



## HOME AND COMMUNITY-BASED SERVICES (HCBS) QUALITY MEASURE SET REVIEW WORKGROUP NOMINATION FORM

Thank you for your interest in participating in the Medicaid HCBS Quality Measure Set Review Workgroup. Please submit this nomination form, along with a resume or curriculum vitae to [HCBSQMSReview@mathematica-mpr.com](mailto:HCBSQMSReview@mathematica-mpr.com) by 8 pm Eastern Time on Friday, July 26, 2024. If you have any questions, please contact [HCBSQMSReview@mathematica-mpr.com](mailto:HCBSQMSReview@mathematica-mpr.com).

### Nominee's information (Self-nominations are acceptable)

**First and last name**

**Title**

**Organization**

**State**

**Email address**

**Phone number**

Is the nominator's information different from above?

- Yes
- No

## Nominator's information

(Only complete if different from nominee's information)

**First and last name**

**Title**

**Organization**

**State**

**Email address**

**Phone number**

I acknowledge that the nominee has been contacted and is willing to participate.

- Yes
- No

## Affiliation or position

Select all that apply

- State Medicaid Agency or agency that administers Medicaid-covered HCBS
- HCBS provider
- Direct care worker/national organization representing direct care workers
- Health care and/or HCBS professional who specializes in the treatment of/provides services to any of the following:
  - Older adults
  - Children and/or adults with disabilities
  - Individuals with complex medical needs
  - Individuals with complex behavioral health needs
  - Individuals who live in urban and rural medically underserved communities
  - Individuals who are members of distinct population sub-groups at heightened risk for poor outcomes
- Consumer/national organization representing older adults, children and adults with disabilities, and/or individuals with complex medical needs

- National organization/individual with expertise in HCBS quality measurement
- Voluntary consensus standards-setting organization or other organization involved in the advancement of evidence-based quality measures of health care
- Measure development expert
- Other (specify): \_\_\_\_\_

## **Nominee's areas of expertise**

### **Domains of Expertise**

*Select all that apply*

- State HCBS programs, including HCBS operations, monitoring, and data
- Reporting requirements for the following Medicaid HCBS authorities:
  - Section 1915(c) waiver program
  - Section 1915(i) state plan option
  - Section 1915(j) state plan option
  - Section 1915(k) state plan option
  - Section 1115 demonstrations
- The Money Follows the Person (MFP) Demonstration, MFP operations, monitoring, and reporting
- HCBS care delivery and care management for populations receiving HCBS
- Experience of care
- Quality measurement methods, including testing for reliability and validity
- Health care delivery in rural areas
- Health equity, health disparities, and social determinants of health
- Other (specify): \_\_\_\_\_

### **Expertise with Populations Served by HCBS Programs**

*Select all that apply*

- Older adults (age 65 and older)
- Individuals dually eligible for Medicare and Medicaid
- Individuals with physical disabilities
- Individuals with brain injuries
- Individuals with HIV/AIDS
- Individuals who are technology-dependent
- Individuals with intellectual or developmental disabilities, including autism
- Individuals with serious serious mental illness and/or serious emotional disturbance
- Individuals with substance use disorders
- Children who are medically fragile
- Other (specify): \_\_\_\_\_

### **Expertise with Beneficiary Age Groups**

*Select all that apply*

- Children and adolescents (ages 0 to 17<sup>1</sup>) who need HCBS
- Adults (ages 18 to 64) who need HCBS
- Older adults (age 65 and older)

### **Expertise with Methods and Data Sources**

*Select all that apply*

- Medicaid data sources (select all that apply):
  - Claims
  - Encounters
  - Electronic health records
  - Case management records
  - Other (specify): \_\_\_\_\_
- Experience of care surveys (select all that apply):
  - HCBS Consumer Assessment of Healthcare Providers & Systems (HCBS CAHPS)
  - National Core Indicators-Aging and Disabilities (NCI-AD)
  - National Core Indicators-Intellectual and Developmental Disabilities (NCI-IDD)
  - Personal Outcome Measures (POM)
  - Other (specify): \_\_\_\_\_
- Medicare-Medicaid data linkage
- State-level quality measure reporting
- Use of quality measures for quality improvement
- Measure development
- Measure testing
- Measure feasibility, reliability, and validity
- Other (specify): \_\_\_\_\_

---

<sup>1</sup> Though the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit covers children until they turn 21, we are describing anyone age 18 and older as an adult.

## Nominee's interest and availability

### Brief description of nominee interest, knowledge, and experience

Please describe why you are interested in participating in the Medicaid HCBS Quality Measure Set Review Workgroup, including experience with Medicaid HCBS quality measurement and other knowledge or expertise you will contribute (200 words max).

### Disclosure of interest

Please disclose any involvement by the nominee as a measure steward or measure developer in the past three years, particularly as it relates to the measures currently on the [HCBS Quality Measure Set](#). If the form is submitted by a nominator, we will ask the nominee, if selected for the Workgroup, to submit a disclosure of interest form. Workgroup members with conflicts of interest will be asked not to participate in discussions or recommendations for which they have a personal financial interest.

If you are the nominator, do you understand that the nominee will need to submit a Disclosure of Interest form if selected to participate in the Workgroup?

- Yes
- No

If you are the nominee, do you agree to submit a Disclosure of Interest form if selected to participate in the Workgroup?

- Yes
- No

### Availability to participate

Please indicate the virtual meetings in which you/nominee are able to participate. If the form is submitted by a nominator, we will ask the nominee to attest to their availability to participate before selection is confirmed.

- HCBS Quality Measure Set Review Orientation Meeting:  
October 16, 2024, 1:00 – 2:00 pm, Eastern Time
- Meeting to Prepare for the HCBS Quality Measure Set Review:  
February 11, 2025, 1:00– 2:00 pm, Eastern Time
- Voting Meeting for the HCBS Quality Measure Set Review:  
March 11 – 12, 2025, 11:00 am – 4:00 pm, Eastern Time

**Please submit your/nominee's resume or curriculum vitae with relevant experience and publications along with this form to [HCBSQMSReview@mathematica-mpr.com](mailto:HCBSQMSReview@mathematica-mpr.com) by 8 pm Eastern Time on Friday, July 26, 2024.**