

by states to assess beneficiary experience of care, which is critical for improving the quality and outcomes of HCBS and ensuring that services are person-centered and support beneficiaries' goals and preferences for care. Specifically, the measure set includes measures derived from experience of care surveys (HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS)[®], National Core Indicators[®]-Intellectual and Developmental Disabilities (NCI[®]-IDD), National Core Indicators-Aging and Disability (NCI-AD)[™], Personal Outcome Measures (POM)[®]) which assess the experience of care of one or more population groups included in HCBS programs (e.g., older adults, adults with intellectual and developmental disabilities, adults with physical disabilities, adults with serious mental illness). The measure set also includes other nationally standardized and tested measures related to key areas, such as access, LTSS rebalancing, community integration, health and safety, and person-centered practices. These areas are discussed in more detail under “Organization of the HCBS Quality Measure Set” below.

Measure Selection Criteria

Consistent with the CMS Measures Management System Blueprint²⁷ and NQF measure evaluation criteria,²⁸ CMS took into consideration the following criteria when selecting measures for inclusion in the measure set:

- *Importance to Measure and Report:* Extent to which the specific measure focus is evidence based and important to making significant gains in healthcare quality where there is variation in or overall, less than optimal performance.
- *Scientific Acceptability of the Measure Properties:* Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results, including across HCBS populations, when implemented.
- *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 publicly available at no cost.
- *Usability and Use:* Extent to which states, HCBS programs, managed LTSS (MLTSS) plans, or other entities are using or could use performance results for both accountability and performance improvement. For example, this would include whether a measure can be used to support the existing reporting requirements associated with the section 1915(c) assurances and subassurances²⁹ or other CMS requirements.
- *Related and Competing Measures:* Extent to which there are related measures (i.e., measures that address either the same topic or the same population) and/or competing measures (i.e., measures that address both the same topic and the same population) in the measure set.

²⁷ 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>.

²⁸ NQF. “Measure Evaluation Criteria and Guidance for Evaluating Measures for Endorsement.” September 2021.

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

²⁹ https://www.medicaid.gov/sites/default/files/2019-12/3-cmcs-quality-memo-narrative_0.pdf