



Home and Community-Based Services Quality Measure Set Measure Summaries

February 2023

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

The Home and Community-Based Services (HCBS) Quality Measure Set encompasses a set of nationally standardized quality measures for Medicaid-funded HCBS. It promotes more common and consistent use within and across states of quality measures in HCBS programs, creates opportunities for the Centers for Medicare & Medicaid Services (CMS) and states to have comparative quality data on HCBS programs, drives improvement in quality of care and outcomes for people receiving HCBS, and supports states' efforts to promote equity in HCBS programs.

The HCBS Quality Measure Set is comprised of measures that assess quality across a broad range of domains identified as measurement priorities for HCBS (see **Exhibits 1-6**). In addition to claims-based measures and measures that require assessment or other participant records, the HCBS Quality Measure Set leverages existing Medicaid participant surveys used by states to assess participant experience of care. The measure set also includes other nationally standardized and tested measures related to key areas, such as access, long-term services and supports (LTSS) rebalancing, community integration, health and safety, and person-centered practices (**Exhibit 1**). Consistent with the [CMS Measures Management System Blueprint](#) and National Quality Forum (NQF) measure evaluation criteria, CMS selected measures based on the following criteria (**Exhibit 5**): Importance to Measure and Report, Scientific Acceptability of Measure Properties, Feasibility, Usability, Use, and Related and Competing Measures. The measure stewards of all measures in the HCBS Measure Set attested to available supporting information for all Blueprint criteria.

This summary document supports the HCBS Quality Measure Set released on July 21, 2022, in the [State Medicaid Director Letter](#) (PDF, 716.87 KB), and is intended to guide state HCBS programs in use of the measure set. The measure summaries are organized by measure steward and include supplemental information about the measures, including technical specifications, links to testing reports, information about the measures' alignment with the [CMS Meaningful Measures Initiative](#) (**Exhibit 2**), 1915(c) waiver assurances and sub-assurances (**Exhibit 4**), health equity variables (**Exhibit 6**), and other informative details.

HCBS Quality Measure Set Definitions

Exhibit 1: HCBS Quality Priority Areas¹

Priority Area	Definition
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.
Rebalancing	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.
Community Integration	<p>Ensuring the self-determination, independence, empowerment, and full inclusion of children and adults with disabilities in all parts of society, and compliance with HCBS Settings Requirements, as defined in the HCBS final rule, which establishes requirements for the qualities of settings that are eligible for reimbursement for the Medicaid HCBS provided under sections 1915(c), 1915(i) and 1915(k) of the Medicaid statute. The final rule requires that all home and community-based settings meet certain qualifications, including:</p> <ul style="list-style-type: none"> • The setting is integrated in and supports full access to the greater community; • The setting is selected by the person 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.

¹ CMS. (2021). Home and Community-Based Services (HCBS) Quality Measure Set. SMD# 22-003. <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22003.pdf>

Exhibit 2: CMS Meaningful Measures Domains²

Domain	Measure Areas
Promote Effective Communication and Coordination of Care	Medication Management Admissions and Readmissions to Hospitals Transfer of Health Information and Interoperability
Promote Effective Prevention and Treatment of Chronic Disease	Preventive Care Management of Chronic Conditions Prevention, Treatment, and Management of Behavioral and Mental Health Prevention and Treatment of Substance Abuse Disorders including Opioid Use Disorders Risk-Adjusted Mortality
Work with Communities to Promote Best Practices of Healthy Living	Equity of Care Community Engagement
Make Care Affordable	Patient-focused Episode of Care Risk Adjusted Total Cost of Care Appropriate Use of Healthcare
Strengthen Person and Family Engagement as Partners in their Care	End of Life Care According to Preferences Care is Personalized and Aligned with Patient’s Goals Functional Outcomes Patient’s Experience of Care

² CMS. (n.d.). *Meaningful Measures Hub*. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page#:~:text=Within%20this%20priority%20are%205,%2C%20and%20risk%2Dadjusted%20mortality>

Exhibit 3: NQF Domains³

Domain	Definition
Service Delivery and Effectiveness	The level to which services and supports are provided in a manner consistent with a person’s needs, goals, preferences, and values that help the person to achieve desired outcomes.
Person-Centered Planning and Coordination	An approach to assessment, planning, and coordination of services and supports that is focused on the person’s goals, needs, preferences, and values. The person directs the development of the plan, which describes the life they want to live in the community. Services and supports are coordinated across providers and systems to carry out the plan and ensure fidelity with the person’s expressed goals, needs, preferences, and values.
Choice and Control	The level to which people who use HCBS, on their own or with support, make life choices, choose their services and supports, and control how those services and supports are delivered.
Community Inclusion	The level to which people who use HCBS are integrated into their communities and are socially connected, in accordance with personal preferences.
Caregiver Support	The level of support (e.g., financial, emotional, technical) available to and received by family caregivers or natural supports of people who use HCBS.
Workforce	The adequacy, availability, and appropriateness of the paid HCBS workforce.
Human and Legal Rights	The level to which the human and legal rights of individuals who use HCBS are promoted and protected.
Equity	The level to which HCBS are equitably available to all individuals who need long-term services and supports.
Holistic Health and Functioning	The extent to which all dimensions of holistic health are assessed and supported.
System Performance and Accountability	The extent to which the system operates efficiently, ethically, transparently, and effectively in achieving desired outcomes.
Consumer Leadership in System Development	The level to which individuals who use HCBS are well supported to actively participate in the design, implementation, and evaluation of the system at all levels.

³ NQF. (2016). *Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement*.
https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx

Exhibit 4: HCBS Quality Measure Set Related 1915(c) Waiver Assurance/Sub-Assurances⁴

Assurance	Sub-Assurances
<p>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>Sub-assurance 1: Service plans address all participants’ assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.</p> <p>Sub-assurance 2: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant’s needs.</p> <p>Sub-assurance 3: Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.</p> <p>Sub-assurance 4: Participants are afforded choice between/among waiver services and providers.</p>
<p>Health and Welfare The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.</p>	<p>Sub-assurance 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> <p>Sub-assurance 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.</p> <p>Sub-assurance 3: State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.</p> <p>Sub-assurance 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>

Exhibit 5. Measure Selection Criteria from CMS Measures Management System Blueprint^{5,6}

Criteria	Definition
<p>Importance to Measure and Report</p>	<p>Extent to which the specific measure focus is important to making significant gains in quality and improving health outcomes for a specific high-impact aspect of healthcare where there is variation in or overall poor performance.</p>
<p>Scientific Acceptability of Measure Properties</p>	<p>Extent to which the measure, as specified, produces consistent (i.e., reliable) and credible (i.e., valid) results about the quality of care when implemented.</p>

⁴ State Assurances, 42 CFR §441.302 (2012).

⁵ CMS. (2021). *CMS Measures Management System Blueprint*. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf>

⁶ For all of the measures included in the HCBS Measure Set, measure stewards attested that supporting information was available for each evaluation criteria. While NQF endorsement includes a systematic review of evidence related to the measure selection criteria, no assessment of documentation was conducted for the creation of this document.

Criteria	Definition
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 Public Domain at no cost.
Usability and Use	Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.
Related and Competing Measures	Extent to which there are related measures (i.e., measures that address either the same topic or the same population) or competing measures (i.e., measures that address both the same topic and the same population) in the measure set.

Exhibit 6. Health Equity Variables^{7,8}

Age	Housing Security
Disability	Language
Ethnicity	Race
Food Security	Sex
Gender	Urban/Rural Status
Gender Identity	Sexual Orientation

⁷ U.S. Department of Health and Human Services Office of Minority Health. (2018). *Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status*. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=23>

⁸ Executive Order 13985: Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. January 20, 2021. <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/>

Measure Summaries: Centers for Medicare & Medicaid Services

FASI-1: Identifying Personal Priorities for Functional Assessment Standardized Items (FASI) Needs

Description: The percentage of home and community-based services (HCBS) participants ages 18 years or older who have identified at least as many total personal priorities (up to three) as needs in the areas of self-care, mobility, or instrumental activities of daily living (IADL) combined as determined by the most recent FASI assessment.

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Person-Centered Planning and Coordination

NQF Endorsement: Endorsed (NQF 3593)

Program Alignment: Not Applicable

Numerator: HCBS participants, ages 18 years and older, with documented needs in the areas of self-care, mobility, or IADL as determined by responses to the most recent FASI assessment and who have identified at least as many total personal priorities (up to three) as functional needs in the areas of self-care, mobility, or IADL combined on the same FASI assessment.

Denominator: HCBS participants, ages 18 years and older, with documented needs in the areas of self-care, mobility, or IADL, as determined by responses to the most recent FASI assessment.

Exclusions: People younger than 18 years, people who have not had a FASI assessment within the chosen time period, and people who have had a FASI assessment, but no functional needs were identified in the areas of self-care, mobility, or IADL.

Data Source: Electronic Health Record (EHR), Paper Records, Participant Reported Data/Survey

Measure Type: Process

Accountable Entity: State Medicaid, Medicaid HCBS Program, Managed Care Plan

Health Equity Variables: Disability (HCBS Program Type)

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 1. Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Technical Specifications and Testing Results Source:

<https://www.qualityforum.org/QPS/3593>

FASI-2: Alignment of Person-Centered Service Plan with Functional Needs as Determined by FASI

Description: The percentage of HCBS participants ages 18 years or older whose person-centered service plan documentation addresses needs in the areas of self-care, mobility, and instrumental activities of daily living (IADL) as determined by the most recent FASI assessment.

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Access, Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Person-Centered Planning and Coordination

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The number of HCBS participants ages 18 years or older with documented needs in the areas of self-care, mobility, or IADL as determined by the most recent FASI assessment within the previous 12 months and with documentation that the subsequent person-centered service plan addresses the FASI-identified functional needs in self-care, mobility, and IADL.

Denominator: The number of HCBS participants ages 18 years or older with documented needs in the areas of self-care, mobility, or IADL as determined by the most recent FASI assessment within the previous 12 months.

Exclusions: People younger than 18 years, people who have not had a FASI assessment within the previous 12 months, and people who have had a FASI assessment, but no functional needs were identified in the areas of self-care, mobility, or IADL. In addition, people without three months of continuous HCBS enrollment are excluded.

Data Source: EHR, Paper Records, Participant Reported Data/Survey

Measure Type: Process

Accountable Entity: State Medicaid, Medicaid HCBS Program, Managed Care Plan

Health Equity Variables: Disability (HCBS Program Type)

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 1. Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Technical Specifications Source:

https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=6181

Testing Report: <https://www.medicaid.gov/sites/default/files/2019-12/fasi-2017-field-test-report.pdf>

HCBS-1: Admission to a Facility from the Community among Medicaid Fee-for-Service (FFS) HCBS Users

Description: The number of facility admissions per 100,000 months of HCBS use among Medicaid FFS participants 18 years of age and older. The following three rates are reported across four age groups (ages 18 to 64, ages 65 to 74, ages 75 to 84, and ages 85 and older):

- **Short-Term Stay:** The number of admissions resulting in a short-term stay (1 to 20 days) per 100,000 beneficiary months of HCBS use.
- **Medium-Term Stay:** The number of admissions resulting in a medium-term stay (21 to 100 days) per 100,000 beneficiary months of HCBS use.
- **Long-Term Stay:** The number of admissions resulting in a long-term stay (greater than or equal to 101 days) per 100,000 beneficiary months of HCBS use.

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Rebalancing

Meaningful Measures Domain: Promote Effective Communication and Coordination of Care

NQF Domain: System Performance and Accountability

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: Number of facility admissions during or following an eligible month of HCBS use in the measurement year (August 1 of the previous calendar year to July 31 of the current calendar year). Individual rate numerators are taken from calculating the length of stay for each new institutional stay from the start date to the end date plus one day, which prevents any admission from having a length of stay of 0 days.

Denominator: Number of months of HCBS use in the measurement year (August 1 of the previous calendar year to July 31 of the current calendar year) among Medicaid FFS participants 18 years of age and older who are using Medicaid HCBS. HCBS use is defined by Medicaid 1915(c) HCBS waiver enrollment or by HCBS state plan benefit service use, provided as state plan benefits, such as personal care services, or state plan benefit options, such as 1915(i), 1915(j), and 1915(k).

Exclusions: None

Data Source: Administrative Claims

Measure Type: Outcome

Accountable Entity: State Medicaid

Health Equity Variables: None Identified

1915(c) Waiver Assurance: None Identified

Technical Specifications Source: <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/functional-areas/HCBS-FFS-Tech-Specs.pdf?t=1647374340>

Testing Report: Not Public Domain

HCBS CAHPS: Choosing the Services that Matter to You

Description: Composite measure derived from top-box scores of questions 56 and 57 on the Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) Survey for HCBS participants 18 years of age and older:

- **Question 56:** In the last 3 months, did your {program-specific term for “service plan”} include {none, some, most, all} of the things that are important to you?
- **Question 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?

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Access; Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Person-Centered Planning and Coordination

NQF Endorsement: Endorsed (NQF 2967)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of survey respondents who answered “All” to Question 56 and the number of respondents who answered “Yes” to Question 57 on the HCBS CAHPS Survey.

Denominator: The number of survey respondents who answered “Yes” to HCBS CAHPS Survey screener questions 4, 6, 8, or 11.

Exclusions: People less than 18 years of age and people who have not received HCBS for at least 3 months should be excluded. During survey administration, additional exclusions include people who failed any of the cognitive screening items.

Composite Score: The composite score for this measure is the percent rate for “All” responses to question 56 plus the percent rate for “Yes” responses to question 57 divided by two and multiplied by 100.

Data Source: Participant Reported Data/Survey

Measure Type: Experience of Care

Accountable Entity: State Medicaid, Medicaid HCBS Programs, Managed Care Plan

⁹ Medicaid (n.d.), *State Use of Experience of Care Surveys for Beneficiaries Using Long-Term Services and Supports*, <https://www.medicaid.gov/state-overviews/scorecard/state-use-patient-surveys-ltss-beneficiaries/index.html>

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race

1915© Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 1. Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Technical Specifications and Testing Results Source:

<https://www.qualityforum.org/QPS/2967>

HCBS CAHPS: Community Inclusion and Empowerment

Description: Composite measure derived from top-box scores of questions 75, 77, 78, 79, 80 and 81 on the HCBS CAHPS Survey for Medicaid HCBS participants 18 years of age and older:

- **Question 75:** In the last 3 months, when you wanted to, how often could you get together with these family members who live nearby?
- **Question 77:** In the last 3 months, when you wanted to, how often could you get together with these friends who live nearby?
- **Question 78:** In the last 3 months, when you wanted to, how often could you do things in the community that you like?
- **Question 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?
- **Question 80:** In the last 3 months, did you take part in deciding what you do with your time each day?
- **Question 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?

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Community Inclusion

NQF Endorsement: Endorsed (NQF 2967)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of survey respondents who gave the most positive response to each question, such as “Always” to questions 75, 77, and 78, “No” to question 79, and “Yes” to questions 80 and 81 on the HCBS CAHPS Survey.

Denominator: For each question in the scale, the denominator is the total number of respondents who answered the question.

Exclusions: People less than 18 years of age and people who have not received HCBS for at least 3 months should be excluded. During survey administration, additional exclusions include people who failed any of the cognitive screening items.

Composite Score: The composite score for this measure is the percent rate for “Always” responses to questions 75, 77, and 78, plus the percent rate for “No” responses to question 79, plus the percent rate for “Yes” responses to questions 80 and 81, divided by six and then multiplied by 100.

Data Source: Participant Reported Data/Survey

Measure Type: Experience of Care

Accountable Entity: State Medicaid, Medicaid HCBS Program, Managed Care Plan

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 4. Participants are afforded choice between/among waiver services and providers.

Technical Specifications and Testing Results Source:

<https://www.qualityforum.org/QPS/2967>

HCBS CAHPS: Transportation to Medical Appointments

Description: Composite measure derived from top-box scores of questions 59, 61 and 62 on the HCBS CAHPS Survey for Medicaid HCBS participants 18 years of age and older:

- **Question 59:** Medical appointments include seeing a doctor, a dentist, a therapist, or someone else who takes care of your health. In the last 3 months, how often did you have a way to get to your medical appointments?
- **Question 61:** In the last 3 months, were you able to get in and out of this ride easily?
- **Question 62:** In the last 3 months, how often did this ride arrive on time to pick you up?

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Equity

NQF Endorsement: Endorsed (NQF 2967)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of survey respondents who gave the most positive response to each question, such as “Always” to questions 59 and 62, and “Yes” to question 61 on HCBS CAHPS.

Denominator: For each question in the scale, the denominator is the total number of respondents who answered the question.

Exclusions: People less than 18 years of age and people who have not received HCBS for at least 3 months should be excluded. During survey administration, additional exclusions include people who failed any of the cognitive screening items.

Composite Score: The composite measure score for this measure is the percent rate for “Always” responses to questions 59 and 62 plus the percent rate for “Yes” responses to question 61 divided by three and then multiply by 100.

Data Source: Participant Reported Data/Survey

Measure Type: Experience of Care

Accountable Entity: State Medicaid, Medicaid HCBS Program, Managed Care Plan

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race

1915(c) Waiver Assurance: None Identified

Technical Specifications and Testing Results Source:
<https://www.qualityforum.org/QPS/2967>

HCBS CAHPS: Physical Safety

Description: Measure derived from top-box score of question 71 on the HCBS CAHPS Survey for Medicaid HCBS participants 18 years of age and older:

- **Question 71:** In the last 3 months, did any {staff} hit you or hurt you?

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Make Care Safer by Reducing Harm Caused in the Delivery of Care

NQF Endorsement: Endorsed (NQF 2967)

NQF Domain: Human and Legal Rights

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of survey respondents who answered “No” to question 71 on the HCBS CAHPS Survey.

Denominator: The total number of survey respondents who answered the question.

Exclusions: People less than 18 years of age and people who have not received HCBS for at least 3 months should be excluded. During survey administration, additional exclusions include people who failed any of the cognitive screening items.

Data Source: Participant Reported Data/Survey

Measure Type: Experience of Care

Accountable Entity: State Medicaid, Medicaid HCBS Program, Managed Care Plan

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 1. The state demonstrates on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death.

Technical Specifications and Testing Results Source:

<https://www.qualityforum.org/QPS/2967>

HCBS CAHPS: Personal Safety and Respect

Description: Composite measure derived from top-box scores of questions 64, 65 and 68 on the HCBS CAHPS Survey for Medicaid HCBS participants 18 years of age and older:

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

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Human and Legal Rights

NQF Endorsement: Endorsed (NQF 2967)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of survey respondents who gave the most positive response to each question, such as “Yes” to question 64, and “No” to questions 65 and 68 on the HCBS CAHPS Survey.

Denominator: For each question in the scale, the denominator is the total number of respondents who answered the question.

Exclusions: People less than 18 years of age and people who have not received HCBS for at least 3 months should be excluded. During survey administration, additional exclusions include people who failed any of the cognitive screening items.

Composite Score: The composite score for this measure is the percent rate for “Yes” responses to question 64 plus the percent rate for “No” responses to questions 65 and 68 divided by three and then multiplied by 100.

Data Source: Participant Reported Data/Survey

Measure Type: Experience of Care

Accountable Entity: State Medicaid, Medicaid HCBS Program, Managed Care Plan

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 1. The state demonstrates on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death.

Technical Specifications and Testing Results Source:

<https://www.qualityforum.org/QPS/2967>

HCBS CAHPS: Staff are Reliable and Helpful

Description: Composite measure derived from top-box scores of questions 13, 14, 15, 19, 37 and 38 on the HCBS CAHPS Survey for Medicaid HCBS participants 18 years of age and older:

- **Question 13:** In the last 3 months, how often did {personal assistance/behavioral health staff} come to work on time?
- **Question 14:** In the last 3 months, how often did {personal assistance/behavioral health staff} work as long as they were supposed to?
- **Question 15:** Sometimes staff cannot come to work on a day that they are scheduled. 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?
- **Question 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?
- **Question 37:** In the last 3 months, how often did {homemakers} come to work on time?
- **Question 38:** In the last 3 months, how often did {homemakers} work as long as they were supposed to?

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Workforce

NQF Endorsement: Endorsed (NQF 2967)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of survey respondents who gave the most positive response to each question, such as “Always” to questions 13, 14, 19, 37, and 38, and “Yes” to question 15 on the HCBS CAHPS Survey.

Denominator: For each question in the scale, the denominator is the total number of respondents who answered the question.

Exclusions: People less than 18 years of age and people who have not received HCBS for at least 3 months should be excluded. During survey administration, additional exclusions include people who failed any of the cognitive screening items.

Composite Score: The composite measure score for this measure is the percent rate for “Always” responses to questions 13, 14, 19, 37, and 38 plus the percent rate for “Yes” responses to question 15 divided by six and then multiplied by 100.

Data Source: Participant Reported Data/Survey

Measure Type: Experience of Care

Accountable Entity: State Medicaid, Medicaid HCBS Program, Managed Care Plan

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

Technical Specifications and Testing Results Source:

<https://www.qualityforum.org/QPS/2967>

HCBS CAHPS: Staff Listen and Communicate Well

Description: Composite measure derived from top-box scores of questions 28, 29, 30, 31, 32, 33, 41, 42, 43, 44, and 45 on the HCBS CAHPS Survey for Medicaid HCBS participants 18 years of age and older:

- **Question 28:** In the last 3 months, how often did {personal assistance/behavioral health staff} treat you with courtesy and respect?
- **Question 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?
- **Question 30:** In the last 3 months, how often did {personal assistance/behavioral health staff} treat you the way you wanted them to?
- **Question 31:** In the last 3 months, how often did {personal assistance/behavioral health staff} explain things in a way that was easy to understand?
- **Question 32:** In the last 3 months, how often did {personal assistance/behavioral health staff} listen carefully to you?
- **Question 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?
- **Question 41:** In the last 3 months, how often did {homemakers} treat you with courtesy and respect?
- **Question 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?
- **Question 43:** In the last 3 months, how often did {homemakers} treat you the way you wanted them to?
- **Question 44:** In the last 3 months, how often did {homemakers} listen carefully to you?
- **Question 45:** In the last 3 months, did you feel {homemakers} knew what kind of help you needed?

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Workforce

NQF Endorsement: Endorsed (NQF 2967)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of survey respondents who gave the most positive response to each question, such as “Always” to questions 28, 30, 31, 32, 41, 43, and 44, “Never” to questions 29 and 42, and “Yes” to questions 33 and 45 on the HCBS CAHPS Survey.

Denominator: For each question in the scale, the denominator is the total number of respondents who answered the question.

Exclusions: People less than 18 years of age and people who have not received HCBS for at least 3 months should be excluded. During survey administration, additional exclusions include people who failed any of the cognitive screening items.

Composite Score: The composite measure score for this measure is the percent rate for “Always” responses to questions 28, 30, 31, 32, 41, 43, and 44, plus the percent rate for “Never” responses to questions 29 and 42, plus the percent rate for “Yes” responses to questions 33 and 45, divided by eleven and multiplied by 100.

Data Source: Participant Reported Data/Survey

Measure Type: Experience of Care

Accountable Entity: State Medicaid, Medicaid HCBS Program, Managed Care Plan

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

Technical Specifications and Testing Results Source:

<https://www.qualityforum.org/QPS/2967>

HCBS CAHPS: Unmet Needs Composite Measure

Description: Composite measure derived from top-box scores of questions 18, 22, 25, 27, and 40 on the HCBS CAHPS Survey for Medicaid HCBS participants 18 years of age and older. These are six distinct measures that are presented separately:

- **Question 18:** [If respondents indicate that they need but do not always receive help to get dressed, take a shower, or bathe, they are asked] In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- **Question 22:** [If respondents indicate that they need but do not always receive help with meals, such as help making or cooking meals or help eating, they are asked] In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- **Question 25:** [If respondents indicate that they need but do not always receive help taking their medicines, such as reminders to take a medicine, help pouring them, or setting up their pills, they are asked] In the last 3 months, was this because there were no {personal assistance/behavioral health staff} to help you?
- **Question 27:** 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?
- **Question 40:** [If respondents indicate that they do not always receive help with household tasks, like cleaning and laundry, they are asked] In the last 3 months, was this because there were no {homemakers} to help you? [ASK IF HOMEMAKER IS THE SAME AS PERSONAL CARE ATTENDANT STAFF]

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Service Delivery and Effectiveness

NQF Endorsement: Endorsed (NQF 2967)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of survey respondents who answered “No” to questions 18, 22, 25, 27, and 40 on the HCBS CAHPS Survey.

Denominator: For each question, the denominator is the total number of respondents who answered the question.

Exclusions: People less than 18 years of age and people who have not received HCBS for at least 3 months should be excluded. During survey administration, additional exclusions include people who failed any of the cognitive screening items.

Composite Score: The composite score for this measure is the percent rate for “No” responses to questions 18, 22, 25, 27, and 40 divided by five and then multiplied by 100.

Data Source: Participant Reported Data/Survey

Measure Type: Experience of Care

Accountable Entity: State Medicaid, Medicaid HCBS Program, Managed Care Plan

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 2. Service plans are updated/revised at least annually or when warranted by changes in the waiver participant’s needs.

1915(c) Waiver Sub-assurance: 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

Technical Specifications and Testing Results Source:

<https://www.qualityforum.org/QPS/2967>

MLTSS-1: Medicaid Managed Long-Term Services and Supports Comprehensive Assessment and Update

Description: The percentage of Medicaid MLTSS plan participants ages 18 and older who have documentation of a comprehensive assessment in a specified timeframe that includes documentation of core elements.

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Promote Effective Communication and Coordination of Care

NQF Domain: Person-Centered Planning and Coordination

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The measure reports two numerators.

Rate 1: Assessment of Core Elements: The number of Medicaid MLTSS participants who had a long-term services and supports comprehensive assessment with nine core elements documented within 90 days of enrollment (for new participants) or during the measurement year (for established participants).

Rate 2: Assessment of Supplemental Elements: The number of Medicaid MLTSS participants who had a long-term services and supports comprehensive assessment with nine core elements and at least 12 supplemental elements documented within 90 days of enrollment (for new participants) or during the measurement year (for established participants).

Denominator: A systematic sample drawn from the eligible population.

Exclusions:

- **Participant Could Not Be Contacted:** Medicaid MLTSS participants who could not be contacted for a long-term services and supports comprehensive assessment within 90 days of enrollment (for new participants) or during the measurement year (for established participants).
- **Participant Refused Assessment:** Medicaid MLTSS participants who refused a comprehensive assessment.

Data Source: Assessment/Case Management System

Measure Type: Process

Accountable Entity: State Medicaid, Managed Care Plan

Health Equity Variables: Disability (HCBS Program Type), additional testing underway

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 1. Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

1915(c) Waiver Sub-assurance: 2. Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.

Technical Specifications Source: <https://www.medicaid.gov/medicaid/managed-care/downloads/mltss-tech-specs-res-manual.pdf>

Testing Results:

<https://nqfapps.servicesstorage.blob.core.windows.net/proddocs/36/Fall/2017/measures/3319/shared/3319.zip>

MLTSS-2: Medicaid Managed Long-Term Services and Supports Comprehensive Care Plan and Update

Description: The percentage of Medicaid MLTSS participants ages 18 and older who have documentation of a long-term services and supports comprehensive care plan in a specified timeframe that includes documentation of core elements.

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Promote Effective Communication and Coordination of Care

NQF Domain: Person-Centered Planning and Coordination

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The measure reports two numerators.

Rate 1: Care Plan with Core Elements: Medicaid MLTSS participants who had a long-term services and supports comprehensive care plan with nine core elements documented within 120 days of enrollment (for new participants) or during the measurement year (for established participants).

Rate 2: Care Plan with Supplemental Elements Documented: The number of Medicaid MLTSS participants who had a long-term services and supports comprehensive care plan with nine core elements and at least four supplemental elements documented within 120 days of enrollment (for new participants) or during the measurement year (for established participants).

Denominator: A systematic sample drawn from the eligible population.

Exclusions:

- **Participant Could Not Be Contacted:** New Medicaid MLTSS plan participants who could not be contacted to create a long-term services and supports comprehensive care plan within 120 days of enrollment (for new participants) or during the measurement year (for established participants).
- **Participant Refused Care Planning:** Medicaid MLTSS plan participants who refused a comprehensive care plan.

Data Source: Case Management System

Measure Type: Process

Accountable Entity: State Medicaid, Managed Care Plan

Health Equity Variables: Disability (HCBS Program Type), additional testing underway

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 1. Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

1915(c) Waiver Sub-assurance: 2. Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.

Technical Specifications Source: <https://www.medicaid.gov/medicaid/managed-care/downloads/mltss-tech-specs-res-manual.pdf>

Testing Results:

<https://nqfapps.services.storage.blob.core.windows.net/proddocs/36/Fall/2017/measures/3324/shared/3324.zip>

MLTSS-3: Medicaid Managed Long-Term Services and Supports Shared Care Plan with Primary Care Provider

Description: The percentage of Medicaid MLTSS plan participants ages 18 and older with a care plan that was transmitted to their primary care provider (PCP), or other documented medical care provider identified by the participant within 30 days of its development.

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Promote Effective Communication and Coordination of Care

NQF Domain: Person-Centered Planning and Coordination

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The following rate is reported:

Participant with Care Plan Transmitted to PCP: The number of Medicaid MLTSS participants whose care plan was transmitted to the PCP or other documented medical care provider identified by the participant within 30 days of the date when the participant agreed to the care plan (31 days total). Transmission of care plans to participants' PCPs is the responsibility of the managed care plan or the state, not the participant.

Denominator: A systematic sample drawn from the eligible population.

Exclusion: Participant Refused to Share Care Plan. Medicaid MLTSS participants who refused to have the care plan shared with a PCP or other medical care provider.

Data Source: Case Management System

Measure Type: Process

Accountable Entity: State Medicaid, Managed Care Plan

Health Equity Variables: Disability (HCBS Program Type), additional testing underway

1915(c) Waiver Assurance: Health and Welfare - The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Technical Specifications Source: <https://www.medicaid.gov/medicaid/managed-care/downloads/mltss-tech-specs-res-manual.pdf>

Testing Results:

<https://nqfappservicesstorage.blob.core.windows.net/proddocs/36/Fall/2017/measures/3325/shared/3325.zip>

MLTSS-4: Medicaid Managed Long-Term Services and Supports Reassessment or Care Plan Update after Inpatient Discharge

Description: The percentage of discharges from inpatient facilities for Medicaid MLTSS participants ages 18 and older for whom a reassessment and care plan update occurred within 30 days of discharge.

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Rebalancing; Community Integration

Meaningful Measures Domain: Promoting Effective Communication and Coordination of Care

NQF Domain: Person-Centered Planning and Coordination

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The measure reports two numerators.

Rate 1: Reassessment after Inpatient Discharge. The percentage of discharges from inpatient facilities resulting in a long-term services and supports reassessment within 30 days of discharge.

Rate 2: Reassessment and Care Plan Update after Inpatient Discharge. The percentage of discharges from inpatient facilities resulting in a long-term services and supports reassessment and care plan update within 30 days of discharge.

Denominator: A systematic sample of inpatient discharges drawn from the eligible population. The denominator is based on discharges, not on participants. Participants may appear more than once in the sample.

Exclusions:

Discharges for planned admissions: The exclusion for planned admissions is not reported with the measure performance rates. Exclude planned hospital admissions from the measure denominator.

The exclusions listed below (could not be contacted and refusal) are reported with the measure rates.

- **Participant Could Not be Contacted:** Participants who could not be reached for assessment and care plan update following inpatient discharge. At least three attempts to contact the participant were made and documented, including the date and mode of each contact (e.g., phone call, letter, email), and all were unsuccessful.
- **Participant Refused Assessment or Care Planning:** Participants who refused to participate in an assessment or development of a long-term services and supports comprehensive care plan following inpatient discharge.

Data Source: Assessment/Case Management System

Measure Type: Process

Accountable Entity: State Medicaid, Managed Care Plan

Health Equity Variables: Disability (HCBS Program Type), additional testing underway

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 2. Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs

Technical Specifications Source: <https://www.medicaid.gov/medicaid/managed-care/downloads/mltss-tech-specs-res-manual.pdf>

Testing Results:

<https://nqfapps.servicesstorage.blob.core.windows.net/proddocs/36/Fall/2017/measures/3326/shared/3326.zip>

MLTSS-6: Medicaid Managed Long-Term Services and Supports Admission to a Facility from the Community

Description: The number of admissions to a facility among Medicaid MLTSS participants ages 18 and older residing in the community for at least one month. The number of short-term, medium-term, or long-term admissions is reported per 1,000 participant months. Participant months reflect the total number of months each participant is enrolled in the program and residing in the community for at least one day of the month.

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Rebalancing

Meaningful Measures Domain: Promote Effective Communication and Coordination of Care

NQF Domain: System Performance and Accountability

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The number of facility admissions (FA) from a community residence from August 1 of the year prior to the measurement year through July 31 of the measurement year. The following three performance rates are reported across four age groups (18 to 64, 65 to 74, 75 to 84, and 85 and older.).

- **Short-Term Stay:** The rate of admissions resulting in a short-term stay (1 to 20 days) per 1,000 Medicaid MLTSS participant months.
- **Medium-Term Stay:** The rate of admissions resulting in a medium-term stay (21 to 100 days) per 1,000 Medicaid MLTSS participant months.
- **Long-Term Stay:** The rate of admissions resulting in a long-term stay (greater than or equal to 101 days) per 1,000 Medicaid MLTSS participant months

Denominator: Number of participant months where the participant was residing in the community for at least one day of the month.

Exclusions: None

Data Source: Administrative Claims

Measure Type: Outcome

Accountable Entity: State Medicaid, Managed Care Plan

Health Equity Variables: None Identified

1915(c) Waiver Assurance: None Identified

1915(c) Waiver Sub-assurances: None Identified

Technical Specifications Source: <https://www.medicaid.gov/medicaid/managed-care/downloads/mltss-tech-specs-res-manual.pdf>

Testing Results:

<https://nqfappservicestorage.blob.core.windows.net/proddocs/30/Fall/2018/asures/3456/shared/3456.zip>

MLTSS-7: Medicaid Managed Long-Term Services and Supports Minimizing Facility Length of Stay

Description: The proportion of admissions to a facility among Medicaid MLTSS participants ages 18 and older that result in successful discharge to the community (community residence for 60 or more days) within 100 days of admission. This measure is reported as an observed rate and a risk-adjusted rate.

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Rebalancing; Community Integration

Meaningful Measures Domain: Promote Effective Communication and Coordination of Care

NQF Domain: System Performance and Accountability

NQF Endorsement: Endorsed (NQF 3457)

Program Alignment: Not Applicable

Numerator: The count of discharges from a facility to the community during the measurement year that occurred within 100 days or fewer of admission.

Denominator: New admissions to a facility for MLTSS participants ages 18 and older.

Exclusions: Exclude discharges that result in death, hospitalization, or re-admission to the facility within 60 days of discharge from the facility.

Data Source: Administrative Claims

Measure Type: Outcome

Accountable Entity: State Medicaid, Managed Care Plan

Health Equity Variables: None Identified

1915(c) Waiver Assurance: None Identified

Technical Specifications Source: <https://www.medicaid.gov/medicaid/managed-care/downloads/mltss-tech-specs-res-manual.pdf>

Testing Results: <https://www.qualityforum.org/QPS/3457>

MLTSS-8: Medicaid Managed Long-Term Services and Supports Successful Transition after Long-Term Facility Stay

Description: The proportion of long-term facility stays among Medicaid MLTSS participants 18 and older that result in successful transitions to the community (community residence for 60 or more days). This measure is reported as an observed rate and a risk-adjusted rate.

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Rebalancing, Community Integration

Meaningful Measures Domain: Promote Effective Communication and Coordination of Care

NQF Domain: System Performance and Accountability

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The number of long term (101 days or more) facility stays (nursing facility or Medicaid-certified Intermediate Care Facility for Individuals with Intellectual Disabilities [ICF/IID]) among MLTSS participants ages 18 and older that result in successful transition to the community for 60 consecutive days.

Denominator: MLTSS participants ages 18 and older residing in a nursing facility or ICF/IID for at least 101 days inclusive of July 1 of the year prior to the measurement year.

Exclusions: Exclude admissions that are transfers from another facility, admissions from the hospital that originated from a facility, and admissions that result in death in the facility. Exclude discharges that are followed by a death within one day.

Data Source: Administrative Claims

Measure Type: Outcome

Accountable Entity: State Medicaid, Managed Care Plan

Health Equity Variables: None Identified

1915(c) Waiver Assurance: None Identified

Technical Specifications Source: <https://www.medicaid.gov/medicaid/managed-care/downloads/mltss-tech-specs-res-manual.pdf>

Testing Report: MLTSS-8 NQF Submission Package (Not Public Domain)

HCBS-10: Self-Direction of Services and Supports among Medicaid Beneficiaries Receiving LTSS through Managed Care Organizations

Description: Assesses the offer, and selection, of self-directed services among MLTSS adult enrollees who receive HCBS. The measure consists of two rates:

- A) Self-direction offer rate:** Percentage of HCBS participants aged 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.
- B) Self-direction opt-in rate:** Percentage of HCBS participants aged 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.

Measure Steward: CMS

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Strengthen Person & Family Engagement as Partners in their Care

NQF Domain: Choice and Control

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: This measure has two rates. The numerators for the two rates are as follows:

- Self-direction offers rate numerator: number of participants aged 18 and older enrolled in MLTSS plans who received an offer to self-direct their HCBS in the last 12 months.
- Self-direction opt-in rate numerator: number of participants aged 18 and older enrolled in MLTSS plans who opted-in to self-direct their HCBS at any time in the last 12 months.

Denominator: This measure has two rates:

- Self-direction offers rate denominator: The denominator for this rate is the number of participants ages 18 and older enrolled in MLTSS plans who were eligible to self-direct their HCBS in the last 12 months. The HCBS population eligible for self-direction depends on state and plan requirements under which MLTSS plans operate.
- Self-direction opt-in rate denominator. The denominator for this rate is the number of participants ages 18 and older enrolled in MLTSS plans who received an offer to self-direct their HCBS in the last 12 months.

Exclusions: Individuals not eligible to self-direct their services should be excluded from the eligible population. For example, this may include individuals who are residing in nursing homes, or group homes. Other exclusions include individuals who do not meet a specified level of care or individuals who are not allowed to self-direct their services due to fraud or neglect.

Plans should use self-direction eligibility exclusion criteria defined by state contract requirements or other pre-established eligibility criteria used by case managers.

Data Source: Case Management System

Measure Type: Outcome

Accountable Entity: State Medicaid, Managed Care Plan

Health Equity Variables: None Identified

1915(c) Waiver Assurance: Service Plan - The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants

1915(c) Waiver Sub-assurance: 4. Participants are afforded choice between/among waiver services and providers.

Technical Specifications Source and Testing Report: Not Public Domain

Measure Summaries: ADvancing States, Human Services Research Institute (HSRI)

NCI-AD: Percentage of People Who are as Active in Their Community as They Would Like to Be

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Are you able to take part in activities with others (like church groups, book clubs) as much as you want to – either in-person or using video technology like Zoom or Facetime?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Work with Communities to Promote Best Practices of Healthy Living

NQF Domain: Community Inclusion

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Only the person may respond (proxies are not allowed for this question).

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

¹⁰ Medicaid (n.d.), *Adult Health Care Quality Measures*, <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html>

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: None Identified

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Who are Able to See or Talk to Their Friends and Family When They Want To

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Are you able to see or talk to your friends and family (who do not live with you) when you want to?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Working with Communities to Promote Best Practices of Healthy Living

NQF Domain: Community Inclusion

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes, Always, or Chooses Not To” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Only the person may respond (proxies are not allowed for this question).

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: None Identified

Technical Specification Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Whose Support Staff Do Things the Way They Want Them Done

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Do the people who are paid to help you do things the way you want them done?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Choice and Control, Service Delivery and Effectiveness, Person-Centered Planning (PCP) and Coordination

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes, All Paid Support Workers, Always or Almost Always”

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Respondents who do not have paid staff are also excluded. Only the person may respond (proxies are not allowed for this question).

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Whose Support Staff Show Up and Leave When They are Supposed To

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Do the people who are paid to help you show up and leave when they are supposed to?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Workforce

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set10; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes, All Paid Support Workers, Always or Almost Always”

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Respondents who do not have paid staff are also excluded. Proxies are allowed for this question.

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of Non-English-Speaking Participants Who Receive Information About Their Services in the Language They Prefer

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Do you get information about your services in the language you prefer?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Work with Communities to Promote Best Practices of Healthy Living

NQF Domain: Equity

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes” or “All Information” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Respondents whose preferred language is English are also excluded. Proxies are allowed for this question.

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: None Identified

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Who Had Adequate Follow-up After Being Discharged from a Hospital or Rehabilitation or Nursing Facility

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** After leaving the hospital or rehab/nursing facility, did anyone follow-up with you to make sure you had the services and supports you needed?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Rebalancing

Meaningful Measures Domain: Promote Effective Communication and Coordination of Care

NQF Domain: Service Delivery and Effectiveness

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Respondents who did not have a hospital/rehab stay in the previous 12 months are also excluded. Only the person may respond (proxies are not allowed for this question).

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: None Identified

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Who Know How to Manage Their Chronic Conditions

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** If you have one or more chronic conditions, do you know how to manage them?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Promote Effective Prevention and Treatment of Chronic Disease

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Respondents who did not have a chronic condition are also excluded. Only the person may respond (proxies are not allowed for this question).

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People with Concerns About Falling Who Had Someone Work with Them to Reduce Risk of Falls

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Has somebody talked to you or worked with you to reduce your risk of falling or being unstable?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Make Care Safer by Reducing Harm Caused in the Delivery of Care

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator The number of respondents who report “Yes” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Respondents for whom there are no concerns about falls are also excluded. Proxies are allowed for this question.

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Report: <http://www.advancingstates.org/node/67954>

NCI-AD: Percentage of People Who Have Transportation When They Want to Do Things Outside of Their Home

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Do you have transportation when you want to do things outside of your home/ where you live, like visit a friend, go for entertainment, or do something for fun?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access; Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Equity

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Proxies are allowed for this question.

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: None Identified

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Who Have Transportation to Get to Medical Appointments When They Need To

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Do you have transportation to get to medical appointments when you need to?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Equity

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Proxies are allowed for this question.

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity - Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: None Identified

Technical Specification Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Who Feel Safe Around Their Support Staff

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Do you feel safe around the people who are paid to help you?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Make Care Safer by Reducing Harm Caused in the Delivery of Care

NQF Domain: Human and Legal Rights

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes, All Paid Support Workers, Always or Almost Always”

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Respondents who do not have paid staff are also excluded. Only the person may respond (proxies are not allowed for this question).

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 1. The state demonstrates on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death.

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Who are Ever Worried for the Security of Their Personal Belongings

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Are you ever worried for the security of your personal belongings?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Human and Legal Rights

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes, At Least Sometimes” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Only the person may respond (proxies are not allowed for this question).

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 1. The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death.

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Whose Money Was Taken or Used without Their Permission in the Last 12 Months

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** In the last 12 months, has anyone used or taken your money without your permission?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Human and Legal Rights

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Only the person may respond (proxies are not allowed for this question).

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 1. The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People in Group Settings Who Have Enough Privacy Where They Live

Description: Single-item measure derived from the top-box score of the question on the Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Do you have enough privacy in your home/where you live?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Human and Legal Rights

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes, Always” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Respondents who do not live in a group setting are also excluded. Only the person may respond (proxies are not allowed for this question).

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: None Identified

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Report: <http://www.advancingstates.org/node/67954>

NCI-AD: Percentage of People Who Can Choose or Change What Kind of Services They Get

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Can you choose (or change) your services?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access; Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Choice and Control

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes, All Services” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Proxies are allowed for this question.

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 1. Service plans address all participants’ assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means; 4. Participants are afforded choice between/among waiver services and providers.

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Who Can Choose or Change when and How Often They Get Their Services

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Can you choose (or change) when and how often you get your services?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access; Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Choice and Control

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Proxies are allowed for this question).

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 1. Service plans address all participants’ assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means; 4. Participants are afforded choice between/among waiver services and providers.

Technical Specification Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Who Can Choose or Change Their Support Staff

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Can you choose (or change) the people who are paid to help you if you wanted to?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Workforce

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set¹⁰; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who report “Yes, All Paid Support Workers” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Respondents who do not have paid staff are also excluded. Proxies are allowed for this question.

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 4. Participants are afforded choice between/among waiver services and providers.

Technical Specifications Source: https://nci-ad.org/upload/reports/NCI-AD_2017-2018_National_Report_Part_2_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

NCI-AD: Percentage of People Whose Service Plan Includes Their Preferences and Choices

Description: Single-item measure derived from the top-box score of the question on the NCI-AD Adult Consumer Survey optional module for person-centered planning for people with physical and/or age-related disabilities and/or older adults who receive at least one service other than case management.

- **Question:** Are your choices and preferences reflected in your current service plan/plan of care?

Measure Steward: ADvancing States, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access; Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Choice and Control

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid Adult Core Set10; Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys9

Numerator: The number of respondents who report “Yes, all/completely” to the question.

Denominator: The number of respondents who answered the question on the NCI-AD Adult Consumer Survey optional module for person-centered planning.

Exclusions: Exclusions of responses are based on whether the interviewer indicated that the answers were provided in an invalid and/or inconsistent way, for example “Don’t Know” or if the answer was unclear or the respondent refused responses. Respondents who do not have a person-centered plan/service plan/plan of care are also excluded. Only the person may respond (proxies are not allowed for this question).

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Aged and Disabled Programs

Health Equity Variables: Age, Disability, Ethnicity, Food security, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 1. Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means; 4. Participants are afforded choice between/among waiver services and providers.

Technical Specifications Source: https://nci-ad.org/images/uploads/NCI-AD_Indicators_only_19-20_FINAL.pdf

Testing Reports: <http://www.advancingstates.org/node/67954>
https://nci-ad.org/images/uploads/NCI_AD_RemoteSurveyBrief_final_12_15.pdf

Measure Summaries: The Council on Quality and Leadership (CQL)

Personal Outcome Measures (POM): People are Free from Abuse and Neglect

Description: Personal outcome measure derived from a cross-sectional survey of adults with disabilities about quality-of-life outcomes and supports. This indicator assesses whether people are free from abuse and neglect.

Measure Steward: The Council on Quality and Leadership

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Make Care Safer by Reducing Harm in the Delivery of Care

NQF Domain: Human and Legal Rights

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The number of respondents who are not subjected to abuse, neglect, mistreatment, or exploitation from anyone.

Denominator: The number of survey respondents (people with disabilities 18 and older) who provided valid answers to the survey question.

Exclusions: If the respondent does not provide enough information for the interviewer to decide about the indicator, the data for the respective indicator is left blank and excluded from both the numerator and denominator. This applies to all indicators.

Data Source: Patient-Reported Data and Surveys

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Programs

Health Equity Variables: Age, Disability, Race, Ethnicity, Gender, Gender Identity, Language

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 1. The state demonstrates on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.

Technical Specifications Source: <https://www.c-q-l.org/wp-content/uploads/2020/03/2017-CQL-POM-Manual-Adults.pdf>

Testing Report: <https://doi.org/10.1016/j.dhjo.2017.12.003>

POM: People Choose Services

Description: Personal outcome measure derived from a cross-sectional survey of adults with disabilities about quality-of-life outcomes and supports. This indicator assesses whether people have choices and control over the direction of their care.

Measure Steward: The Council on Quality and Leadership

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Choice and Control

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The number of respondents who choose the services/supports they receive, their provider organizations, and their direct support professionals/staff.

Denominator: The number of survey respondents (people with disabilities 18 and older) who provided valid answers to the survey question.

Exclusions: If the respondent does not provide enough information for the interviewer to make a determination about the indicator, the data for the respective indicator is left blank and excluded from both the numerator and denominator. This exclusion applies to all indicators.

Data Source: Patient-Reported Data and Surveys

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Programs

Health Equity Variables: Age, Disability, Race, Ethnicity, Gender, Gender Identity, Language

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 4. Participants are afforded choice between/among waiver services and providers.

Technical Specifications Source: <https://www.c-q-l.org/wp-content/uploads/2020/03/2017-CQL-POM-Manual-Adults.pdf>

Testing Report: <https://doi.org/10.1016/j.dhjo.2017.12.003>

POM: People Have the Best Possible Health

Description: Personal outcome measure derived from a cross-sectional survey of adults with disabilities about quality-of-life outcomes and supports. This indicator assesses whether people have the best health possible.

Measure Steward: The Council on Quality and Leadership

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Work with Communities to Promote Best Practices of Healthy Living

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The number of respondents who have the best possible health, as individually defined by that person.

Denominator: The number of survey respondents (people with disabilities 18 and older) who provided valid answers to the survey question.

Exclusions: If the respondent does not provide enough information for the interviewer to decide about the indicator, the data for the respective indicator is left blank and excluded from both the numerator and denominator. This exclusion applies to all indicators.

Data Source: Patient-Reported Data and Surveys

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Programs

Health Equity Variables: Age, Disability, Race, Ethnicity, Gender, Gender Identity, Language

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Technical Specifications Source: <https://www.c-q-l.org/wp-content/uploads/2020/03/2017-CQL-POM-Manual-Adults.pdf>

Testing Report: <https://doi.org/10.1016/j.dhjo.2017.12.003>

POM: People Interact with Other Members of the Community

Description: Personal outcome measure derived from a cross-sectional survey of adults with disabilities about quality-of-life outcomes and supports. This indicator assesses whether people interact with other members of their community.

Measure Steward: The Council on Quality and Leadership

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Work with Communities to Promote Best Practices of Healthy Living

NQF Domain: Community Inclusion

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The number of respondents who interact with other members of the community, with the type and frequency of interaction they prefer.

Denominator: The number of survey respondents (people with disabilities 18 and older) who provided valid answers to the survey question.

Exclusions: If the respondent does not provide enough information for the interviewer to make a determination about the indicator, the data for the respective indicator is left blank and excluded from both the numerator and denominator. This exclusion applies to all indicators.

Data Source: Patient-Reported Data and Surveys

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Programs

Health Equity Variables: Age, Disability, Race, Ethnicity, Gender, Gender Identity, Language

1915(c) Waiver Assurance: Not Applicable

Technical Specifications Source: <https://www.c-q-l.org/wp-content/uploads/2020/03/2017-CQL-POM-Manual-Adults.pdf>

Testing Report: <https://doi.org/10.1016/j.dhjo.2017.12.003>

POM: People Live in Integrated Environments

Description: Personal outcome measure derived from a cross-sectional survey of adults with disabilities about quality-of-life outcomes and supports. This indicator assesses whether people live in environments where they are integrated into the community.

Measure Steward: The Council on Quality and Leadership

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Work with Communities to Promote Best Practices of Healthy Living

NQF Domain: Community Inclusion

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The number of respondents who use the same environments as people without disabilities.

Denominator: The number of survey respondents (people with disabilities 18 and older) who provided valid answers to the survey question.

Exclusions: If the respondent does not provide enough information for the interviewer to make a determination about the indicator, the data for the respective indicator is left blank and excluded from both the numerator and denominator. This exclusion applies to all indicators.

Data Source: Patient-Reported Data and Surveys

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Programs

Health Equity Variables: Age, Disability, Race, Ethnicity, Gender, Gender Identity, Language

1915(c) Waiver Assurance: Not Applicable

Technical Specifications Source: <https://www.c-q-l.org/wp-content/uploads/2020/03/2017-CQL-POM-Manual-Adults.pdf>

Testing Report: <https://doi.org/10.1016/j.dhjo.2017.12.003>

POM: People Participate in the Life of the Community

Description: Personal outcome measure derived from a cross-sectional survey of adults with disabilities about quality-of-life outcomes and supports. This indicator assesses whether people participate in their community.

Measure Steward: The Council on Quality and Leadership

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Work with Communities to Promote Best Practices of Healthy Living

NQF Domain: Community Inclusion

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The number of respondents who participate in the life of the community, with the type and frequency of participation they prefer.

Denominator: The number of survey respondents (people with disabilities 18 and older) who provided valid answers to the survey question.

Exclusions: If the respondent does not provide enough information for the interviewer to make a determination about the indicator, the data for the respective indicator is left blank and excluded from both the numerator and denominator. This exclusion applies to all indicators.

Data Source: Patient-Reported Data and Surveys

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Programs

Health Equity Variables: Age, Disability, Race, Ethnicity, Gender, Gender Identity, Language

1915(c) Waiver Assurance: Not Applicable

Technical Specifications Source: <https://www.c-q-l.org/wp-content/uploads/2020/03/2017-CQL-POM-Manual-Adults.pdf>

Testing Report: <https://doi.org/10.1016/j.dhjo.2017.12.003>

POM: People Realize Personal Goals

Description: Personal outcome measure derived from a cross-sectional survey of adults with disabilities about quality-of-life outcomes and supports. This indicator assesses whether people realize the personal goals they have made for the future.

Measure Steward: The Council on Quality and Leadership

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Person-Centered Planning and Coordination

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The number of respondents who accomplish goals significant to them.

Denominator: The number of survey respondents (people with disabilities 18 and older) who provided valid answers to the survey question.

Exclusions: If the respondent does not provide enough information for the interviewer to make a determination about the indicator, the data for the respective indicator is left blank and excluded from both the numerator and denominator. This exclusion applies to all indicators.

Data Source: Patient-Reported Data and Surveys

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Programs

Health Equity Variables: Age, Disability, Race, Ethnicity, Gender, Gender Identity, Language

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 1. Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Technical Specifications Source: <https://www.c-q-l.org/wp-content/uploads/2020/03/2017-CQL-POM-Manual-Adults.pdf>

Testing Report: <https://doi.org/10.1016/j.dhjo.2017.12.003>

Measure Summaries: National Association of State Directors of Developmental Disabilities Services (NASDDDS) and Human Services Research Institute (HSRI)

NCI-IDD CI-1: Social Connectedness (The Proportion of People Who Report that They Do Not Feel Lonely Often)

Description: Single-item measure derived from the top-box score of the question on the National Core Indicators®-Intellectual and Developmental Disabilities (NCI®-IDD) In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system.

- **Question:** Do you ever feel lonely? (Do you ever feel like you don't have anyone to talk to?)

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Work with Communities to Promote Best Practices of Healthy Living

NQF Endorsement: Endorsed (NQF 3622)

NQF Domain: Community Inclusion

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of people who responded "no".

Denominator: Number of people who provided a valid response.

Exclusions: Responses are excluded from numerators and denominators for Section I items if:

- The surveyor indicated that the respondent did not give consistent and valid responses, or
- All questions in Section I were left blank or marked "Not Applicable" or "Don't Know".

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Not Applicable

Technical Specifications: <https://www.qualityforum.org/QPS/3622>

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-IDD CI-3: Transportation Availability Scale (The Proportion of People Who Report Adequate Transportation)

Description: Multi-item measure derived from the top-box scores of two questions listed below on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system.

- **Question:** Do you have a way to get places you need to go (like work, appointments, etc.)?
- **Question:** Are you able to get places when you want to do something outside your home, like going out to see friends, for entertainment, or to do something fun?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access, Community Integration

Meaningful Measures Domain: Work with Communities to Promote Best Practices of Healthy Living

NQF Domain: Community Inclusion

NQF Endorsement: Endorsed (NQF 3622)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹, Medicaid Adult Core Set Quality Measures

Numerator of Each Constituent Item Score: The number of people with the top box score.

Denominator of Each Constituent Item Score: Number of people who provided a valid response.

Scale Calculation: Mean of the two item scores for respondents who provided valid responses to both questions.

Exclusions: Responses are excluded from numerators and denominators for Section I items if:

- The surveyor indicated that the respondent did not give consistent and valid responses, or
- All questions in Section I were left blank or marked "Not Applicable" or "Don't Know".

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Not Applicable

Technical Specifications: <https://www.qualityforum.org/QPS/3622>

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-IDD: The Percentage of People who Report that They Helped Make Their Service Plan

Description: Single-item measure derived from the top-box score of a question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system.

- **Question:** Did you help make your service plan?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Person-Centered Planning and Coordination

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of people with the top box score.

Denominator: Number of people who provided a valid response.

Exclusions: Responses are excluded from numerators and denominators for Section I items if:

- The surveyor indicated that the respondent did not give consistent and valid responses, or
- All questions in Section I were left blank or marked "Not Applicable" or "Don't Know".

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 4. Participants are afforded choice between/among waiver services and providers.

Technical Specifications and Testing Results Source:

https://www.nationalcoreindicators.org/upload/core-indicators/Service_Coordination_508_IPS_18_19.pdf#page=8

NCI-IDD: Percentage of People Who Report Staff Come and Leave when They are Supposed To

Description: Single-item measure derived from the top-box score of the question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system

- **Question:** Do your staff come and leave when they are supposed to?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Workforce

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of people with the top box score.

Denominator: Number of people who provided a valid response.

Exclusions: Responses are excluded if the person reports not having paid staff. Responses are excluded from numerators and denominators for Section I items if:

- The surveyor indicated that the respondent did not give consistent and valid responses, or
- All questions in Section I were left blank or marked "Not Applicable" or "Don't Know".

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-HLR-1: Respect for Personal Space Scale (The Proportion of People Who Report that Their Personal Space is Respected in the Home)

Description: Multi-item measure derived from the top-box score of the questions listed below on the NCI In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system.

- **Question:** Do people who do not live with you ask you before they come into your home?
- **Question:** Do people ask you before coming into your bedroom?
- **Question:** Do you have a place to be alone in your home?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Human and Legal Rights

NQF Endorsement: Endorsed (NQF 3622)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator of Each Constituent Item Score: The number of people with the top box score.

Denominator of Each Constituent Item Score: Number of people who provided a valid response.

Scale Calculation: Mean of the item scores for respondents who provided valid responses to at least two of the questions.

Exclusions:

Responses are excluded from numerators and denominators for Section I items if:

- The surveyor indicated that the respondent did not give consistent and valid responses, or
- All questions in Section I were left blank or marked "Not Applicable" or "Don't Know".

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: None Identified

Technical Specifications: <https://www.qualityforum.org/QPS/3622>

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-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)

Description: Single-question measure derived from the top-box score of a question from the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system

- **Question:** When people in your house go somewhere, do you have to go too, or can you stay at home if you want to?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Choice and Control

NQF Endorsement: Endorsed (NQF 3622)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of people with the top box score.

Denominator: The number of people who provided a valid response.

Exclusions: Responses are excluded from numerators and denominators for Section I items if:

- The surveyor indicated that the respondent did not give consistent and valid responses, or
- All questions in Section I were left blank or marked "Not Applicable" or "Don't Know".

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: None Identified

Technical Specifications: <https://www.qualityforum.org/QPS/3622>

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-CC-4: Life Decision Composite Measure (The Proportion of People Who Report Making Choices [Alone or with Help] in Life Decisions)

Description: Multi-item measure derived from the top-box scores of the questions listed below on the NCI In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system.

- **Question:** Who chose (or picked) the place where you live? (Did you help pick the place where you live?)
- **Question:** *If person does not live in the family home, ask:* Did you choose (or pick) the people you live with (or did you choose to live by yourself)?
- **Question:** *If person has a paid community job, ask:* Who chose (or picked) the place you work?
- **Question:** *If person goes to a day program or workshop, ask:* Who chose (or picked) your day program or workshop? Did you help make the choice?
- **Question:** Do you choose (or pick) your staff?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care, Work with Communities to Promote Best Practices of Healthy Living

NQF Domain: Choice and Control

NQF Endorsement: Endorsed (NQF 3622)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹, Medicaid Adult Core Quality Set

Numerator of Each Constituent Item Score: The number of people with the top two box scores (person made the choice alone or had some input).

Denominator of Each Constituent Item Score: Number of people who provided a valid response.

Scale Calculation: Mean of the item scores for respondents who provided valid responses to at least two of the questions.

Exclusions: Respondents with an invalid Section II are excluded.

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 4. Participants are afforded choice between/among waiver services and providers.

Technical Specifications: <https://www.qualityforum.org/QPS/3622>

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-PCP-2: Person-Centered Goals (The Proportion of People Who Report their Service Plan Includes Things that are Important to Them)

Description: Single-item measure derived from the top-box score of a question on the NCI In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system.

- **Question:** Does your service plan include things that are important to you?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access; Community Integration

Meaningful Measures Domain: Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Choice and Control; Person-Centered Planning (PCP) and Coordination

NQF Endorsement: Endorsed (NQF 3622)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of people with the top box score.

Denominator: Number of people who provided a valid response.

Exclusions: Responses are excluded from numerators and denominators for Section I items if:

- The surveyor indicated that the respondent did not give consistent and valid responses, or
- All questions in Section I were left blank or marked "Not Applicable" or "Don't Know".

Those who report not having a service plan are also excluded.

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 1. Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Technical Specifications: <https://www.qualityforum.org/QPS/3622>

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-PCP-5: Satisfaction with Community Inclusion Scale (The Proportion of People Who Report Satisfaction with the Level of Participation in Community-Inclusion Activities)

Description: Multi-item measure derived from the top-box score of the questions listed below on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system.

- **Question:** Think about how often you went shopping in the past month. Would you like to go shopping more, less, or the same amount as now?
- **Question:** Think about how often you went out for entertainment in the past month. Would you like to go out for entertainment more, less, or the same amount as now?
- **Question:** Think about how often you went to a restaurant or coffee shop in the past month. Would you like to go out to a restaurant or coffee shop more, less, or the same amount as now?
- **Question:** Think about how often you went to a religious service or spiritual practice in the past month. Would you like to go to religious services or spiritual practices more, less, or the same amount as now?
- **Question:** Do you want to be a part of more groups in your community?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Community Integration

Meaningful Measures Domain: Work with Communities to Promote Best Practices of Healthy Living; Strengthen Person and Family Engagement as Partners in their Care

NQF Domain: Person-Centered Planning (PCP) and Coordination; Community Inclusion

NQF Endorsement: Endorsed (NQF 3622)

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator of Each Constituent Item Score: The number of people who reported satisfaction with the frequency of their participation in the indicated activity, or the number of people who report that they do not want to be part of more community groups.

Denominator of Each Constituent Item Score: Number of people who provided a valid response.

Scale Calculation: Mean of the item scores for respondents who provided valid responses to at least two of the questions.

Exclusions: Responses are excluded from numerators and denominators for Section I items if:

- The surveyor indicated that the respondent did not give consistent and valid responses, or
- All questions in Section I were left blank or marked "Not Applicable" or "Don't Know".

Responses are excluded from numerators and denominators for Section II items if:

- The person receiving supports was marked as the sole respondent to all questions in Section II, but Section I was deemed invalid, or
- All questions in Section II were left blank or marked "Not Applicable" or "Don't Know".

Data Source: Participant Reported Data/Survey

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Not Applicable

Technical Specifications: <https://www.qualityforum.org/QPS/3622>

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-IDD: The Percentage of People Who Are Reported to Have Had an Annual Physical Exam within the Past Year

Description: Single-item measure derived from a question on the NCI-IDD In-Person Survey (IPS) for people who receive at least one service in addition to case management from their state Developmental Disability service system. Information can be obtained through state records or in-person interview.

- **Question:** When was their last complete annual physical exam? (We're referring to a routine exam, not a visit for a specific problem or illness.)

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Promote Effective Prevention and Treatment of Chronic Disease

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of people reported to have had a complete annual physical exam in the past year.

Denominator: Number of people with a valid response.

Exclusions: None

Data Source: Participant Reported Data/Survey or State Records

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-IDD: The Percentage of People Who are Reported to Have Had a Routine Dental Exam within the Past Year

Description: Single-item measure derived from a question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system. Information can be obtained through state records or in-person interview.

- **Question:** When was their last dentist exam (routine preventative dental care)?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Promote Effective Prevention and Treatment of Chronic Disease

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of people reported to have had a dentist visit in the past year.

Denominator: Number of people with a valid response.

Exclusions: None

Data Source: Participant Reported Data/Survey or State Records

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-IDD: The Percentage of People Who are Reported to Have Had a Vision Screening within the Past Year

Description: Single-item measure derived from a question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system. Information can be obtained through state records or in-person interview.

- **Question:** When was the last time this person had an eye exam/vision screening?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Promote Effective Prevention and Treatment of Chronic Disease

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents reported to have had a vision screening within the past year.

Denominator: Number of people with a valid response.

Exclusions: None

Data Source: Participant Reported Data/Survey or State Records

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-IDD: The Percentage of People Who are Reported to Have Had a Hearing Test within the Past 5 Years

Description: Single-item measure derived from a question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system. Information can be obtained through state records or in-person interview.

- **Question:** When was the last time this person had a hearing test?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Promote Effective Prevention and Treatment of Chronic Disease

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who reported that they received routine hearing in the past year; information may be obtained through state records or in-person interview.

Denominator: The number of valid responses to the NCI In-Person Survey question. Data may come from existing records or provided by respondent in in-person interview.

Exclusions: Responses are excluded from numerators and denominators items if:

- The surveyor indicated that the respondent did not give consistent and valid responses, or
- Relevant questions were left blank or marked "Not Applicable" or "Don't Know".

Data Source: Participant Reported Data/Survey or State Records

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-IDD: The Percentage of Women Over 21 Who are Reported to Have Had a Pap Test Screening at the Recommended Interval

Description: Single-item measure derived from a question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system. Information can be obtained through state records or in-person interview.

- **Question:** If female, when was her last Pap test screening? (A Pap test is used to check women for cancer of the cervix.)

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Promote Effective Prevention and Treatment of Chronic Disease

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents reported to have had a Pap test screening in the past three years

Denominator: Number of people with a valid response.

Exclusions: Responses are excluded from numerator and denominator items if respondent is not female, or respondent is at or under the age of 21.

Data Source: Participant Reported Data/Survey or State Records

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-IDD: The Percentage of Women Aged 50 and Older Who are Reported to Have Had a Mammogram within the Past 2 Years

Description: Single-item measure derived from a question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system. Information can be obtained through state records or in-person interview.

- **Question:** If female, when was her last mammogram? (A mammogram is an x-ray of each breast to check for breast cancer.)

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Promote Effective Prevention and Treatment of Chronic Disease

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who were reported to have had a routine mammogram in the past two years.

Denominator: Number of people with a valid response.

Exclusions: Responses are excluded from numerator and denominator items if respondent is not female or is under the age 50.

Data Source: Participant Reported Data/Survey or State Records

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

NCI-IDD: The Percentage of People Ages 45 to 75 Who are Reported to Have Had Recommended Screening for Colorectal Cancer

Description: Single-item measure derived from a question on the NCI-IDD In-Person Survey for people who receive at least one service in addition to case management from their state Developmental Disability service system. Information can be obtained through state records or in-person interview.

- **Question:** Has this person received screening for colorectal cancer?

Measure Steward: NASDDDS, HSRI

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: Access

Meaningful Measures Domain: Promote Effective Prevention and Treatment of Chronic Disease

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Medicaid and CHIP Scorecard: State Use of Experience of Care Surveys⁹

Numerator: The number of respondents who reported that they received a:

- Colonoscopy within the past 10 years
- Flexible Sigmoidoscopy in the past 5 years
- A Fecal Occult blood test or fecal immunochemical test in the past year

Denominator: Number of people with a valid response.

Exclusions: Responses are excluded from numerator and denominator items if the respondent is under the age of 45 or over the age of 75.

Data Source: Participant Reported Data/Survey or State Records

Measure Type: Outcome

Accountable Entity: Medicaid HCBS Intellectual and Developmental Disabilities Programs

Health Equity Variables: Age, Disability, Ethnicity, Gender, Language, Race, Sex, Urban/Rural Status

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Testing Report: <https://www.nationalcoreindicators.org/survey-reports/>

Measure Summaries: National Committee for Quality Assurance (NCQA)

MLTSS: Plan All-Cause Readmission (Healthcare Effectiveness Data and Information Set [HEDIS])

Description: The percentage of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, for participants 65 years of age and older using the following formula to control for differences in the case mix of patients across different contracts.

Measure Steward: NCQA

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Make Care Affordable

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The percentage of acute inpatient or observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, for participants 65 years of age and older using the following formula to control for differences in the case mix of patients across different contracts. For contract A, their case-mix adjusted readmission rate relative to the national average is the observed readmission rate for contract A divided by the expected readmission rate for contract A. This ratio is then multiplied by the national average observed rate. To calculate the observed rate and expected rate for contract A for participants 65 years and older, the following formulas were used:

- The observed readmission rate for contract A equals the sum of the count of 30-day readmissions across the three age bands (65–74, 75–84 and 85+) divided by the sum of the count of index stays across the three age bands (65–74, 75–84 and 85+).
- The expected readmission rate for contract A equals the sum of the average adjusted probabilities across the three age bands (65–74, 75–84 and 85+), weighted by the percentage of index stays in each age band.

Numerator Exclusions: Exclude hospital stays for the following reasons:

- Female participants with a principal diagnosis of pregnancy (Pregnancy Value Set) on the discharge claim.
- A principal diagnosis of a condition originating in the perinatal period (Perinatal Conditions Value Set) on the discharge claim.
- A planned hospital stay using any of the following:
- A principal diagnosis of maintenance chemotherapy (Chemotherapy Encounter Diagnosis Codes).
 - A principal diagnosis of rehabilitation (Rehabilitation Diagnosis Code).

- An organ transplant (Kidney Transplant Procedure Codes, Bone Marrow Transplant Procedure Codes, Organ Transplant Other Than Kidney Procedure Codes, Introduction of Autologous Pancreatic Cells Procedure Codes).
- A potentially planned procedure (Potentially Planned Procedures Procedure Codes) without a principal acute diagnosis (Acute Condition Diagnosis Codes).

Denominator: Acute inpatient and observation stays.

Denominator Exclusions: Exclude hospital stays for the following reasons:

- The Index Admission Date is the same as the Index Discharge Date.
- The participant died during the stay.
- Female participants with a principal diagnosis of pregnancy (Pregnancy Value Set) on the discharge claim.
- A principal diagnosis of a condition originating in the perinatal period (Perinatal Conditions Value Set) on the discharge claim. Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2018 enrollment report and having measure score reliability less than 0.7 are excluded. Contracts whose enrollment was less than 500 as of the July 2018 enrollment report are excluded from this measure. As listed in the HEDIS Technical Specifications. CMS has excluded contracts whose denominator was 10 or less.

Calculated Expected Readmission Rate: The Count of Expected 30-Day Readmissions divided by the Count of Index Stays.

Data Source: Administrative Claims

Measure Type: Outcome

Accountable Entity: State Medicaid, Managed Care Plan

Health Equity Variables: Age, and Disability (HCBS Program Type)

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Technical Specifications Source:

https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=4087

Testing Report: <https://www.ncqa.org/hedis/measures/plan-all-cause-readmissions/>

MLTSS: Flu Vaccination (HEDIS) (Adults 18–64 only)

Description: Percentage of enrollees ages 18 to 64 who received a flu vaccination between July 1 of the measurement year and the date when the CAHPS 5.1H adult survey was completed.

Measure Steward: NCQA

Measure Availability and Use: Proprietary

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Promote Effective Prevention and Treatment of Chronic Disease

NQF Domain: Holistic Health and Functioning

NQF Endorsement: Not Endorsed

Program Alignment: Not Applicable

Numerator: The number of enrollees in the denominator who responded “Yes” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?” The Flu Vaccinations for Adults Ages 18 to 64 Eligibility Flag identifies the population eligible for the Flu Vaccinations for Adults Ages 18 to 64 measure. The results are calculated using responses from respondents with a flag of 1 = Eligible. The use of an eligibility flag protects beneficiary confidentiality (using the date of birth could result in a breach of confidentiality).

Denominator: The number of enrollees with a Flu Vaccinations for Adults Ages 18 to 64 Eligibility Flag of Eligible who responded “Yes” or “No” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”

Exclusions: None

Data Source: Administrative Claims, Participant Reported Data/Survey

Measure Type: Process

Accountable Entity: State Medicaid, Managed Care Plan

Health Equity Variables: None Identified

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Technical Specifications Source:

https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=2853#tab1

Testing Report: <https://www.ncqa.org/hedis/measures/flu-vaccinations/>

MLTSS-5: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls

Description: This measure includes two parts: 1) screening and 2) risk assessment and plan of care.

Falls Part 1: Screening

The percentage of Medicaid MLTSS participants ages 18 and older who have documentation of screening for history of falls, problems with balance or gait, or both.

Falls Part 1: Risk Assessment and Plan of Care

The percentage of Medicaid MLTSS participants ages 18 and older with a documented history of falls (at least two falls or one fall with injury in the past year), who have documentation of a falls.

Measure Steward: NCQA

Measure Availability and Use: Public Domain

HCBS Quality Priority Area: None Identified

Meaningful Measures Domain: Make Care Safer by Reducing Harm Caused in the Delivery of Care

NQF Endorsement: Endorsed (NQF 0101)

Program Alignment: Not Applicable

Numerator:

Falls Part 1: Fall or Problems with Balance or Gait Evaluation: The number of Medicaid MLTSS participants who have documentation of an evaluation of whether the participant has experienced a fall or problems with balance or gait. The evaluation must be completed between August 1 of the year prior to the measurement year and December 31 of the measurement year. A specific screening tool is not required for this measure; however, potential screening tools include the Morse Fall Scale and the timed Get-Up-and-Go test.

Falls Part 2: the measure reports two rates.

Falls Risk Assessment: The number of Medicaid MLTSS participants who have documentation of a falls risk assessment completed between August 1 of the year prior to the measurement year and December 31 of the measurement year

Plan of Care for Falls: The number of Medicaid MLTSS participants who have documentation of a plan of care to prevent future falls completed between August 1 of the year prior to the measurement year and December 31 of the measurement year, which includes, at a minimum, exercise therapy or referral to exercise

Denominator: A systematic sample drawn from the eligible population.

Exclusions:

Falls Part 1: Participants Who Are Not Ambulatory. Exclude participants who are bedridden, immobile, or confined to a chair and wheelchair users who depend on a helper to push their wheelchair, who require minimal help in their wheelchair, or who are independent in their wheelchair. The exclusion is not reported with the measure.

Falls Part 2: Participant Refused Risk Assessment, Plan of Care for Falls, or Both.

Document that the participant was contacted and refused to participate in an assessment, plan of care development, or both. The exclusion is reported with the measure rates. To calculate the rate of participants who refused, divide the number of participants who meet this exclusion criterion by the number of participants meeting the continuous enrollment criteria.

Falls Part 2: Participants Who Are Not Ambulatory. The exclusion is not reported with the measure.

Data Source: Case Management System

Measure Type: Process

Accountable Entity: State Medicaid, Managed Care Plan

Health Equity Variables: None Identified

1915(c) Waiver Assurance: Service Plan – The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

1915(c) Waiver Sub-assurance: 1. Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

1915(c) Waiver Assurance: Health and Welfare – The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

1915(c) Waiver Sub-assurance: 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.

Technical Specifications Source: <https://www.medicaid.gov/medicaid/managed-care/downloads/mltss-tech-specs-res-manual.pdf>

Testing Results: <https://www.qualityforum.org/QPS/0101>