

Despite these and other recent advances, notable gaps and challenges related to HCBS quality remain. In particular, a 2016 NQF report commissioned by HHS, “Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement,” indicates that, unlike other types of health care services, “HCBS lacks any standardized set of quality measures... [and] consensus as to what HCBS quality entails.” The report recommended that HHS develop “a core set of standard measures for use across the HCBS system, along with a menu of supplemental measures that are tailorable to the population, setting, and program.”²⁰ In 2020, CMS published a request for information (RFI)²¹ seeking public input on a draft set of quality measures for Medicaid-funded HCBS that was specifically intended to address that recommendation. Since releasing the RFI, CMS has also engaged with a broad range of stakeholders, including states, managed care plans, consumer advocates, quality measurement experts, researchers, and other federal agencies, to receive additional feedback on the draft measure set and on opportunities to support states with using the measure set, including to meet quality measurement and reporting requirements under various Medicaid HCBS authorities. As a result of these stakeholder engagement activities, CMS is releasing this first of two planned guidance documents to promote more common and consistent use of nationally standardized quality measures in their HCBS programs and to support states with improving the quality and outcomes of HCBS.

This letter provides the first official version of the HCBS Quality Measure Set. It includes the list of measures in the measure set (see attachment) and provides additional information on the purpose of the measure set, the measures included, measure selection criteria, organization of the measure set, and considerations for implementation. The list of measures in the attachment also includes the NQF number (if applicable), measure steward,²² and data collection method for each measure, as well as information on whether each measure addresses section 1915(c) waiver assurances and/or can be used to assess access, LTSS rebalancing,²³ and/or community integration and HCBS settings requirements, as defined in the HCBS Settings final rule.²⁴

A forthcoming second planned guidance document will describe how states can use the measure set as part of their HCBS quality measurement, reporting, and improvement activities, including to meet federal requirements for their HCBS programs (such as required reporting for section 1915(c) waiver assurances and subassurances).²⁵

http://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx

²¹ <https://www.medicaid.gov/medicaid/quality-of-care/downloads/rfi-hcbs-recommended-measure-set.pdf>

²² The measure steward is the entity that owns the measure and is responsible for maintaining it.

²³ Rebalancing 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.

²⁴ 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.

²⁵ See https://www.medicaid.gov/sites/default/files/2019-12/3-cmcs-quality-memo-narrative_0.pdf for more information on required reporting for section 1915(c) waiver assurances and subassurances.