

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

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

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

### Organization of the HCBS Quality Measure Set

As shown in the attachment, CMS has organized the measures by section 1915(c)<sup>33</sup> waiver assurances and subassurances, where the measures align with the assurances and subassurances.

This organization is intended to support states with using the measure set in their HCBS programs. While the current version of the measure set does not have an all-inclusive set of measures to demonstrate that assurances are met, CMS will continue to update the measure set to address gaps and identify additional measures to demonstrate that assurances are met. The current version of the measure set includes measures that address the following *Service Plan* subassurances:

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

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

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

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

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

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