wanted to let folks know that we will be using the webinar platform to share slides today. If you're not already logged in, I suggest you do so now, so you can see the slides for today's presentation. You can also submit any questions you have into the chat at any time during our presentation.

With that, I'm pleased to introduce Jen Bowden from our Medicaid Benefits and Health Programs Group to walk you through the Home and Community-Based Services Quality Measure Set. Jen?

Jen Bowden: Thanks, Anne-Marie, and hi, everyone. As Anne-Marie mentioned, I'm Jen Bowden, I'm the Director of the Division of Community Systems Transformation here at CMS, and we are part of the Medicaid Benefits and Health Programs Group. Our division, Division of Community Systems Transformation is responsible along with the Office of Acquisition and Grants Management for the implementation of the Money Follows the Person demonstration or the MFP demonstration.

And as Anne-Marie mentioned, I'm going to talk to you today about the Home and Community-Based Services or HCBS Quality Measure Set and the new reporting requirements and implementation expectations that we recently rolled out for Money Follows a Person grant recipients. So, you may be aware that we have previously notified the 41 states and territories that are participating in the MFP demonstration that they would be required to implement the HCBS quality measure set.

On the MFP quarterly national call that we held in January with the MFP grant recipients, we provided additional information on those requirements. And today, we wanted to share that same information with a broader audience of representatives from state Medicaid agencies and operating agencies.

Next slide, please. So, first, a bit of background since some folks on the call may be a bit less familiar with the measure set. So, the HCBS Quality Measure Set is a set of nationally standardized quality measures for Medicaid-funded HCBS, and it's intended to promote more common and consistent use within and across states of nationally standardized quality measures in HCBS programs. And it can also help to identify opportunities to reduce disparities in health outcomes among people receiving HCBS.

So, we had released the first-ever version of the HCBS Quality Measure Set in July 2022, and we did this through State Medicaid Director Letter, SMDL 22-003. And in that SMDL, we provided a set of nationally standardized quality measures for HCBS, and we also described the purpose of the measure set, the measure selection criteria, and considerations for implementation.

Next slide, please. So, the measure set is designed to assess quality and outcomes across a broad range of key areas for HCBS. So, in the version of the measure set that we released in July 2022, the measures were organized in several ways, including by Section 1915(C) service plan and health and welfare sub-assurances, and then we also identified measures that address HCBS quality and outcomes related to access, rebalancing HCBS settings requirements, and community integration.

Next slide, please. So, the measure set extensively leverages experience-of-care surveys that are used in HCBS programs. In fact, the measure set includes 48 measures derived from 48 experience-of-care surveys. So, there are eight measures from the HCBS Consumer Assessment of Healthcare Providers and Systems, or the HCBS CAHPS Survey. There are 18 measures from National Core Indicators, Aging and Disabilities, or NCIAD. There are

16 measures from National Core Indicators, Intellectual and Developmental Disabilities, or NCI-IDD.

There are six measures from the Personal Outcome Measures or the POM. And just one thing that's really important to note, because 48 measures certainly seems like a lot, is that states and territories that implement the measure set are not expected to conduct all of these surveys. Instead, we're offering a choice of surveys as part of it, because we know that there are different surveys in use by different states. And so, the expectation is that states use only as many surveys as are necessary to assess the experience of care of each of the major population groups included in their HCBS programs. It leads to the extent that, there is an experience-of-care surveys that's been tested for use with that population.

For a lot of states, that might mean that they only need to use one survey. A number of states may need to use a combination of two surveys or possibly three, but we would not - we certainly would not expect any state to have to use all four, although they are certainly welcome to do that if they choose to use different surveys with different populations.

Next slide, please. So, the measure set leverages experience-of-care surveys, but those are certainly not the only measures included in the measure set. The measure set also includes nationally standardized measures from other data sources. This includes six measures that use assessment or case management record data and six measures that use claims or encounter data. A few things to note about this, though, is that two of those claimant encounter measures are actually an aligned pair of fee-for-service and MLTSS or managed LTSS measures. And those measures look at admission to a facility from the community.

And so, depending upon how you're accounting the number of measures, there are actually five unique claimant encounter data measures because two of those are an aligned pair. In some states, depending upon whether they have fee-for-service or managed care or both, they may only need to use one, although some states may need to use both of those.

One thing I also just wanted to make sure that folks aren't aware of is that, in the current version of the measure set, some of the measures have only been tested for use in managed care. We are, however, preparing to make a technical update to the measure set, hopefully no later than this spring, to add fee-for-service versions of four of the assessment and case management record measures and two of the claim and encounter measures, and to add fee-for-service versions of those measures. And so, this ultimately means that there will be some additional measures added to the measure set, but because they are aligned pairs, we're not necessarily increasing the number of unique measures in the measure set.

We think these changes are important, though, because it will help to ensure that the measures - in the measure set are applicable to HCBS in both fee-for-service and managed care programs. And then we'll also be removing one managed LTSS measure, the flu vaccination measure. That measure has been retired by its measure steward, which is the National Committee for Quality Assurance, and so we'll be removing that measure from the measure set as well.

Next slide, please. So, there were some background on the measure set generally, and I'm happy to answer any questions that folks have about the measure set. I want to spend the rest of the time, though, talking more specifically about what's required for MFP grant recipients. So, the first thing to note is that MFP grant recipients are required to report on the HCBS

Quality Measure Set every other year. So, this is non-annual reporting requirement. It's an every-other-year reporting requirement, and they're required to report for their Section 1915(C), I, J, and K programs and Section 1115 demonstrations that include HCBS.

And to be really clear about what this means, what we are saying is that, MFP grant recipients are not required to report the measures specifically on their MFP participants, but instead they're required to report on the measures for their state HCBS programs as a whole. And there are a couple of reasons for this. The first is that, this is part of the Quality Assurance Requirements for the MFP program. So, we're really using these quality measures to look at the quality of the HCBS programs that MFP participants are transitioning into.

The second is a really practical consideration. For many MFP programs, there aren't enough MFP participants to report on these quality measures. A state or territory that's participating in MFP can certainly opt to stratify the measures for MFP participation if they have a large enough MFP population, but at this time we are not requiring it that states stratify for their MFP population.

I also want to note that the State Medicaid Director letter that we used to release the measure set talks about stratifying data to assess equity. For the initial implementation of the measure set, however, MFP grant recipients are not required to stratify data based on demographic or other characteristics of their HCBS population. They can certainly choose to do that if they would like to, but we are not requiring stratification at this time.

Next slide, please. So, for MFP grant recipients, the first year of reporting on the measure set will be 2026, using performance data for 2025. We are in the process of developing new reporting forms, and preliminarily, we expect to

implement those reporting forms in the Medicaid Data Collection Tool, and we'll have more information to share on this, as well as the process for submitting the data as the reporting forms in the system for data submission becomes available.

For that first year of reporting in 2026, we also wanted to note that we expect that the data will be due to CMS no earlier than September 1, 2026. So, just to repeat that, we're not expecting the data to be submitted to us earlier than in the fall of 2026, and this is really because we know that there needs to be some - you know, there's going to be claims run out and there's some data lag, and we want to make sure that we account for that. And so, we are not expecting the data prior to September 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 they'll also be expected to develop a quality improvement plan related to two measures of their choice. We expect - so in a nutshell, essentially what we're expecting is that the grant recipients use the data for quality improvement, but we wanted to provide flexibility around which specific measures they focus on for quality improvement purposes. And we'll be providing some additional information in the future on those quality improvement requirements.

Next slide, please. So, I'm going to now get into more specifics about which measures are required for the initial implementation of the measure set for MFP grant recipients. So, I mentioned that it was - we're not requiring implementation of the full measure set. We're really looking for MFP grant recipients to report on a subset of the measures in the measure set. And so the next couple of slides will lay out in more detail about which specific measures and, you know, which parts of the measure set they're expected to report on.

So, the first thing to note is that, states and territories participating in MFP are expected to conduct experience-of-care surveys for each of the major population groups included in the states or territories HCBS programs. Our intent though is to actually obtain that data through other sources and not have - in most instances that data directly reported to CMS. So, states and territories that conduct HCBS CAHPS will be expected to report the results to the HCBS CAHPS database, and that database is managed by the Agency for Healthcare Research and Quality, or AHRQ. And we will obtain - we will work with AHRQ to obtain the survey results directly from that database.

For states and territories that conduct NCI-AD, we plan to work with advancing states in Human Services Research Institute, or HSRI, to set up a process to obtain the survey results and hopefully avoid having states and territories separately report the results to CMS. And then, similarly, for states and territories that conduct NCI-IDD, we plan to work with the National Association of State Directors of Developmental Disability Services, or NASDs, and HSRI to set up a process to obtain those survey results and, again, to avoid having states and territories separately report the results to us. The one exception likely is for any states that uses the personal outcome measures. We expect that any states or territories that use personal outcome measures would need to report the results directly to CMS.

Next slide, please. So, in addition to conducting experience-of-care surveys, MFP grant recipients are expected to report on the subset of the other measures in the measure set. And there's a - the next slide actually has a table that shows each of the measures in the measure set and whether they're voluntary or mandatory for MFP grant recipients. So, for the assessment and case management record measures and the claims and countermeasures, What we're expecting is that MFP grant recipients will report on two of the

assessment and case management record measures. We refer to these specific measures as LTSS-1 and LTSS-2, and I'll show - we'll show in the next slide more details about what those - the measure names specifically for those measures. But those are measures that look at the comprehensiveness of the assessment and care plan for people receiving LTSS.

And then we also expect the MFP grant recipients to report on three claim or encounter data rebalancing measures, LTSS-6, LTSS-7, and LTSS-8, these measures as rebalancing measures are really well aligned with the goals and intent of the Money Follows the Person demonstration and so, the expectation is that the grant recipients will report on those. One thing I do want to note, though, about those claimant and counter data measures, those three rebalancing measures, is that we are developing capabilities to report on those using Transformed Medicaid Statistical Information System, or T-MSIS data. And assuming that a state or territory doesn't have any major T-MSIS data quality issues that would impact the results of those measures. We intend to give them the option for CMS to report those measures on their behalf.

So, states can certainly choose to report them on their own, but if a state would prefer, and we assess that the data quality is sufficient to do so, CMS - we expect that CMS will be able to report on those measures on the state or territory's behalf. So, there are also four assessment and case management record measures that are in the measure set and another claim and encounter data measure that looks at all cause of re-admissions. Those five measures are - at this time they are voluntary. For MFP grant recipients, although, they can certainly choose to report on them if they would like to.

Next slide please. So, this table indicates which of the measures in the measure set are mandatory and which are voluntary for MFP grant recipients to report on in 2026. So, to summarize what is mandatory, the first is that the

state or territory needs to conduct experience-of-care surveys for each of the major population groups included in the state or territory's HCBS programs. They also have to report on two assessment and care planning measures, LTSS-1 and LTSS-2. LTSS-1 is LTSS Comprehensive Assessment and Update, and then LTSS-2 is LTSS Comprehensive Care Plan and Update. And we do have, just to note, measure summaries for each of the measures in the measure set available on Medicaid.gov, and so I would encourage folks to look at those if they want more information about these measures.

For the rebalancing measures, we're requiring LTSS-6, 7, and 8. So, LTSS-6 looks at admissions to a facility from the community, LTSS-7 looks at minimizing facility length of stay, and LTSS-8 looks at successful transitions after long-term facility stay. One thing you might have noticed is that, we aren't listing the specific experience-of-care survey measures that will be reported on by MFP grant recipients.

As I mentioned earlier, there are an extensive number of measures from these surveys in the measure set. And to be honest, we think there are actually way too many to focus on for quality improvement purposes. And so at this time, we aren't specifying the specific measures from each of the experience-of-care surveys that we will focus on. We will be following up with a smaller subset of measures from those surveys, but we would - first like to engage with states and some other stakeholders to identify the measures that are most important to focus on.

Next slide, please. So, this is a requirement of the MFP demonstration, and so what this means from a budget perspective is that MFP grant recipients can include the costs associated with implementing the measure set in their annual budget request. These would fall, generally speaking, under administrative costs for the grant, which are 100% federally funded. So, these costs that

states can include and territories can include in their MFP budgets, include things like, and this is certainly not an exhaustive list, but they include things like the costs associated with developing a quality management strategy and plan. The costs associated with conducting experience-of-care surveys, including any annual fees to use the survey or contractor or staff costs to conduct a survey and analyze the results. It will also include the cost of collecting and analyzing data for measures constructed from claims and case management records.

As with all MFP budget requests, the costs associated with implementing the measure set must include a cost itemization and justification. And we would really encourage MFP grant recipients to work with their CMS project officer and grants management specialists to ensure that any new costs included in their MSP budget submissions are acceptable.

Next slide, please. So, there's a lot that MFP grant recipients will need to do to implement the measure set. And one of the first things that we're really encouraging the states and territories that are participating in MFP to do is to decide which experience-of-care surveys they will use, and we think this is especially important because experience-of-care surveys are already in use in many HCBS programs, and so we really want the MFP grant recipients to start working now with their state Medicaid agencies and operating agencies to discuss planning and implementation of the HCBS experience-of-care surveys.

We don't want the MFP grant recipients to duplicate things that are already existing in their states. We don't want them to, you know, start going down the path of doing something that's in conflict with broader state plans in this area. And so, we really want the MFP grant recipients to be working with their state Medicaid agencies and their operating agencies start discussing now

which experience-of-care surveys to use so that they can then begin implementing them. We also want to note that - for folks, that do need to make some decisions about which surveys to use, that each survey has an organization that's available to support states and territories with their questions and to provide technical assistance related to the survey.

Next slide, please. So, this slide lists each of the survey, the organizations that are available to provide technical assistance, and we've provided contact information associated with each of them. So, for each HCBS CAHPS, there are a couple of mailboxes that are available for use, and so folks are welcome to use either of those. And then we've included specific points of contact for NCI-AD, NCI-IDD, and the personal outcome measures for folks who want to get more information on those specific surveys.

Next slide, please. There is also wealth of resources available on HCBS quality measures and the various surveys that are included in the measure set, along with the other measures. And so, we've provided on this slide some additional resources that may be useful. So, we've included links for NCI-AD and NCI-IDD. We've also included a link to the webpage for the HCBS CAHPS Survey that's on the Agency for Healthcare Research and Quality's website. There's also a link to the HCBS Quality Measure Set, along with a link to a, sort of, broader webpage on the CMS website that includes lots of other resources related to the - to HCBS quality includes links to the HCBS quality measure set, links to measure summaries for each of the measures in the measure set, along with other technical assistance resources that we think are helpful for states and territories. And there's also a link to the personal - the webpage for the personal outcome measures.

Next slide, please. So, we have some time for some questions today, but you are also welcome to email the MFP demonstration mailbox with any

questions, and the email address for the mailbox is mfpdemo@cms.hhs.gov. So, again, that is mfpdemo, and that's all one word, @cms.hhs.gov. And MFP grant recipients, as always, are welcome to contact their CMS Project Officer or their grant's management specialist with any questions. And with that, I think we are ready to open up to any state questions.

Jackie Glaze: Thank you. Thank you, Jen, for your presentation. So, as Jen indicated, we are ready to take your questions at this time. So, please begin submitting your questions in the chat function. We will take those questions first, and then we will transition to taking questions over the phone line. So, I do see a couple questions now. So, I'll turn now to you, (Krista).

(Krista): Great. Thank you so much, Jackie. First question here is for you, Jen. Can you expand on how you envision it working for states to include all HCBS programs and create a quality improvement plan for MFP only? If CMS does not have MFP-stratified data, how will CMS understand the MFP quality improvement plan?

Jen Bowden: Yes. So, our intent is that we're really looking at HCBS quality more broadly. There are other reporting requirements specific to the MFP demonstration that allow us to look at data specifically on the MFP program. And we're also looking at capabilities around using T-MSIS and other data sources to look at quality and other things specifically for MFP.

The intent of this is really for states and territories to be reporting on their HCBS programs under those authorities. And for the MFP grant recipients to be working with their states around quality improvement strategies. So, we're really looking much more broadly at the quality of the programs, MFP participants are going into as opposed to looking at quality and outcomes specifically for MFP grant recipients. We may get to a point in time in the

future where stratified reporting is possible, at least for some states, but as a starting point, we really want to roll this out much more broadly for the HCBS programs and have a look at the quality of the HCBS programs themselves.

And we'll be providing, under the MFP demonstration, lots of technical assistance in this area. And so there'll be certainly more to come around supports available to states and territories participating in MFP around technical assistance opportunities and other things that will support them with quality improvement in their HCBS program.

(Krista): Thank you so much, Jen. I see another question here for you. What might come into effect for MHM team in Minnesota? Is the timeline requested? Is there an end date to the timeline? We anticipate following our typical survey schedule that we will have results in 2027.

Jen Bowden: (Krista), can you repeat the first part of that question? I'm not sure I quite heard it.

(Krista): Sure. What might come into conflict for the MHM team in Minnesota in the timeline requested? Is there an end date to the timeline? We anticipate following our survey schedule that we will have results in 2027. I'm not sure if this person, Elizabeth, wants to potentially come off unmute and clarify her question or drop an additional comment in the chat. Jen, I'm not sure if that helps clarify things for you.

Jen Bowden: Yes. No. I think I understand the question and what I would suggest is that the state contact their MFP Project Officer and raise a concern, and then we'll work with the state to figure out how to address this specific issue.

(Krista): Great. Thanks, Jen. Next question is also about the timeline. The question is, what time frame is measurement period 2025? Is this calendar year, state fiscal year, or something else?

Jen Bowden: So, the answer that depends on the measures that states are using. You know, for a lot of the assessment and case management record measures and claims and counter-data measures, those are likely calendar year performance period. We understand, though, that for MCI-AD and MCI-IDD, there's actually, I believe, a July to June reporting cycle. And so, our intent is actually to align with that, and so for states participating that use MCI-AD and MCI-IDD, the intent would be to use data in the 24-25 reporting cycle, but we'll be working with those measure stewards to make sure that we're aligning these requirements with their measurement cycle. Our intent is to not offend or sort of force a change to those measurement cycles, but instead to align with it as much as we can.

(Krista): Right. An additional question, a few more here in the chat, actually. The next one is, if more than one item from a survey is listed as a potential data source for a measure, are you expecting data from each of those survey items, or are you expecting data from at least one of the items listed?

Jen Bowden: So, we are expecting - I think this relates to experience-of-care survey results. And if I'm misunderstanding the question, you know, I would welcome someone to come off unmute or provide a clarification on the question. But the intent is to conduct experience-of-care surveys for each of the major population groups. And so, for some states, that might mean that they end up doing two different surveys, and we would expect those survey results for each of those different surveys. If the question - if I'm misunderstanding the question, though, you know, please come off unmute or submit a clarification in the chat, and I'll try to better answer it.

(Krista): Let's move on to the next question, and then if that individual wants to just clarify in the chat or come off unmute when we get there, that would be great. So, the next question is, some measures list as a data source HEDIS equivalent available. Can you please explain more about that?

Jen Bowden: So, there are - some of the measures in the measure set, there are HEDIS equivalents available. They are largely the same measure. So, there are CMS - so there are measures where CMS is the measure steward, and we've publicly released measure specifications. And then there are very, very similar measure specifications available for states that are in managed care plans that are doing HEDIS reporting. For any of those measures where there is a HEDIS equivalent, the state or territory can use the HEDIS equivalent if they prefer to, but we do, and so we do give the option. You can use the publicly available CMS measure, or you can use the HEDIS equivalent. It's really the state or territory's choice to do that.

(Krista): Great. Thanks so much. The next question is, will the NCI-AD be considered an acceptable measure of participant experience/compliance for the HCBS setting final rule in provider-owned and operated settings, participant home?

Jen Bowden: So, I don't know that we have anyone on the call who's available to talk about compliance with HCBS settings requirements. And so what I would suggest is that we get that person's name or that you reach out to CMS, and we can provide some technical assistance on that.

(Krista): Great. Thanks. So, clarifying question here. There are required reporting requirements for whichever quality care survey you use. Two mandatory data points for case management and three data points for claims encounter data, along with many voluntary options. Is that correct?

Jen Bowden: Yes. That's correct.

(Krista): Okay. Another question here. Where can we find more information on the quality improvement benchmarks states are expected to create and measure?

Jen Bowden: So, we will be providing more information on that. And I do want to clarify, we don't expect states that MFP grant recipients to have quality improvement plans prior to having baseline data. So, this is really something that will follow after the initial reporting period, but we do want states and territories that are - you know, subject to these requirements to keep in mind that there are quality improvement strategies that will be expected. And we will be providing some additional information on what those expectations are.

(Krista): Thanks. The next question is, where can we find more information on the quality improvement benchmarks that states are expected to create and measure?

Jen Bowden: So, I think that's a repeat of the previous one. I don't know if it was actually submitted by a different person, but we will provide some additional technical assistance on this, hopefully relatively soon, as part of the technical assistance opportunities that we'll be rolling out for MFP grant recipients. But it is not something that they will have to do before the baseline reporting in 2026.

(Krista): Great. Are any of these measures, care survey, case management, claims, encounters, options for the Two-Quality Improvement Plan implementation?

Jen Bowden: Yes. So, the intent would be to use the results of the measures included in the measure set to identify opportunities for quality improvement and develop quality improvement strategies to be able to improve on those specific

measures. And so, you know, the intent is very closely aligned with the implementation of the measure set.

(Krista): Thanks. Will the MFP quality management reporting duplicate the HCBS and managed care quality management requirements in the Access proposed rules?

Jen Bowden: So, I really can't say much about those proposed rules other than, to say, that our intent is very much to be in alignment and then not create duplicative or conflicting requirements. And we will certainly have more to say on that in the future.

(Krista): Great. What is the process for states who elect for CMS to report on their behalf for LTSS-6, 7, and 8 from the T-MSIS?

Jen Bowden: So, we are currently testing out methodology and developing those capabilities around reporting, and our intent would be to share the results of those measures with states and territories so that they could make an informed decision about whether to use them. We're hoping to be able to do that relatively soon, because we know that there is - you know, 2026 is a little bit away, but it is a - you know, it will be here before we know it. And so, I think, you know, as we have those capabilities developed, and we have data available, we'll share more information with states and territories, but the intent would be to allow them to make an informed decision around whether they want to use the T-MSIS data.

And I think we're hopeful that for states and territories that do have data quality issues that may limit the ability to do that, that we could also work with them to improve data quality in the future to enable CMS to report on those measures on their behalf. So, we'll have a lot more to say about this.

We'll have more information available as soon as we can on this, but, you know, we are very interested in being able to have those capabilities and to be able to report measures on states and territories to have, but it's - you know, it is not something that would be mandatory. It'll really be an option that will be available.

(Krista): Thanks, Jen. Another question about whether you anticipate reporting will be through MACPro / QMR.

Jen Bowden: So, we're still looking into this, and so we don't have a firm decision on that yet. We want to make sure that whatever the reporting forms are rolled out, that they work, that they are things that states are familiar with. And so, you know, it is possible that we would build-off of something that already exists, but it may turn out that we need to create separate reporting forms. So, we're still assessing that and we will be following up on that as soon as we have more information available.

(Krista): Great. Thanks. And then, the last question here in the chat before we flip things over to the phone lines is. Has CMS published guidance related to 1915(C) reporting requirements changed? At one point, there was guidance regarding 372 reports and quality reporting cadence changing.

Jen Bowden: I believe what that question might be referring to were, some updates that were put out for public comment through the paperwork reduction in (tax) process and kind of, some changes to the 372 reporting that were rolled out. But I might be misunderstanding that question and I don't believe we have anyone available from those divisions to be able to respond to that. So, if that response wasn't helpful, it would be great if the person could either provide clarification in the chat or come off unmute, and we'll try to get some clarification for them.

(Krista): Thank you, Jen. So, we will move to the phone lines now for those that have asked questions and need more clarification. You can certainly ask the questions at this point. But if others have questions, please ask them now. So, Ted, I'll ask if you can provide instructions for registering questions and if you can open the phone lines, please.

(Coordinator): Yes. The phone lines are now open for questions. If you would like to ask a question over the phone, please press Star 1 and record your name. If you'd like to withdraw your question, press Star 2. Thank you. And again, if you would like to ask a question over the phone, please press Star 1. There is a question in queue from (Paula). Your line is open.

(Paula): Hi, I would just like to know if we're expected to capture survey information on children.

Jen Bowden: So, at this time, and we did talk about this in the state Medicaid director letter releasing, where we released the measure set, that there's actually a gap in HCBS measures for children. And the measure set does not - you know, generally speaking, doesn't include measures that have been tested for use with kids. And so at this time, we are not expecting that states and territories that are implementing the measure set to conduct experience-of-care surveys on kids and report on those on kids. However, we are looking very actively at, you know, what available options there might be and trying to address that gap, and we are hopeful that in a future update to the measure set that will incorporate, you know, survey-based and other measures that have been tested and are available for use with kids.

(Paula): Thanks so much.

Jen Bowden: You're welcome.

(Coordinator): There's another question in the queue from (Zach King). Your line is open.

(Zach King): Hi. I'm curious as to whether there's intention to do stratifications in order to other HCBS measures after the first year. I believe the plan was like five years, 30% of measures need to be stratified, seven years, 60%, et cetera.

Jen Bowden: So, I think what you might be referring to are based in stratification requirements that we had proposed in the Ensuring Access to Medicaid Services Proposed Rule. So, I can't really comment on those, but at this time we are not - for MFP grant recipients, we are not requiring stratification. We may incorporate stratification requirements in the future, and we'll certainly give states and territories appropriate notice of when any stratification requirements are, you know, going to effect.

(Coordinator): And the next question in the queue is from (Martha). Your line is open.

(Martha): So, yes, I'm the person who asked about the multiple survey items. In Connecticut, we use the HCBS CAHPS for pretty much all of our waiver programs, HCBS programs. And one waiver program uses the (Film) Participant Experience Survey. So, taking for an example, one of the sub-assurances that leaves three different items from the HCBS CAHPS, like three separate ones. Are you expecting us to report on data if we're using the HCBS tabs from each of those separate items, or would just one be enough? Thinking how many items do we need to convince them to add to their survey, so they'll do it, and we get the data you need?

Jen Bowden: So, our intent is - so there are a lot of experience care measures in the HCBS measure set and far too many to focus on. So, you know, at this point, we have

not identified the specific measures from the experience care surveys that we want the MFP grant recipients to focus on and that we'll focus on as part of our oversight and monitoring of the MFP demonstrations and of the HCBS programs. We will be - our intent is to work with states and other stakeholders to identify a subset of measures from those experienced care surveys that are important to focus on for quality improvement purposes. And so, we'll be following up with more specific details on the specific measures from those experienced care surveys that will be required for reporting for MFP grant recipients.

What I'll note, though, is for anybody who maybe doesn't have a lot of experience with experienced care surveys, it's sort of, like, right now, it doesn't really, with specific measures, get focused on doesn't actually really impact the implementation of the survey, because you still have to do the full survey, regardless of whether you want to look at one measure or you want to look at, you know, 16 different measures. And so at this point, we really want states and territories to just decide which survey they want to use, and then we'll be working with states to identify a subset of measures from the measure set that makes sense to focus on. Does that help to answer your question?

(Martha): Thank you. That does. Thank you very much.

(Coordinator): And I'm showing no further phone questions at this time.

Jackie Glaze: Thank you, Ted. Transition back to (Krista), because I do believe we have a few more questions. So (Krista), back to you.

(Krista): Great. Thanks, Jackie and Ted. We have three more questions in the chat. The first one is, are 372 reports continuing to be required annually and quality reports following the first three years of the waiver?

Jen Bowden: Yes. So, these requirements for MFP grant recipients, they don't make - they don't change anything about existing reporting requirements for 1915(C) waiver. So, whatever you are currently required to do, those requirements are staying in place regardless of what we are rolling out for MFP. And you know, at any - you know, the point at which those requirements change, we will certainly notify states and territories.

(Krista): Great. One additional question. Can you please provide further guidance on what each of the major population groups to be surveyed means? Is it a set proportion of the total HCBS population?

Jen Bowden: So, this will - you know, when we're talking about major population groups, what we're really talking about are older adults, people with intellectual and developmental disabilities, you know, people with mental health conditions. That's what we mean by population groups. I think if a state is concerned that, for instance, I'm making this up that, you know, only 1% of their HCBS population is comprised, that say, people with traumatic brain injury, and they have a question about whether they need to report on that.

I would suggest that, they raise that question with their CMS project officer for the MFP demonstration, and we'll work with the state to figure out what makes sense for that particular state. At this point, we have not determined, kind of, hard and fast rules about, kind of, what constitutes a major population group. But we will work with states and territories to make that determination.

(Krista): Thank you, Jen. And then the last comment that I'm seeing here in the chat is, for non-survey measures, when will fee-for-service measure details be available? If we need to collect data in calendar year '25, we need time to

analyze whether data is currently collected and, if not, make adjustments to begin collecting information in the format necessary reporting. This timeline seems incredibly challenging.

Jen Bowden: So, our - so, we have the ACMS Quality Measure Set includes eight measures that CMS assessment and case management record and claim and encounter data measures that CMS is the measure steward for. One of those measures, which is commonly referred to as MLTSS-6 has a fee-for-service equivalent available currently, and that is currently the only one of those eight that does, and that's one of the rebalancing measures that's required.

The other seven, we have - for six of those, we have tested - developed and tested fee-for-service versions of the MLTSS measures. And so, the only one that we have not tested yet is MLTSS-5, which is a fall risk measure. CMS only recently became the measure steward for that particular measure, and so we have not done the testing to create the fee-for-service version. But for all of the other measures, so LTSS-1 through 4, and then LTSS-7 and 8, we have tested -we have developed and tested fee-for-service versions.

We are in the process of clearing updated technical specifications for those measures. So, all eight of those measures that CMS is the measure steward for, we have updated technical specifications that will include the MLTSS and the fee-for-service versions for seven of the measures, and then it will have the MLTSS version only for MLTSS-5. And we are hopeful that we will be releasing those within the next couple of months. And then, hopefully, very shortly after that, we will be doing a technical update to the HCBS Quality Measure Set to incorporate those six additional measures.

And then, we also have developed, as a companion to the HCBS Quality Measure Set, a while back we had released measure summaries for all of the

measures in the measure set. So, these aren't quite as detailed as technical specifications. They include a lot of important details in all of the measures in the measure set. When we update the measure set, we'll also be updating those measure summaries. And so, you know - and we are hopeful that all of those resources will become available within the next few months.

Jackie Glaze: Thank you, Jen.

(Krista): Great.

Jackie Glaze: Oh, sorry, (Krista). We do have time for one more question. So Ted, I'll circle back to you, and if you could provide instructions once again for registering questions and if you can open the phone lines, please.

(Coordinator): Yes. Again, if you would like to ask a question over the phone, please press Star 1 and record your name. Thank you. And I'm sure, no questions at this time.

Jackie Glaze: Thank you, Ted. And (Krista), no additional questions in the chat?

(Krista): No additional questions in the chat, so I think we can wrap up.

Jackie Glaze: Great. Okay. So, in closing, I would like to thank Jen Bowden for her presentation today. Looking forward, the topic and invitations for the next call will be forthcoming. So, if you do have questions before the next call, please feel free to reach out to us or your state leads or bring your questions to the next call. So, we do thank you for joining, and thank you for your participation and have a great afternoon. Thank you.

(Coordinator): This concludes today's call. Thank you for your participation. You may disconnect at this time. Speakers, please stand by.

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