

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

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

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

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

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

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

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