Meeting to Review Measures for the 2028 HCBS Quality Measure Set
April 9, 2025, 11:00 AM–4:00 PM ET
DAY 2 TRANSCRIPT

Patricia Rowan:

Hi, everyone, again. My name again is Tricia Rowan. I am pleased to welcome you back to the second day of our meeting to review measures for the 2028 Home and Community-Based Services, or HCBS Quality Measure Set. I hope everyone had a nice evening.

Just to recap our day yesterday, we had a very productive day and a robust discussion of 18 measures. We discussed measures in five domains. In the Choice and Control Domain there were nine measures that were suggested for addition. The Workgroup ultimately voted to recommend adding one of those measures to the HCBS Quality Measure Set, and that is the NCI-IDD Percentage of People Who Report That They Know Who to Talk To if They Want to Change Their Services Measure.

We also discussed one measure in the Consumer Leadership and Development Domain and two measures in the System Performance and Accountability Domain. None of those measures were recommended by the Workgroup for removal or addition.

In the Service Delivery and Effectiveness Domain we discussed two measures that were suggested for removal and one measure that was suggested for addition. The Workgroup voted to recommend adding that one measure, and that is the NCI-AD: Percentage of People Who Know Who to Contact if They Have a Complaint About Their Services Measure.

We finished out the day discussing three measures that were suggested for removal in the Person-Centered Planning and Coordination Domain. The Workgroup voted to remove all three of these measures from the HCBS Quality Measure Set largely because of feasibility considerations for state reporting. These measures are the Fee for Service LTSS/MLTSS-1 Measure, which is Comprehensive Assessment and Update, the Fee for Service LTSS/MLTSS-2 Measure, which is Comprehensive Person-Centered Plan and Update, and the Fee for Service LSS/MLTSS-3 Measure, Shared Person-Centered Plan with Primary Care Provider.

We look forward to discussing the final measures that were suggested for addition to or removal from the HCBS Quality Measure Set today and getting input on any measure gaps that remain.

Let's go to the next slide.

Similar to Day One, we will do a roll call for the Workgroup members, so let's go to the next slide.

I am going to go through the roll call today, and we will go through the same process that we used yesterday asking that Workgroup members raise their hands when their name is called. You will hear when you have been unmuted by the event producer, so pleasure ensure you are not also muted on your phone or headset. When we unmute you, you can confirm your attendance and say hello. You do not need to redisclose anything that you disclosed yesterday. And when you are done, please just mute

yourself in the platform and lower your hand. When you would like to speak later during the meeting, you can do that same thing again, raise your hand, and you will be able to unmute yourself when we call on you.

All right. So, we are going to start here. On this slide and the next slide we have listed Workgroup members in alphabetical order, so we will start off. Again, Laney, our co-Chair, is unable to attend today, so we will start with ShaRhona.

ShaRhonda Sly:

Morning.

Patricia Rowan:

Hi, ShaRhonda. Thanks for being here.

Next we will go to Joe Caldwell.

Go ahead, Joe.

Joseph Caldwell:

Good morning, everyone. Joe Caldwell. Brandeis University.

Patricia Rowan:

Great.

Eric Carlson?

Go ahead, Eric.

Eric Carlson:

Morning. Eric Carlson. Justice in Aging.

Patricia Rowan:

Morning.

Loren is not able to join us today, so we will go to Carolyn Foster.

Go ahead, Carolyn. You should be able to unmute now.

Carolyn Foster:

Okay. Thanks. There was just a little delay. I am here from American Academy of Pediatrics.

Patricia Rowan:

Thank you. Tara Giberga?

Okay, go ahead, Tara. You should be able to unmute.

Tara Giberga:

Good morning. I am Tara Giberga. I am with the Pennsylvania Department of Human Services Office of Developmental Programs. Good morning.

Patricia Rowan:

Good morning.

Do we have Dennis Heaphy today? No Dennis. Was unable to join yesterday and I don't see him in the attendee list, so we will move on to Sarah Hoerle?

Go ahead Sarah.

Sarah Hoerle:

Hi. This is Sarah Hoerle.

Patricia Rowan:

Good morning.

Heleena Hufnagel?

Go ahead, Heleena.

Heleena Hufnagel:

Good morning. Can you hear me?

Patricia Rowan:

Yes, we can hear you.

Heleena Hufnagel:

I am Heleena Hufnagel, and thank you for having me here.

Patricia Rowan:

Great. Thanks.

Do we have Misty Jenkins today?

Let's see. I don't see Misty listed, so we will move on.

Raina?

Go ahead, Raina.

Raina Josberger:

Good morning. Raina Josberger, New York State Department of Health.

Patricia Rowan:

Good morning.

Marci Kramer?

Go ahead, Marci.

Marci Kramer:

Morning. Marci is here. Thank you for having me. I had a wonderful time yesterday with all the discussion. Really appreciated it.

Patricia Rowan:

Great. We're so glad to have you back. Thanks for joining.

Cathy Lerza?

Go ahead, Cathy.

Cathy Lerza:

Morning. This is Cathy Lerza.

Patricia Rowan:

Good morning.

Do we have Eric Levey?

Go ahead, Eric. You should be able to unmute now.

Eric Levey:

Good morning. Happy to be here. Thank you.

Patricia Rowan:

Thanks for being here.

Morgan? Morgan Loughmiller?

Go ahead, Morgan.

Morgan Loughmiller:

Morning. Morgan Loughmiller from the Kansas Department for Aging and Disability Services.

Patricia Rowan:

Good morning.

Joe Macbeth? I think Joe, I know may need to join us a little bit late today, so we will keep an eye out for when Joe joins us.

Deborah? Deborah Paone?

I thought I saw Deborah, but I also know that she is going to be missing part of the meeting today. Oh, there's Deborah. Hi, Deborah.

Deborah Paone:

I was trying to unmute myself, and it was not successful, but Deborah Paone is here. Thank you.

Patricia Rowan:

Wonderful. We can hear you now. Sorry about that.

Do we have Delandran Pillay?

Go ahead, Delan

Delandran Pillay:

Good morning, everyone. Delan Pillay.

Patricia Rowan:

Good morning.

Do we have Jason Rachel?

Go ahead, Jason.

Jason Rachel:

Good morning. Jason is here.

Patricia Rowan:

Good morning.

Dawn Rudolph?

Go ahead, Dawn.

I see Dawn. She might have actually – this is a mistake that I make all the time, hanging up instead of unmuting myself, so we will come back to Dawn.

Do we have Damon?

Oh, Dawn, Let's go back to Dawn actually. Dawn, are you there? Do you want to try unmuting. Go ahead.

Dawn Rudolph:

I am here, yes. I disconnected from audio. Thanks for doing this again. Happy to be back.

Patricia Rowan:

Thanks for being here.

Damon?

Damon Terzaghi:

Hi. Good morning. This is Damon Terzaghi with the National Alliance for Care at Home.

Patricia Rowan:

Good morning. Thanks for being here.

Do we have Renata?

Go ahead, Renata.

Renata Ticha:

Good morning. Yes, I am here.

Patricia Rowan:

Good morning.

Brent Watkins?

Go ahead, Brent.

Brent, you should be able to unmute yourself.

Brent Watkins:

Good morning. Brent Watkins from the Oregon Department of Human Services.

Patricia Rowan:

Thanks for being here.

And Amanda Yanez?

Go ahead, Amanda. You should be able to unmute.

Amanda Yanez:

Hi. Sorry. My mute was not cooperating. Amanda Yanez, Division of Care Long Term Services and Supports.

Patricia Rowan:

Great. Thanks so much, everybody, for being here and joining us again for Day Two of our meeting.

We will go on to the next slide.

All right. So, similar to Day One, we have organized our measures for discussion today into domains based on the topic addressed. So, those domains build on the current consensus-based entity domains which are informed by the National Quality Forum 2016 HCBS Quality framework. As a reminder, as we go through the discussion today, measures will be voted on in their specified form, and voting will take place after discussion of all the measures in the domain.

We have another packed day and packed agenda today, so we just ask everybody to bear with us as we try to make it through our agenda today.

And with that I am going to hand it to my colleague Deb to kick us off with our first domain of the day.

Deborah Haimowitz:

Great. Thanks, Tricia.

Our first domain for today is Community Inclusion. There was one measure suggested for removal and five suggested for addition. In the next several slides, I will share high-level information about each measure. In the interests of time, we will not read out all of the details.

As a reminder, the slides for this meeting and the measure information sheet packets with full information about each measure being considered are available on our website.

The measure suggested for removal in this domain comes from the National Core Indicators Aging and Disability, or NCI-AD, Adult Consumer Survey for people with physical disabilities and/or older adults who receive at least one service other than case management. This survey instrument is stewarded by ADvancing States, an HSRI.

The measure suggested for removal here is the NCI-AD measure Percentage of People Who Are Able to See or Talk to Their Friends and Family When They Want To.

We will now invite discussion from the Workgroup members about the one measure suggested for removal from the Community Inclusion Domain. You may raise your hand if you wish to speak. We will call your name and unmute you when it is your turn. Please remember to say your name before making your comment. I will now turn it back over to Tricia to facilitate the discussion.

Patricia Rowan:

Thanks, Deb. So, just like yesterday, we will start with discussion on the measure suggested for removal. So, this is the NCI-AD Percentage of People Who Are Able to See or Talk to Their Friends or Family When They Want To.

We will start with Workgroup discussion, and just a reminder we will start with Workgroup discussion and we will have periods for public comment for others that are not on the Workgroup after the Workgroup discussion.

So, we will start with any comments on this measure.

Amanda.

Amanda Yanez:

Hi. Amanda Yanez. I actually support removal of this measure. As someone who has administered the NCI survey for the past couple of years, for this population, the reasons why they may not be able to see or talk to their family or friends as much as they want to has very little to do with providers and any restrictions that are being put on by providers. Very often it is friends and family that can't, you know,

make their schedules work for individuals receiving services who are in the elderly population. So, I feel like it is not something that states really will be able to significantly have an impact on.

Patricia Rowan:

Oh, sorry, you all. I was muted.

Raina.

Raina Josberger:

Hi. Can you hear me?

Patricia Rowan:

Yeah, we can.

Raina Josberger:

Okay. Great. Thank you.

I guess my concern with the potential removal of this measure is I wonder if this measure is more of a surrogate for potential loneliness that a member may be experiencing if they cannot make these types of connections. So I guess I am concerned. I would propose not to remove this because I think it potentially could be a flag for loneliness or those types of concerns.

Patricia Rowan:

Thanks, Raina.

Tara?

Tara Giberga:

I just wanted to support what Amanda had said earlier. I had the same thoughts regarding this measure that it is a measure that states may not have a lot of influence on impacting any kind of improvement in the context of a Quality Measure Set because, you know, there are so many factors that are beyond control for states to be able to impact it. So, I would support removal.

Patricia Rowan:

Thanks, Tara.

We will go to Joe next.

Joseph Caldwell:

Yeah. I'm against removal of this measure. I think it is a really good measure and I do think there is a lot that the HCBS systems can do to promote, you know, more engagement with families and with friends. And even in our research we looked a lot at this measure and the association with person-centered planning, and what we found was there was an association to when person-centered planning was really done in a way that the person reported it was person centered, that that actually did influence, you know,

more positive outcomes on this measure. So, to me that kind of indicates that there are things that (inaudible) system can do to influence this.

Patricia Rowan:

Thanks, Joe.

Amanda.

Amanda Yanez:

Hi. I just wanted to get back to what Raina said about the measure possibly being an indicator for whether the individual is feeling lonely. And, if I am not mistaken, Camille and Rosa can probably check me on this, but I think there actually is a question related to whether the person feels lonely. Like an actual survey question that specifically asks that in the NCI-AD. So, if that is something that we are wanting to measure, that might be a better indicator.

Patricia Rowan:

Thanks, Amanda.

Let's go to Sarah.

Sarah Hoerle:

Yeah. I am against removal of this. I think that, you know, much like other folks have said on this call, you know, I think it's a good addition to really look at the HCBS final settings rule, too. Let's say you have a number of people who are doing this survey who are living in, you know, in an alternative care facility and, you know, high proportions are saying that they are unable to see their family and friends. Maybe this would then help the state to do additional training for that provider to say, hey, this is actually part of the settings rule, this is, you know, just kind of a full circle of all the assistance we can – we can do with that – that rule.

Patricia Rowan:

Thanks, Sarah.

We will go to Damon next.

Damon Terzaghi:

Yeah, I agree with Sarah and Joe and the others. I think that to say there is nothing a state can do to address issues of, you know, loneliness or social disconnectedness kind of abdicates a little bit of responsibility. You know, if it is one person saying that they have trouble with that, then perhaps we can write it off as friends and family ability to see them. But if there are systemic issues identified in this measure, then it points to broader policy or process or service design changes that are necessary. So I would recommend keeping it.

Patricia Rowan:

Thanks, Damon.

I see Rosa from ADvancing States has her hand raised. (Inaudible), could we unmute Rosa? Rosa, go ahead.

Rosa Plasencia:

Okay, I'm guessing. So, just in response to the question, there was various questions in the survey about if you are often feeling lonely. Of course, as you know, that wasn't suggested for addition in this go-around. So I just want to reinforce that with states we do especially see that this measure is used, as Raina mentioned, around older adults, people with mobility challenges, preference for non-spoken communication, people who live alone or in group settings. So, I just wanted to share that clarification in a little bit more context.

Patricia Rowan:

Thanks, Rosa.

Other comments or questions? I see Brent.

Brent Watkins:

Thanks. I certainly agree with the idea that states do have a responsibility related to making sure there is access to people being able to see family and friends. Just from reading it on the, you know, as – as it reads, people who are able to see or talk to their family and friends when they want to. There are so many factors that influence that that we wouldn't be able to know what are the reasons why they aren't able to. And if it is within the control of the state, certainly I would understand that. But I just think it is way too broad and there are way too many factors that could influence the reasons why people aren't able to do that as often as they want. But I think it's – I don't really know that we are going to be able to exactly the reasons with this particular measure.

Patricia Rowan:

Thanks, Brent.

Eric Levey.

Eric Levey:

Yeah, it, I mean, it has the specific question which is, are you able to see or talk to your friends and family who do not live with you when you want to? And I think somebody who reads that or hears it could interpret it in two ways. One, are your friends and family available when you want to speak to them, or are there restrictions in the setting that you are in that prevent you from speaking to them or seeing them when you want to. And what I was wondering is when the survey is administered, are there instructions for the person administering the survey that would help the person who is giving a response know that the context that it is really are there restrictions, really, on your ability to see or talk to people when you want to.

Patricia Rowan:

Rosa, do you want to respond to that with any thoughts on the surveyor?

Rosa Plasencia:

So, the question is what restricts – what restrictions are – Eric, could you just clarify one more time?

Eric Levey:

More the guidance that the person administering the survey would give to the person who is responding. Because the question, I think, could be read in two different ways. The question in the survey is, are you able to see or talk to your friends and family who do not live with you when you want to? And I – you could take that as are your friends and family available when you want to speak to them, and that certainly is not within the control of the state or the provider. But if it's are you able to see and talk to them when you want to, meaning is it allowed for me or are there any restrictions on my ability to see them when I want to, that would be what we would want the question to be getting at. And I was wondering is there any – I don't know how this survey is administered, but is there any clarifications given or coaching in how they respond so that they understand the question?

Rosa Plasencia:

Thanks for that additional context. I will share a little bit additional about how the question is framed and then I will invite Steph to add anything that she wants to add as well.

So this is specific to friends and family that they don't live with, and that much would be clarified. Surveyors are allowed to reframe and use words that are more understood by those that they are discussing the question with. And Steph, I would invite you if you have more to add about that specifically.

You might have to unmute her, Tricia.

Patricia Rowan:

Yeah, I think – go ahead, Steph. You should be unmuted.

Stephanie Giordano:

Yes, as Rosa was saying, this is specifically asking about friends and family the person does not live with. We actually do not restrict this question to asking about rules or other restrictions that may be included in terms of like where the person lives or anything like that. So this is open to the person expressing whether they are able to be in contact with friends and family they don't live with when they want to. Importantly, when we have done testing of this, I will mention that we have noticed people tend to be able to negotiate the difference of I can't always see or talk to family because our schedules don't overlap correctly vs. you know, I just don't have the access, support, and other – other things that are needed in order to see and talk with friends and family when needed. And I will also just mention that, as others have talked about, there is a very close relationship with this question and whether people like where they live, if they want to live somewhere else, if they are experiencing loneliness. And we also see quite a bit of difference in experience based off of where people live, which can certainly, I think, impact – it can be impacted by certain policies and practices and supports that people get.

Rosa Plasencia:

And I just want to apologize. We didn't fully introduce ourselves, either. I am Rosa Plasencia (inaudible) Stephanie Giordano with HSRI.

Patricia Rowan:

Thank you both.

Let's go to Jason.

Jason Rachel:

I just wanted to chime in on kind of Eric's previous comment regarding is there an opportunity, you know, to kind of assist at the – at the member level when NCI-AD questions like this or others, you know, and there needs to be some kind of response by the state. And I will say that as an NCI-AD state, we did work with our survey vendor to – when – not this question but when there was an unmet need. And we found it to be very helpful in – in working with the survey vendor and them sending us notification of, you know, of course, they asked the member, would you like me to have, you know, the state give you a call, you know, to work on this? And that – that has been done. And we found it is a very targeted approach, but it does – does help us to identify, again, a situation where a member is in need of service.

So, I just wanted to throw that out there that in Virginia's case, we were able to work with our survey vendor and do that type of member-level outreach when, you know, when an answer is give that is, you know, that we need to act on. Thank you.

Patricia Rowan:

Yeah, thanks, Jason. I think hearing experiences from the states in their use of these measures is – is really helpful, so thanks for sharing that.

Damon, I am going to call you out because you had a great comment in the chat and I just want to see if you wanted to share that with the group. Sorry I put you on the spot.

Damon Terzaghi:

No worries. I just commented that in the existing Measure Set as I was reviewing it, it includes a measure specific to loneliness in the NCI survey that focuses on the developmental and intellectual disabilities populations. So, it would be nice to have some sort of parity across the populations with more loneliness-specific assessment of older adults and individuals with physical disabilities and also children when and where that is applicable. I know that there is nothing that has been recommended for addition this go-round as far as I can tell, but it might be useful kind of for future considerations, particularly as we conversation later today about gaps in the measures.

Patricia Rowan:

Great. Thanks so much, Damon, for sharing that. Really appreciate it.

Other questions, thoughts, or comments on this measure?

All right. Well, I'm not seeing any more hands raised and we do have a few measures suggested for addition in this domain, so I will hand it back to Deb to walk us through those.

Deborah Haimowitz:

Great. Thanks, Tricia.

The five measures suggested for addition in this domain come from the Research and Training Center on HCBS Outcome Measurement, or RTC/OM, survey instrument. As noted yesterday, this would be a new experience of care survey option the states could select from the HCBS Quality Measure Set. The population surveyed is adults 18 and older who receive HCBS or HCBS-like services, which include both Medicaid and non-Medicaid services. This survey instrument was developed and stewarded by the Institute on Community Integration at the University of Minnesota.

The first measure is the RTC/OM Experiences Seeking Employment measure which is focused on the experience of participants who are looking for work. Both unemployed and employed HCBS recipients are administered the Experiences Seeking Employment measure and are asked about their desires related to work and attempts at obtaining a job along with the barriers that they have encountered seeking employment.

The next measure suggested for addition in this domain is the RTC/OM Experiences Using Transportation measure which is designed to measure the degree that the transportation to which a respondent has access meets their needs and preferences.

The third measure suggested for addition is the RTC/OM Job Experiences measure which focuses on the experiences of participants who work.

The fourth measure, the RTC/OM Meaningful Activity measure, was also suggested for addition. It includes items related to six general categories of meaningful activities including everyday life tasks, social activities, leisure or relaxing activities, physical exercise, educational activities, and professional activities.

The final measure suggested for addition in this domain is the RTC/OM Social Connectedness measure that assesses participation in the community and the respondent's relationships with family members, friends, and others.

We will now invite discussion from the Workgroup members about the five members suggested for addition in the Community Inclusion Domain. You may raise your hand if you wish to speak. We will call your name and unmute you when it is your turn. Please remember to say your name before making your comment and please indicate which measure you are referring to if your comment is specific to a measure or group of measures.

And I will hand it back to Tricia to facilitate the Workgroup discussion.

Patricia Rowan:

Thanks, Deb. We will start with Workgroup discussion on these measures from the RTC/OM instruments.

Renata.

Renata Ticha:

I just want to sort of the start of this discussion and just to reiterate kind of the philosophy and the – and the science behind how the measures were develop to perhaps answer some questions that may come. The measures were developed as scales or constructs unlike, you know, some of the measures being proposed as individual questions, and the reason for that was that we used psychometric techniques of latent constructs and latent analyses to be able to select questions that address multiple dimensions of each of the constructs listed. So, that is the reason why we submitted those composites and not individual questions. So, I just wanted to precede that. And my colleague Alec, Alec, did you want to add anything to that at a higher level?

Patricia Rowan:

Thanks, Renata. Brett, can we unmute Alec? Go ahead, Alec.

Alec:

Yes, thank you, Tricia. I think that was explained excellently, Renata, and to reiterate about the construct approach that we took to developing these measures. I think a good analogy is thinking about sampling in terms of, say, wanting to know something about a population and wanting to have multiple – having a large sample, having many individuals included in that sample, to have a good representation of the population. In a similar way, we had multiple item assessments because we want to have a good sample of the construct that we are attempting to measure. And so that is why we develop measures with more than just one item because we want to have a representative sample, so to speak, of the construct that we are trying to assess.

Patricia Rowan:

Thanks, Alec.

Other comments on these measures?

Damon?

Damon Terzaghi:

I am trying not to talk too much, but –

Patricia Rowan:

Well, that's what you are here for. Talk as much as you want.

Damon Terzaghi:

One of the things that I really like is that, you know, particularly when we look at the existing Measure Set, there is a pretty glaring gap in employment-related questions. And, you know, we know how important work is and how the national movement in home and community-based services towards community integration has included an emphasis on meaningful integrated employment. And I think that having questions that focus on that would be really, really important addition to the Measure Set.

Patricia Rowan:

Thanks, Damon.

Raina.

Oh, sorry, Raina, maybe your hand went up.

Raina Josberger:

I am double muted. It's always the double mute. Sorry.

Patricia Rowan:

No problem.

Raina Josberger:

My question is – I have two questions. Is the intention of the additional survey to be in addition to the IDD survey? Because I am trying to understand the applicability of some of these types of questions about employment or job experiences for the elderly and aged populations. And so I kind of went back to the criteria for measure addition to understand that criteria for feasibility, and it talks about these being tested in a state Medicaid HCBS population. So, I would love to see some of that data. I tried to google it, but I was not able to find it to understand how these measures perform in the general HCBS population.

Patricia Rowan:

Renata?

Renata Ticha:

Yes. Alec – Alec, do you want to start responding and I will add?

Patricia Rowan:

Go ahead, Alec.

Alec:

Yes, thank you.

I am trying to think of a good way to respond to the question.

Renata Ticha:

So –

Alec:

Go ahead, Renata.

Renata Ticha:

Go ahead. Go ahead. It's all right.

Alec:

I think I will let you go ahead, Renata.

Renata Ticha:

So, yes, I understand that here, as we said yesterday, we tested the measures in two different ways. One was a pilot. We tested the measures in two states with a population of people with intellectual disabilities, aging needs, physical disabilities, mental health needs. And then we ran a national study in which we tested these measures by consumers of HCBS services or HCBS-like services which was in the case of the population with mental health needs. And then Alec, do you want to speak to the numbers on which we tested the measures?

Alec:

Yes. So in the pilot study, we piloted the measure with a bit over a hundred participants depending on the measure. Some participants didn't respond to all measures. And then in the national field study we had over 300 individuals respond to the measures as well. And in the national field study, and as we mentioned this for the employment measures specifically, the job experiences survey is for individuals who are currently employed, so those can be older individuals if they are still employed. And then the experiences seeking employment survey is for either those who are employed or unemployed but looking for work. And, again, those can also include individuals who are older adults as well if they are still currently employed or seeking employment.

Raina Josberger:

So, your testing was not done specifically to a Medicaid population?

Renata Ticha:

The testing was done specifically to HCBS users, HCBS recipients.

Raina Josberger:

But were they Medicaid?

Renata Ticha:

They were – many of them, many of them were Medicaid, yes, that is correct.

Raina Josberger:

Okay.

Renata Ticha:

And we could give you the percentage of – probably – not probably, we could for sure give you the percentage of those on Medicaid.

Raina Josberger:

Yeah, I'm just curious about the performance of these measures, specifically from an aged Medicaid population. How relevant are these measures upon employment or job experience. Certainly IDD is a

different population with different needs, but I am just trying to clarify in my mind for which population these would be relevant and see – to see some of that data from a state perspective.

Renata Ticha:

Sure. Sure. And, again, you know, as we mentioned yesterday, the measures were primarily developed for use by providers even though the scores, of course, can be aggregated at the state level. And so, I think that is where the conversation was yesterday. I do want to say that our results across populations indicated that the psychometric properties, i.e. reliability and validity of these measures, was actually consistent across our different target populations with different needs. And it was more consistent than actually within a population, say people with intellectual and developmental disabilities, with different support needs. So, support needs was a different factor, more so than the actual disability category or the disability needs, so to speak, per label.

Raina Josberger:

Okay. Thank you. I appreciate that.

And, you know, I value the measures themselves. I guess from my point of view, before we would vote to add these, I think they should be tested and validated at a statewide level so that data is available for decision making for inclusion in such a limited HCBS measure set.

Renata Ticha:

Sure. Yeah. I mean, point well taken.

Patricia Rowan:

Thanks, Raina.

I see a hand from Sarah.

Sarah Hoerle:

Yeah. I just kind of wanted to piggyback on what Damon had said, you know, when you had discussed gaps in the Quality Measure Set and that we would speak to that today. Like Damon, employment was, I think, the number one thing that came up because, you know, there are questions where NCI-AD and NCI-IDD on work and employment, and I think maybe including this one would really round it out under that community inclusion.

Patricia Rowan:

Thank you, Sarah.

Damon?

Damon Terzaghi:

Yeah, I just wanted to respond to Raina because I think that, you know, when we think about the way that state programs are organized, a lot of times there is aging and physical disabilities in a single waiver. So, you know, kind of having a measure on employment could still be applicable to that target population within the waiver.

Additionally, you know, I – a lot of research that I have seen and kind of some of the surveys are indicating that individuals are, you know, whether this is good or not, individuals are trying to remain employed longer, whether it is due to financial need or, you know, just a desire to stay active and engaged or whatever else. A lot of older adults utilize or would potentially benefit from employment-related supports as well. So, I don't want to try and narrowly look at an employment-related measure as solely in the ID/DD focus part of the Quality Set.

Patricia Rowan:

Raina?

Raina Josberger:

Thank you, Damon. I appreciate that. And I am not discounting the measures. I guess from my point of view I was just saying I would like to actually see the data and see the performance in statewide HCBS programs to understand the performance of the measures before suggesting for addition.

Patricia Rowan:

Thank you both.

Deborah.

Deborah Paone:

I just want to be sure I am understanding the last comment (inaudible). I think it was Raina. Are you suggesting that the study team would do a national survey, like a national random survey, that would cover all states in order to gather this data? Because these data don't exist right now nationally since the measure isn't in use. Is that – I am just wondering if that is what we are suggesting.

Raina Josberger:

So – right. No, I am just going back to the technical feasibility criteria that was shared with us yesterday. And part of that, A2, was the measure has been tested in a state Medicaid HCBS program or be used in one or more state Medicaid HCBS program and documentation is required as part of the submission. And they have to meet that criteria for the measure to be included and presented to us for the Workgroup. That is what I am understanding that criteria to be. And that is all that I am raising. I just – I am not seeing that data, so it is hard for me to see how it met that feasibility.

Deborah Paone:

I get it. So even if it was one state, that would – that they –

Raina Josberger:

Yeah. Exactly. I would like just to see that performance.

Deborah Paone:

Thank you. Thank you so much.

Patricia Rowan:

Renata?

Renata Ticha:

Yes. And we did submit in the information for triage of these measures by Mathematica the information. And Alec, do you want to speak to how we addressed that particular point we tested in Medicaid settings?

Patricia Rowan:

Go ahead, Alec.

Alec:

Thank you. Yes. So, we did – the participants in our study were individuals who were involved primarily in HCBS 1915(c) waiver Medicaid program. And I am guessing the level of analysis that is being asked for, I'm just clarifying, is how that data performed across individuals within a state. Just making sure I am interpreting the question or the concern correctly.

Raina Josberger:

Right. Exactly. To see that statewide performance.

Alec:

Okay. Yeah, we do have individuals within states who receive HCBS services. I guess this is aggregating that data at the state level that we would need to include.

Patricia Rowan:

Yeah. And the one thing that I did want to point out, we do have – this is like a footnote on the slide for these measures. And Renata and Alec, you can correct me if I am wrong. But they did indicate that the population would not be limited to Medicaid members but that it would be adults 18 years of age or older who receive HCBS or HCBS-like services, and that HCBS-like services include both Medicaid-funded services under 1915(c), (i), (j), or (k) programs, and non-Medicaid services such as those in – such as Older Americans Act services. So, I don't know also, Raina, if that answers any of your questions. Or Renata, if you wanted to respond. Sorry.

Renata Ticha:

Yeah, yeah, thank you. This is Renata. That is exactly correct. And I think, you know, because we were not asked when developing the measures to develop them for the state level, we were asked to develop them for the provider level, we were, while focusing, of course, on Medicaid waivers, we didn't want to be exclusive. We wanted to test the measures on populations that have similar support needs and similar characteristics that may not, perhaps, you know, be on waiver services even though most of our participants were.

Patricia Rowan:

Renata.

Tara.

Tara Giberga:

I wanted to just kind of circle back to part of the concern with some of the RTC measures that we talked about yesterday pointing to the significant burden to collect the information at the provider level for all of the RTC measures. That said, Experiences Seeking Employment, I agree with some of the others who spoke earlier about I really like this one, I just think, you know, as is it would be too burdensome but it is also one that I actually had on my short list of gap area discussions for later. The Experiences Using Transportation, there are already measures in the Quality Measure Set that address this area that would be less burdensome. Regarding Job Experiences, some items that are included in the composite measure aren't entirely within the control of HCBS providers, which equates to a limited ability to impact significant improvement in those areas.

Meaningful Activity. I had commented when I reviewed, there are 26 items that go into this composite measure which understanding how – how, you know, the measure came to be, I get it. But it seems pretty excessive, 26 items going into one measure. And, again, the comment that some of these items, not all of them, but some of them are not entirely within control of HCBS providers or the states which equals a limited ability to impact the significant improvement of those items in this composite measure

And lastly, Social Connectedness. Similar comments to what I made related to some items not being entirely within the state or the HCBS program's control and that there are other measures currently in the Quality Measure Set that address social connectedness and those would be less burdensome for states.

Patricia Rowan:

Thanks, Tara.

Renata?

Renata Ticha:

Yes. Thank you for those comments. I do want to clarify that in many of these measures, specifically in Meaningful Activity, there are skip patterns. And so, if the individual indicates that they are not interested in a certain activity, say physical exercise, then the follow-up questions are not asked. So, while there are a total of 26 questions, not everyone gets asked all of those questions. It depends on their preferences, priorities, interests, and, you know, whatever they – they are into.

Patricia Rowan:

Thanks, Renata.

Are there comments on this? Eric Carlson, I saw you had your hand raised. Did – was your question addressed or was there anything you wanted to add?

Eric Carlson:

Tara said much of what I wanted to say, so I think I am covered.

Patricia Rowan:

Okay. Thanks, Eric.

Anyone else for these RTC/OM measures suggested for addition?

Next we will move into our public comment period on these measures.

All right, I'm not seeing any hands for Workgroup members, so we will move into our public comment period. At this point, if folks – members of the public – would like to make a comment about any of the measures in the Community Inclusion Domain, you can use the Raised Hand feature in the bottom right of the participant panel and we will unmute you. Please remember to introduce yourself and provide your name and your organizational affiliation as well as indicate the specific measure you are commenting on.

So, we will open it up for public comment at this point.

I see Naomi. Brett, can we unmute Naomi? Go ahead.

Naomi (Inaudible):

Thank you. This is Naomi (Inaudible) from the Oregon Department of Human Services, the Department of Aging and People With Disabilities. We wanted to comment on the NCI-AD question. And we just have concerns about this being included because we feel like it depends on the state being able to ask it in a way that it is intended. And if we really want to have a measure of isolation or loneliness, there are better ways to do that. We feel like it doesn't really meet the technical specifications of being able to ask it consistently across the states because, as was discussed, it kind of depends on the interviewer being able to clarify the ambiguity in the question and that is hard to ensure. We also feel like there are a lot of reasons – there are a lot of factors that go into why someone might respond to this different ways, and how much of that as a state or as providers have control over if it is not the question about access barriers, you know, that is something that will be difficult for states or providers to address. And so, for that reason we feel like there is probably a better approach to what is the intent here, which we do support, but we would like to see that be done through a different strategy through either the questions that specific to loneliness or isolation or some other way. So, thank you for the chance to comment.

Patricia Rowan:

Yeah, thank you, Naomi. We appreciate it.

I see Caitlyn Crab. Can we unmute Caitlyn? Go ahead Caitlyn.

Caitlyn Crab:

This is Caitlyn Crab. I am from University of Illinois Chicago. And my comment is also about the NCI-AD measure that was suggested for removal. And I just wanted to, you know, some had felt that it was an important measure to include, and I wanted to echo that because I do (inaudible) I have said earlier that people are able to differentiate, you know, what the question was asking. Are the providers facilitating access to this, right, not whether family or friends are actually available when they want to. But are they providing transportation or facilitating transportation? Are they providing, you know, the iPad or whatnot to talk to their friends and family online? And I think, too, taking, you know, Covid into consideration,

people had to be really creative about how to, you know, connect with their family and friends. So, are providers facilitating that? So, I just wanted to echo, you know, what others had said about the importance of this measure and kind of getting some of the other pieces of, you know, facilitating access to – to, you know, family and friends and their community. And that was my comment.

Patricia Rowan:

Thank you, Caitlyn.

Are there other public comments on any of the measures in this domain listed on the slide here?

I'm not seeing any more hands raised for public comment, so before we move into voting, do we have any other comments or questions from the Workgroup members?

All right. I am not seeing any hands raised from the Workgroup or members of the public, so we will move into our first set of votes for the day. Just give us a minute while we pull up the Slido. As a reminder for folks, only Workgroup members on our roster are able to vote. And Workgroup members, you should be able to access the Slido the same way you were yesterday. And as it comes up, you can also use its QR code if you want to access it on your device. You can go to slido.com and enter the code here.

So, our first vote of the day is we will vote first on the measure suggested for removal and then move on to the measures suggested for addition.

So, our first vote is:

Should the NCI-AD: Percentage of People Who Are Able To See or Talk To Their Friends and Family When They Want To measure be removed from the HCBS Quality Measure Set?

The options are:

Yes, I recommend removing this measure.

Or,

No, I do not recommend removing this measure.

Voting should be open. I believe for this one we are expecting 23 votes.

We are going to take – oh, it looks like we have 23. And that is what we are expecting today for this one. So, why don't we lock the vote and share the results.

All right. So 43% of Workgroup members voted yes. That does not meet our threshold for recommendation, so the NCI-AD Percentage of People Who Are Able to See or Talk To Their Friends and Family When They Want to measure is not recommended for removal.

Just as a reminder, a vote must have two-thirds of the Workgroup voting yes in order to be recommended.

So, we will move on to our next vote.

And this one is:

Should the RTC/OM: Experiences Seeking Employment measure be added to the HCBS Quality Measure Set?

The options are:

Yes, I recommend adding the measure.

Or

No, I do not recommend adding the measure.

Voting should be open. And for this one I believe we are expecting 21 votes because Renata and Joe are recused.

All right. I see 21, so we will lock the vote and share the results.

All right. Forty-three percent of Workgroup voted yes. That does not meet our threshold for recommendation, so the RTC/OM: Experiences Seeking Employment measure is not recommended for addition to the HCBS Quality Measure Set.

Next question.

All right. The next question is: Should the RTC/OM: Experiences Using Transportation measure be added to the HCBS Quality Measure Set?

The options, again, here are:

Yes, I recommend adding.

Or:

No, I do not recommend adding this measure to the HCBS Quality Measure Set.

All right. We are expecting 21 votes and that is what we have, so we will share the results.

For this one, 29% of the Workgroup voted yes. That does not meet our threshold for recommending, so the RTC/OM: Experiences Using Transportation measure is not recommended for addition to the HCBS Quality Measure Set.

Next slide. Or next vote.

This one is: Should the RTC/OM Job Experiences measure be added to the HCBS Quality Measure Set?

Again, the options here are:

Yes, I recommend adding.

Or:

No, I do not recommend adding the measure to the HCBS Quality Measure Set.

All right. We are expecting 21 votes and that is what I see, so we will lock the voting and share the results.

Twenty-nine percent of the Workgroup voted yes. That does not meet our threshold, so the RTC/OM Job Experiences measure is not recommended for addition to the HCBS Quality Measure Set.

Next vote.

This one is: Should the RTC/OM Meaningful Activity measure be added to the HCBS Quality Measure Set?

Again, the options here are:

Yes, I recommend adding the measure.

Or:

No, I do not recommend adding the measure to the HCBS Quality Measure Set.

I think we are just waiting on one more vote.

There we go. Got it in. Thank you. We will lock the voting and share the results.

Twenty-nine of the Workgroup voted yes. That does not meet our threshold for recommendation, so the RTC/OM Meaningful Activity measure is not recommended for addition to the HCBS Quality Measure Set.

Next slide.

Our last vote in this domain is: Should the RTC/OM Social Connectedness measure be added to the HCBS Quality Measure Set?

Our options are:

Yes, I recommend adding.

Or:

No, I do not recommend adding the measure to the HCBS Quality Measure Set.

Voting is now open.

And I see we have our 21 votes, so we will lock the vote and share the results.

Thirty-eight percent of the Workgroup voted yes, so the RTC/OM Social Connectedness measure is not recommended for addition to the HCBS Quality Measure Set.

All right. That is our last vote for this domain. And we are a little ahead of schedule. We are scheduled to take a break now until 12:45 Eastern Time. We are going to stick with our schedule just because we know certain people attend the meeting for certain discussions of different measures, so we will give everybody a little more time for the break. We will reconvene at 12:45 Eastern Time, so that is in about 47 minutes. Thirty-seven minutes. Sorry, got it. Passed math. And we will see each other again then.

Thank you.

All right. Hi, everybody. I hope you had a nice break. We will (inaudible) just a few minutes – or a few seconds here to get resituated. While we are doing that, I saw right before the break that Joseph Macbeth was able to join. Joe, can you – it looks like – we are going to make you a panelist so you can unmute yourself. Do you want to unmute and just make sure your sound I okay?

Joseph Macbeth:

Yep, I'm here. Thank you.

Patricia Rowan:

Great. You sound great. Thanks, Joe.

All right. Let's go on to the next slide. And I believe I am going to pass it to my colleague to take us into the next domain. So, Kanch, I will hand it over to you.

Kanchana Bhat:

Thanks, Tricia.

All right, so let's get started. We are going to move on to the next domain: Access and Resource Allocation. There were two measures suggested for removal from the HCBS Quality Measure Set for this domain.

Next slide.

The first measure suggested for removal is from the NCI-AD Survey. It is the Percentage of Non-English Speaking Participants Who Have Received Information About Their Services in the Language They Prefer measure.

Next slide.

The second measure suggested for removal is from the HCBS CAHPS Survey, the Transportation to Medical Appointments Composite Measure. The population surveyed is adults 18 and over who receive HCBS. And this survey instrument is stewarded by CMS.

Next slide.

Okay, so we are now going to invite discussion from the Workgroup about these two measures suggested for removal from the Access and Resource Allocation Domain. Please raise your hand if you would like to speak and we will call on you to unmute and come – and speak up. And please indicate which measure you are referring to when you speak. I am going to ask Tricia to now facilitate the discussion and also the public comment that will follow and then the voting.

Tricia?

Patricia Rowan:

Yeah, thanks Kanch.

All right. So, we will start with our Workgroup discussion on these two measures suggested for removal.

Raina, go ahead.

Raina Josberger:

Hi. I guess I am not following the criteria that the person put forward in suggesting why this measure should be removed. In my state we do have a large proportion of people with non-English speaking – or English is not their first language. So, language services, translation services are used quite often. So I would not support the removal of this measure. I think it is an important point for us to track.

Patricia Rowan:

Thanks, Reina. Yeah, the information that we had from the individual who suggested the measure noted that they are suggesting removal because comparable from the other survey instruments are not included in the Quality Measure Set.

All right. Other comments or questions on these measures?

Tara.

Tara Giberga:

I just want to fill the silence and agree with Raina that the need with removing the NCI-AD measure doesn't make any sense. I do think it is something that states could impact and should be impacting in providing – ensuring that there is provision materials to talk about services particularly addressing the – the larger, non-English speaking populations in their states.

Patricia Rowan:

Thank you, Tara.

Marci.

Marci Kramer:

Good afternoon. Just echoing Raina and Tara's suggestions and recommendations for the first measure. For the HCBS CAHPS measure Transportation to Medical Appointments, what we found here in Pennsylvania across the three plans that administer that, the – the plans themselves are not – we do not hold the transportation to medical appointments – transportation – medical transportation contracts, so we do not have any direct way to follow complains, require them to do any corrective actions, and things like that, so that is really out of our control. Although our plans do help facilitate our participants, our members getting that transportation. But we don't have any control over that. So, that is the problem that we have had. And I don't know if others have had the same. But it doesn't really give us any – it gives us information about the transportation, but we don't have any way to impact those results. For that reason I would suggest that we do remove that measure from the Measure Set.

Patricia Rowan:

Thank you, Marci.

Eric.

Eric Levey:

Just related to the transportation, this is supposed to be a state-level quality measure for Home and Community-Based Services, so I would think that somebody in the state would have responsibility for selecting the transportation broker that they use so that if you get this information, at least it would point to the service being a problem and then possibly somebody in the state fixing it.

Patricia Rowan:

Thanks, Eric.

Eric Carlson, go ahead.

Eric Carlson:

Just following up on those last couple comments about the transportation measure. I defer to people who work for states, but I just wonder how actionable it is since it is a composite measure whether you get from that final number whether you get the information that you need to address potential problems.

And just following up, I think, on the last two comments, is it true that the state has control over when you can get in and out of your ride easily or whether the transportation arrives on time. I – I here the comment that maybe that would get to the state and then the state could make decisions about whomever they contract with. But then that's – the ability to do that seems less if you don't even get a response to those individual questions but instead you get a composite number.

Patricia Rowan:

That's a good question, Eric. I don't know if anyone on the Workgroup is from a state that uses HCBS CAHPS and wants to weigh in on that or any other comments on these measures.

Raina.

Raina Josberger:

So, we do not use the HCBS CAHPS in New York, but what I can say is that the individual components of that composite would also be shared so that states could see where there was the breakdown in that composite. And that transportation benefit, yes, can be carved in or carved out of Medicaid, so either with the state or with a managed care plan. New York has done both. And then, yes, the state would, if it is at the state level, would have, you know, those conversations with that contractor to improve those specific components of that composite. So, I do see this as a useful measure and as a way to track where there's potential breakdown. And often we can, you know, stratify results further to see if it's a certain region in the state we are seeing problems if the sample is large enough. So, I do see this has value, again, not specifically for New York but similar other surveys we have used in that situation.

Patricia Rowan:

Thanks, Raina.

Jason.

Jason Rachel:

I don't think this is going to be a big shocker, but, you know, in Virginia transportation complaints, concerns, and – and otherwise just it is always at the top here in Virginia. And so I, too, would support (inaudible) this measure, even if it is a situation where we are just comparing our overall performance across like states, you know, and then bringing the vendors plans, the brokers, to the table, you know, and saying – and then using that as moving forward and kind of making those enhancements and improving it, again because across the board transportation and the problems associated with it is – is really high. So, that is just a state perspective.

Patricia Rowan:

Thanks, Jason. We appreciate your perspective.

I see Carrie Vida from CMS has her hand raised. They are the steward of the HCBS CAHPS. Carrie, did you want to add something?

Carrie Vida:

Good afternoon. Can you hear me?

Patricia Rowan:

Yes, we can.

Carrie Vida:

Okay. And also Mary Boticelli has a comment also from CMS regarding this measure. And so if you could please unmute her also.

Just a brief note. This measure was developed specifically at the request of our stakeholder community. And as the result of our stakeholder tests and stakeholder input when we developed the HCBS CAHPS Survey, they determined it was essential for the inclusion in the HCBS CAHPS. And that was the reason we raised it up from the HCBS CAHPS Survey to a measure level, a little bit similar to what Jason just mentioned for Virginia. But it is also part of MFT, which I will ask Mary to comment on. And this is just some of the background of why it was determined essential for us to put forward as a potential measure. Again, it was stakeholders who provided that input. But Mary has some additional comments, too.

Patricia Rowan:

Go ahead, Mary, you should be unmuted.

Mary Boticelli:

Boticelli. Can you hear me?

Patricia Rowan:

Yes, we can.

Mary Boticelli:

Okay, good. Yesterday I had some issues with the volume. I wanted to make sure.

So, I know yesterday I talked with the group about the requirements for MFP recipient states in reporting measures in the HCBS Measure Set, a subset of the measures starting in – starting after September of 2026. And so, one of the things we shared with the MFP states is a subset of the – of the survey measures based on certain – for certain categories which were thought to be important across all of the surveys. And the three surveys that are in the HCBS Measure set are the HCBS CAHPS Survey, which is a cross-disability survey so that, you know, both the disabled and the IDD population including mental health. So all included in the same survey. The NCI surveys, and actually the POM surveys, the Personal Outcome Measure Surveys. And transportation was one of the four areas that – that was thought to be most important for – for looking at HCBS services, particularly transportation to medical appointments.

Patricia Rowan:

Thank you, Mary and Carrie. We appreciate you both being here and sharing.

Other comments from the Workgroup on these measures in this domain that are suggested for removal?

All right. I am not seeing any hands raised, so we will move into public comment period on these measures before we vote. So, any members of the public who would like to make a comment or ask a question about these measures, please use the Raised Hand feature in WebEx, and we will unmute you. Please remember, also, to introduce yourself and share your organizational affiliation before you speak.

I see Brian McDade has a hand raised. Can we unmute Brian? Go ahead, Brian.

Brian McDade:

(Inaudible). My name is Brian McDade. I with Pennsylvania – the Commonwealth of Pennsylvania Department of Human Services, Office of Long-Term Living within our Bureau of Quality Assurance and Program Analytics. So, I know that's a lot.

Real quick, just in reference to the HCBS CAHPS in regards to transportation to medical appointments, I just want to add for your consideration during the decision process this afternoon, this is also one which we have found to be very beneficial for the past two years in regards to using the compilation of the HCBS CAHPS Survey data by AHRQ in regard to their (inaudible) in which it really has been beneficial to help us kind of hep gauge as far as how the Commonwealth of Pennsylvania is doing across our three individual plans as well as with our fee for service waiver program in regards to transportation, So, it's not just a state aggregate level but also at the level of each individual plan as well as with the fee for service program. And it really does kind of help us gauge as well as when we see the numbers that we didn't (inaudible) have in regards to this composite score for our programs individually and for the state as an aggregate. We (inaudible) like, oh, my goodness, this is not really looking the best. However, when we did the comparison to the more of a national basis by AHRQ (inaudible), it does kind of help put a better spectrum, per se, as far as realizing that not just Pennsylvania but other areas this is a (inaudible)

occurrence for many of our participants and something that we should continue to try to work on improving.

So, that's where I think this is probably a good measure in referring to not just identifying any needs that your state may have, but also more on a national basis as far as (inaudible) my understanding (inaudible) is really on a national basis as far as how this (inaudible) and nationally as a whole because of the simple fact that this is a concern for many of our participants.

That was it. Thank you.

Patricia Rowan:

Thanks, Brian. We really appreciate hearing the perspective of states particularly those that are using these measures, so thank you.

I see Naomi has a hand raised. Rick, can we unmute Naomi? Please remember to introduce yourself and share your affiliation.

Naomi Yacht:

This is Naomi Yacht. I am at Westat, and we are contractor for the Agency for Healthcare Research and Quality. And I just wanted to point out that our interagency agreement with CMS does publish information on the results from the HCBS CAHPS Survey. So I stuck that into the Q&A link, the ink to the (inaudible) which provides those results including the results for all participating programs for this measure. And that might be helpful for states as a comparison basis.

Patricia Rowan:

Thank you. We appreciate it.

Other questions or comments from members of the public?

All right. I am not seeing any additional hands raised. Any final comments or questions from the Workgroup before we vote?

All right. Let's move into voting on these two measures. Give us a minute to pull up the Slido.

All right. So, our first vote is:

Should the NCI-AD measure – should the NCI-AD Percentage of Non-English Speaking Participants Who Receive Information About Their Services in the Language They Prefer Measure be removed from the HCBS Quality Measure Set?

The options are:

Yes, I recommend removal.

Or:

No, I do not recommend removing the measure from the HCBS Quality Measure Set.

Voting is open.

All right. We are expecting 23 votes. Let me just confirm with the team.

And we do have 23 votes received, so we can go ahead and lock the voting and share the results.

Twenty-two percent of the Workgroup voted yes. That does not meet the threshold for recommendation, so the NCI-AD Percentage of Non-English Speaking Participants Who Receive Information About Their Services in the Language They Prefer Measure is not recommended for removal from the HCBS Quality Measure Set.

The next vote is: Should the HCBS CAHPS: Transportation to Medical Appointments Composite Measure be removed from the HCBS Quality Measure Set?

The options are:

Yes, I recommend removing the measure.

Or:

No, I do not recommend removing the measure from the HCBS Quality Measure Set.

Voting is open.

All right. We have the 23 votes we are expecting, so we will lock the vote and share the results.

Thirty percent of the Workgroup voted yes. That does not meet our threshold for recommendation, so the HCBS CAHPS Transportation to Medical Appointments Composite Measure is not recommended for removal from the HCBS Quality Measure Set.

All right. Let's go back to the slides, and we will move on to our next domain for discussion, and I will be handing it over to my colleague Asmaa to take us through the next domain.

Asmaa Al-baroudi:

Great. Thanks, Tricia.

Our next domain is Holistic Health and Functioning. There were three measures suggested for removal and three suggested for addition.

Next slide, please.

The first measure suggested for removal is from the NCI-AD Survey. It is the Percentage of People With Concerns About Falling Who Had Someone Work With Them to Reduce Risk of Falls Measure.

Next slide.

The second measure suggested for removal is also from the NCI-AD Survey. It is the Percentage of People Who Know How to Manage Their Chronic Conditions Measure.

Next slide.

The third measure suggested for removal, MLTSS: Plan All-Cause Readmission. Assessing the percentage of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge for Medicare, Medicaid, and dually eligible beneficiaries and the predicted probability of an acute readmission. This measure is stewarded by the National Committee for Quality Assurance.

Next slide.

This slide concludes the denominator and numerator statements for the measure, which we won't read in detail.

Next slide.

We will now invite discussion from the Workgroup members about the three measures suggested for removal in the Holistic Health and Functioning Domain. You may raise your hand if you wish to speak.

Now I will turn it over to Tricia to facilitate the Workgroup discussion.

Patricia Rowan:

Thanks, Asmaa. We will start with discussion from the Workgroup on these three measures suggested for removal. Please indicate which measure you are making a comment about when you raise your hand. Thank you.

I'm not seeing any hands raised. No comments or thoughts on these measures from the Workgroup?

Go ahead, Joe.

Joseph Caldwell:

Yeah, I'll go. Yeah, with the falls, the concern about falls, and talking with someone about the risk of falls, I think that is a pretty important ones. I mean like falls we know are one of the leading causes of people going into nursing homes. And, you know, it is just a big issue for older individuals. And I think there is – there is a role for the HCBS to (inaudible) all that through person-centered planning. I think that is a good time to, you know, make sure that people that are at risk of falls, you know, have, you know, care coordination, are able to go to a falls prevention program, or, you know, or a referral to OT or PT or someone that can work with them.

So, anyway, that's enough that I think – I think that one, to me, is very important.

Patricia Rowan:

Thanks, Joe.

Tara?

Tara Giberga:

I agree with Joe related to NCI-AD concerns about falling. I – I believe that states do have a responsibility to be supporting and educating folks that are deemed to be higher risk for falls. So, the submitter has suggested that LTSS-5 Screening Risk and Substantive Plan of Care to Prevent Future Falls was suggested

as a more appropriate measure for this on its own, but I actually would disagree with that. I would think both measures together make the most sense for assessing risk and educating regarding risk falls.

I feel the same way about the Chronic Medical Conditions. I think HCBS programs have a responsibility to support and assist with educating individuals regarding their chronic medical health conditions. So.

Patricia Rowan:

Thanks, Tara.

Carolyn.

Carolyn Foster:

Thanks. I echo the last comments. I was actually hoping – I'm sorry, I've been looking through the document to try to see where it mentions the reasoning for removing the All-Cause Readmission so I could understand that more. I actually am in favor of keeping it because in general, in my experience, when it is primarily only the hospital system looking at that measure, sometimes their approach to addressing it may be different than what we can do in the home (inaudible) based setting. And having multiple parts of the health system be monitoring that from different perspectives – I know it is the state looking at it as a whole, but having it be understood, there is a huge role in home care, right, or care outside the hospital to prevent the readmission, not just the hospital. I would be for keeping it. So I was just wondering if anyone could clarify their thoughts on – against it or why they would support removal.

Patricia Rowan:

Thanks, Carolyn. In the measure information sheet packet, if you go to page – did you ask about the readmission measure or the falls? I'm sorry, I missed that.

Carolyn Foster:

Readmission. Yeah, sorry, I was struggling to find it. Sometimes I –

Patricia Rowan:

That's okay. It is on page 140.

Carolyn Foster:

Right.

Patricia Rowan:

Which is like page 146 of the packet. MLTSS All-Cause Readmission. There is some information there. But I also welcome members of the Workgroup to share their perspective on – on why they might be in favor of removal.

Raina.

Raina Josberger:

Thank you. Just comments on the NCI, the two measures. I think part of the supporting documentation where the person suggested removal was because, again, these measures, or similar measures, were not

in the other surveys. And I don't think that is reason enough to remove them in the NCI-AD. I think they are very important measures, so I would vote to retain them.

As well as the plan All-Cause Readmission, I think readmissions, the HCBS program has a role there as well as other entities providing healthcare. So, I think all three of these measures have value.

Patricia Rowan:

Thanks, Raina.

Jason.

Jason Rachel:

Just to reiterate and underscore comments previously made, in support of keeping these three measures, in that – so I see these as all, you know, risk mitigation. And that – that is a primary role within the HCBS system. Certainly in a system where any individuals are – have progressive chronic conditions and comorbidities and, you know, therefore mitigating the risk is really the crux of success in the system. So, I would like to go with my colleagues in support of keeping these three measures.

Patricia Rowan:

Thanks, Jason.

Tara.

Tara Giberga:

I wanted to throw in a comment regarding the plan All-Cause Readmissions. And I agree readmission is an important measure. However, I have some concerns related to some of the things that were shared by the submitter in the document specifically related to CMS annually adjusting the rates and desired values for the measure. Kind of speaks to if the measure is continually being adjusted, plans for intervention and improvement strategies often require several years before demonstrating improvement, and if you have a moving target, that makes things difficult from our quality management perspective.

The other thing related to this measure is strategies related to reduce the readmissions are more likely to be related to physical health services rather than HCBS services is something the submitter commented on and I don't disagree with.

And the last part is really kind of zeroing in on the All-Cause Readmissions. So, the measure numerator is number of acute inpatient or observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. Generally I have always had a concern about this one because a lot can happen in a 30-day period that, you know, and one may not be connected to the other. So being held accountable for a role of the dice, it kind of feels like. (Inaudible) of this measure would cause me some concern with voting to retain it.

Patricia Rowan:

Thanks, Tara.

One thing I do want to clarify about the Plan All-Cause Readmission Measure is that versions of the measure are used in other CMS programs. And it is our understanding from the specifications that in those other programs the CMS does adjust the targets. But that is not how the measure is currently being used for Medicaid, so I do just want to clarify that. Of course, if – if, you know, this could be a CMS policy question, but I just wanted to clarify our read of the measure specification.

I also see Mary from CMS has her hand up. Mary, did you want to comment on that?

Mary Boticelli:

Hi. Yes. Thanks, Tricia, yes. So, the Plan All-Cause Readmission HEDIS measure is actually included in the Adult and Children's Core Set. And, you know, from that perspective, so the Adult is up to age 64, right. It's not the HCBS populations. They may adjust the performance target each year, but that is not the intent and not what we plan to do for this measure in the HCBS Measure Set. The state actually would be able to determine what the target is.

Patricia Rowan:

Thanks for that clarification, Mary. I appreciate it.

Mary Boticelli:

Sure.

Patricia Rowan:

All right. Heleena.

Heleena Hufnagel:

Yes, to just echo what has been said about the (inaudible) All-Cause Readmissions, or up here in Washington we recognize that it isn't a perfect measure but this is a priority measure that we use in different programs and also to track trends in utilization. And this measure certainly complements other similar HEDIS measures and is one that has been indicated for us by our health plans that this is something that they are able to report on and they do like this measure. I just wanted to give that feedback.

Patricia Rowan:

Thanks, Heleena.

Carolyn.

Carolyn Foster:

Yeah, thanks. And again, thanks for helping me read the – the language. I just wanted to echo that I actually would just disagree with comment that, in the writing here, that there isn't a role in HCBS related to these admissions, and I don't think it is primarily driven by physical health services outside of HCBS, just the – especially the pediatric literature would disagree with that strongly. A lot of HCBS care is really

important for preventing readmissions. And that there is a lot of evidence to show that actually that 30-day window can be greatly impacted by that transition back into the home and the way those services are coordinated and delivered. So, I would strongly recommend we keep this measure.

Patricia Rowan:

Thanks, Carolyn.

Marci.

Marci Kramer:

Good afternoon. I wholeheartedly agree with the comments for wanting to – I see great value in those. One of our concerns was things we are always looking at is the falls and fall risks and getting them – getting the participants and members education on how to eliminate that, and also with the services so that they don't encounter those falls.

So, the last one, PCR – oh, I see the slide has changed – but, so for PCR I agree with Carolyn. I think there is a lot of good use for that measure. Those 30 days post-discharge – post-discharge are really impactful when we go back and look at why that readmission occurred. So, I would advocate keeping that measure.

We also do a lot of work looking at that measure as to – we break it down by race, age, and ethnicity and see if there are any trends or any good information looking at it that way. So, again, just advocating for retaining the PCR measure.

Patricia Rowan:

Thanks so much, Marci. Appreciate it.

Eric Carlson.

Eric Carlson:

Just a critique of a couple of these. First the Readmission Measure. I hear what people are saying. It's not clear to me how it is actionable if you – if you look at this number. I understand that there – the HCBS may be a factor in readmissions, but I don't see how you look at this number and are able to determine that the HCBS program needs to be changed in this way or the – or the other. I just question how you would be able to act on what information you have and be able to identify the HCBS component as a – as a critical issue here. But I also note that this is just limited to ages 18 to 64, and obviously there are folks 65 and above that have the exact same issue.

And then going down to the Chronic Conditions question, again actionability may be the issue. There is just a tremendous amount of vagueness in that question, you know, how do you manage them? I can imagine different people under similar circumstances responding to that question differently. And, again, I defer to folks in the states who are – I would be interested in people's opinions. I don't how you look at that number and then decide what to do if it is a bad result. I mean, the people aren't getting enough information about the program, they don't know enough about their health condition. Is there a problem in their communication with their – with their HCBS provider or their primary care physician? It's not clear

to me that there is enough detail in there to – to tell you as a state official what to do in response to whatever kind of percentage you get from this quality measure.

Patricia Rowan:

Thanks, Eric. I would welcome any other Workgroup members from states who use these measures if they want to respond to Eric. In the meantime, I do want to let Mary, I think Mary's hand from CMS is up as well. Can we unmute Mary, Rick?

Go ahead, Mary.

Mary Boticelli:

Hi. I just wanted to clarify for the HCBS measure for all plan cause readmissions for MLTSS is for HCBS populations. When I was referring to under 64, I was referring to the measure that is in the Adult Core Set which is not the HCBS Measure Set. That's actually for – for Medicaid adults 18 to 65. So I want to make sure that is clear. The HCBS population is older adults and individuals, you know, with IDD including mental health issues. And so that would be over 65.

Patricia Rowan:

Thank you, Mary.

Brent.

Brent Watkins:

Yeah, just to answer Eric's question, I talked to the folks that are in Aging that use this in our state in Oregon, and their response was essentially that the – the response (inaudible) for this question doesn't provide meaningful information, and that a high percentage of yes responses could indicate that – that people truly do have a good handle on the condition management, or it could mean that consumers or people that use it have an inaccurate perception of knowledge. So, they didn't find this to be meaningful and were advocating that it be removed.

Patricia Rowan:

And Brent, just to clarify, those comments were about the NCI-AD Percentage of People Who Know How to Manage Their Chronic Conditions?

Brent Watkins:

I apologize. I should have indicated that. Yes, that's correct.

Patricia Rowan:

That's okay. I just wanted to clarify. Thank you.

Eric. Go ahead.

Eric Carlson:

Just going back to the age, it says 18 to 64 in the description here, right? That's what I was looking at. I wasn't relying on the comments of anyone. In the description here in the materials it talks about Medicare, Medicaid, and dually-eligible beneficiaries ages 18 to 64.

Patricia Rowan:

Yeah. Thanks, Eric. So, those specifications did come from the submitter, so I don't know, Mary, if you know the specific age range. Or I know Loren Sanbull from NCQA is also here if anyone can clarify the age specially for the MLTSS version of this measure. Mary?

Mary Boticelli:

Um, let me – I have that – I don't – let's see. If you will give me one minute to pull it up. It is for participants 65 and over, actually.

Patricia Rowan:

Okay.

Mary Boticelli:

The numerator is the number of respondents age 45 to 75 – oh, wait, that's the NCI measure. Sorry. I'm looking at this – at the – yes, it is 65 and older.

Patricia Rowan:

Okay. Thank you, Mary.

Are there questions or comments about these measures suggested for removal?

All right. I'm not seeing any more hands to discuss the removals, so I will hand it back to Asmaa to present the three measures that were suggested for addition in this domain.

Asmaa Al-baroudi:

Thanks, Tricia.

Next slide, please.

Now shifting gears to matters suggested for addition.

The three measures suggested for addition in this domain from the NCI-AD Survey. The first measure is the Percentage of People Who Have Access to Mental Health Services If They Want Them.

Next slide.

The next measure suggested for addition in this domain is, again, an NCI-AD measure: the Percentage of People Who Can an Appointment to See or Talk to Their Primary Care Doctor When They Need To.

Next slide.

The final measure suggested for addition in this domain is the NCI-AD Percentage of People Who Have Needed Assistive Equipment and Devices Measure.

Next slide.

I will now invite discussion from the Workgroup members about the three measures suggested for addition in the Holistic Health and Functioning Domain. You may raise your hand if you wish to speak. Please remember to indicate which measure you are referring to if your comment is specific to a measure or group of measures.

Now I will turn it back to Tricia to facilitate the Workgroup discussion, public comment, and vote.

Patricia Rowan:

Thanks, Asmaa.

So, we will start with Workgroup comment on these three NCI-AD measures that were suggested for addition.

Sarah.

Sarah Hoerle:

Hi. So, in general I would support the addition of all three of the measures. Regarding appointment to see – to talk to your primary care doctor when needed, I think straight up I would support it. I think it is a good measure. Looking at the 2022-23 national results for this measure, they were 85%, which in my mind is room for improvement so it is something that could be acted on to improve.

The other two measures, the access to mental health services as well as have needed assistive equipment and devices, I like the measures. My only hesitation is, again, back to looking at the results. So, the national results for access to mental health services for 22-23 were 91%. So, kind of looking through the lens of inclusion in Quality Measure Set for opportunities for improvement, maybe there are some, maybe there aren't. And the same comment for have needed assistive equipment devices. The results for the 22-23 national – the national results were four percent of respondents receiving HCBS services need other assistive technology they do not have, so relatively low percentage. Opportunities for improvement are not. So. But otherwise I like the measures, all three of them.

Patricia Rowan:

Thanks, Sarah.

Joe.

Joseph Caldwell:

Yeah, I was going to speak to the specific equipment and devices measure. And that one I do like, and it's, you know, I think it (inaudible) help, you know, people stay at home and, you know, maintain community living. And in some research we did on that, that was one measure where we were seeing racial-ethnic disparities for this where minorities were less likely to have, you know, assistive equipment

and devices, so need more research on that but we were finding that, so that might speak to some of the stratification that states could do.

Patricia Rowan:

Thanks, Joe. Eric.

Joseph Caldwell:

I agree with Joe on assistive equipment. The other two, it's not clear to me what they have to do with Home Community Based Services, so if you are running an HCBS program and you see that there is a program to get appointments with primary care doctors or there is a problem with people's access to mental health services, it's not clear to me that that is the – that's under the jurisdiction of the HCBS program. So, not – not contesting their value as a care measure, but their value as an HCBS quality measure.

Patricia Rowan:

Thanks, Eric.

Brent.

Brent Watkins:

I think Eric stated that really well, and I would love to have someone explain to me how this is within the control of the HCBS surface agency. I just have a hard time understanding how this can be managed by our system. It just feels so far outside of our control. I wouldn't even know how to respond to some of these in terms of understanding how to – and particularly mental health services are challenging to find regardless of whether it is for a Medicaid recipient or outside that – that system. So, there are so many factors that – that I think are outside of our control on this.

Patricia Rowan:

Thanks, Brent.

Sarah.

Sarah Hoerle:

Yeah, maybe just to kind of answer that question. So, you know, we have HCBS services, we do have some mental heath services within that array of services. But we actually work with our behavioral health organizations and kind of coordinate that care. And so, you know, there are questions on the NCI Survey that is, you know, do you have a mental health diagnosis? And if we look at that and they are not getting mental health services, then at least we know like, hey, that – that coordination isn't happening. And that is something that we really need to step in and work on that.

So, I think that is how we use it here in Colorado is that, you know, it's one – one part of the whole picture, and so it may not be like a direct service, but I think that with the case management, the care coordination that needs to be done in addition to kind of that service planning if the person has a mental health diagnosis to be sure to have kind of that system in place.

Patricia Rowan:

Thanks, Sarah.

Brent, did you want to add anything else? Go ahead.

Brent Watkins:

Yeah, just a follow up on that. And I agree. And we look at that data in our state with the NCI Surveys as well. And it is actionable from the standpoint of trying to understand what the issues are. I think my big concern is when this becomes data that we have to submit to CMS and potentially have some sort of a remediation plan around. So, we do investigate these things. We do try to follow up on them and try to understand the issue. It's more about federal reporting that requires some sort of a remediation plan that is my bigger concern.

Patricia Rowan:

Thanks, Brent.

Brenda, I saw your hand earlier I think. Was there anything you wanted to add or are you all set?

Brenda:

Nope, what I was going to say has already been said. Thank you.

Patricia Rowan:

Okay. Thanks.

Other thoughts or questions on these three measures before we move into public comment?

All right. I am not seeing any other hands raised, so we will move into a public comment period on these – all six of the measures in the Holistic Health and Functioning Domain that are listed here on the slide. So if there are comments, remember that the public on any of these measures, please raise your hand. We can unmute you. Make sure you share your – or introduce yourself and your organizational affiliation and be clear which measure you are commenting on.

I see Camille Dobson. Can we unmute Camille? Go ahead Camille.

Camille Dobson:

Dobson, Deputy Executive Director of Advancing States. We represent the Directors of Aging and Disability programs that deliver HCBS to older adults and people with physical disabilities.

I had a quick question for Mary if she could clarify the All-Cause – Plan All-Cause Readmission. I think she said that it starts with individuals over 65, and I wanted to be sure it wasn't inadvertently leaving out those individuals with disabilities that are under 65 that are getting HCBS. Could she clarify?

And then the second, I wanted to talk to the Percentage of People Who Can Get an Appointment to Wee or Talk to Their Primary Care Doctor. It is an extremely helpful measure in states that use managed care for their delivery system. One of the points of the care coordination that goes on at the health plan is to look at the holistic – at the person holistically. Access to primary care is one of the biggest – not the

biggest – a problem that HCBS individuals have particularly in a Fee for Service system where no one is looking at that side of the house.

I would also add that it is also helpful for states that want to look at the value of their dual integration activities when a D-SNAP, for example, is responsible for the acute care services but they are supposed to be coordinating with the Medicaid HCBS system, it can really serve potentially as a quality improvement datapoint that they could use to focus on the D-SNAP's engagement.

Thank you.

Patricia Rowan:

Thanks, Camille. I don't, Mary, if you are still there, if you can raise your hand we will unmute you. Go ahead, Mary.

Mary Boticelli:

Hi. Yes. So for the Plan All-Cause Readmissions, I can read you the description. I'm glad you asked the question, Camille.

It looks at, you know, acute inpatient and observation stays that – that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge for Medicare and Medicaid beneficiaries 18 and older.

In terms of the over 65 population, for the HCBS measure, a separate readmission rate for hospital stays discharged to a skilled nursing facility among HCBS participants, members of, you know, members of MLTSS plans, 65 and older is reported as well. So that's where 65 and older came in.

Does that answer your question, Camille?

Camille Dobson:

I'm not sure I still heard the – the under 65, is that in the general – the All Plan – the Plan All-Cause Readmission that is in the Core Set, those 18 and over, and the MLTSS specific one is only 65 and older? I'm not sure I understood that answer. I apologize.

Mary Boticelli:

No, I'm – I'm actually – that's actually the HCBS measure. So, it looks at 18 and over.

Camille Dobson:

Okay.

Mary Boticelli:

Because as you know, folks with, you know, IDD,

Camille Dobson:

Yes.

Mary Boticelli:

Are not 65 and older.

Camille Dobson:

Right. Okay.

Mary Boticelli:

(Inaudible).

Camille Dobson:

Yes. I think I misunderstood your answer. Thank you, Mary. I appreciate it.

Mary Boticelli:

Sure.

Patricia Rowan:

Thanks, Camille, and thanks, Mary.

I see Naomi Sapp. Naomi do you – go ahead.

Naomi:

Thanks. This is Naomi from the Department of Human Services Aging and People With Disabilities Office in Oregon. And, you know, I hear all these arguments about the mental health, the measures for addition on mental health and appointments to see their primary care providers, and I – I hear those arguments, and, you know, they are good arguments, but it feels like it is ignoring a really fundamental problem that we don't have the providers to serve all the needs we have. And we are not going to be able to affect that. We don't license providers. We don't have the incentive to pay them more. We don't have the budget. You know, those are legislative decisions that are extremely difficult for us to affect, and they are personal decisions on the part of those doctors and therapists. You know, those are just much bigger issues. And, you know, as Brent said, you know, we do look at those responses, and we certainly it is a part of what we are talking – our case managers are talking about. But, you know, there is a bottom line that we have no control over for the provider capacity. And so, to be held accountable at the federal level on something that is really, you know, it's really unfair to have us be measured on that when, you know, we can't do anything – we have very little influence over provider capacity, and that is one of the biggest issues in terms of barriers to treatment or to primary care physicians. We are a Fee for Service state, so I see that argument with the, you know, the arguments about managed care maybe being, you know, it's more applicable, it's more useful because it could be a measure to hold them accountable. But in the other states with Fee for Service, this just feels like we need to get through another measure or, you know, just through – to address the issue a different way than being held accountable to a federal – to federal reporting and a quality improvement plan that seems extremely difficult.

On the question about managing the chronic conditions, our concern there is just if people have multiple conditions and, you know, they might say they know how to mange it, but do they? You know, we have no way of knowing if we get a yes whether – how accurate that is. And if they have multiple, are they

basing it on one or, you know, several. I mean, we feel like that is something, again, we need to be talking to people about, and we need it to be helping them and make more programs that can help them, but whether that is something that is really going to be useful information since we don't know how accurate it is, I mean, there is so much information out there that is bad information about managing conditions and managing health that we just wonder how useful that information is going to be. So, thank you.

Patricia Rowan:

Thanks, Naomi.

Other comments on any of these measures in Holistic Health and Functioning?

Camille, did you have something else that you wanted to add? I see the hand is still up. I want to make sure I didn't cut you off.

Camille Dobson:

Yes, I did want to say I understand Brent and – and Naomi's concern. I think the problem is, right now, CMS hasn't given any guidance to the states on which measures, any measures, how many measures, the states would need to provide benchmarks for and build quality improvement activities. I can't imagine, and I am not going to speak for CMS, but I can't imagine that it would be every single measure that is in the Measure Set. And I think that is a conversation that we as states – the association and the state members, would want to have with CMS when we get to that point. But the content and the quality of the measure, I think, my perspective is that it shouldn't be biased based on what may or may not come from federal requirements around QIPs.

Patricia Rowan:

Thank you, Camille.

Naomi, I still see your hand. Was there anything you wanted to add?

Naomi:

No, sorry. I will turn it off.

Patricia Rowan:

Okay. No problem. Just wanted to double check.

Any other comments from members of the public on these measures?

Oh, Carolyn, I saw your hand raised. Did you want to ask something? Sorry.

Carolyn Foster:

I just realized I should have maybe waited until your next (inaudible).

Patricia Rowan:

Yeah.

Carolyn Foster:

Sorry. I can wait.

Patricia Rowan:

Go ahead. No, you're – you're all right.

Carolyn Foster:

I was just going to respond to Naomi. I just have concerns about that kind of broad sweeping claim that in a Fee for Service state these same sort of things can't be held accountable. I am in a Fee for Service state, and I actually think they are very important and are very helpful. And I do think that there is leverage – there is opportunities to leverage changes that can be made. I also recognize I am coming at it from a – from a perspective that uses Title V funds to do a lot of that work, but for populations that go especially into the young adult phase there is a lot that can be done. And I also know a lot about the NCI-AD, the questions about managing chronic conditions. That sort of self-efficacy question is actually very well documented. There is a lot of evidence to show that people who have a general sense of improved knowledge actually have much better health outcomes. And there are a lot of services that can be done there. So, I just want to be clear there is a lot of science behind them. They are not as willy-nilly as it may sound. And I – I – I am going to be voting against their removal for those reasons.

Patricia Rowan:

Thanks, Carolyn.

Any other comments from Workgroup members on these measures before we move into voting?

All right. I'm not seeing any more hands raised, so we will move into voting on the measures in this domain. While we are pulling that up, just as a reminder, we will vote on the removals first and then the additions.

All right. Our first vote is:

Should the NCI-AD: Percentage of People With Concerns About Falling Who Had Someone Work With Them to Reduce Risk of Falls Measure be removed from the HCBS Quality Measure Set?

The options are:

Yes, I recommend removal.

Or:

No, I do not recommend removing this measure from the HCBS Quality Measure Set.

And voting is now open.

All right. We – we are expecting 23 votes, and it looks like we have got all 23, so let's share the results.

Twenty-six percent of the Workgroup voted yes. That does not meet our threshold for recommendation, so the NCI-AD Percentage of People With Concerns About Falling Who Had Someone Work With Them to Reduce Risk of Falls Measure is not recommended for removal from the HCBS Quality Measure Set.

We'll go on to the next vote.

Should the NCI-AD: Percentage of People Who Know How to Manage Their Chronic Conditions Measure be removed from the HCBS Quality Measure Set?

The options are:

Yes, I recommend removing the measure.

Or,

No, I do not recommend removing the measure from the HCBS Quality Measure Set.

And voting is now open.

We are expecting 23 votes. We are just waiting on one more.

There we go. Looks like we have all 23. We can share the results.

Thirty-five percent of Workgroup members voted yes. That does not meet our threshold for recommendation. So, the NCI-AD: Percentage of People Who Know How to Manage Their Chronic Conditions Measure is not recommended for removal from the HCBS Quality Measure Set.

Our third vote is:

Should the MLTSS: Plan All-Cause Readmission (HEDIS) Measure be removed from the HCBS Quality Measure Set?

The options are:

Yes, I recommend removal.

Or,

No, I do not recommend removal.

Voting is open.

All right. We have our 23 votes. We can share the results.

Forty-three percent of the Workgroup voted yes. That does not meet our threshold for recommendation, so the MLTSS: Plan All-Cause Readmission Measure is not recommended for removal from the HCBS Quality Measure Set.

Now we will move into voting on the measures suggested for addition.

The first measure suggested for addition is Should the NCI-AD Percentage of People Who Have Access to Mental Health Services if They Want Them Measure be added to the HCBS Quality Measure Set?

The options are:

Yes, I recommend adding the measure.

Or,

No, I do not recommend adding the measure to the HCBS Quality Measure Set.

All right, we have our 23 people so we can share the results.

Seventy percent of Workgroup voted yes. That does meet our threshold for recommendation, so the NCI-AD Percentage of People Who Have Access to Mental Health Services if They Want Them Measure is recommended for addition to the HCBS Quality Measure Set.

Next vote.

Should the NCI-AD: Percentage of People Who Can Get An Appointment to See or Talk to Their Primary Care Doctor When They Need To Measure be added to the HCBS Quality Measure Set?

Again, the options here are:

Yes, I recommend adding the measure.

Or:

No, I do not recommend adding the measure.

Voting is now open.

All right. I see we have our 23 measures, we can – or votes, we can share the results.

Fifty-seven percent of the Workgroup voted yes. That does not meet our threshold for recommendation, so the NCI-AD: Percentage of People Who Can Get An Appointment to See or Talk to Their Primary Care Doctor When They Need To Measure is not recommended for addition to HCBS Quality Measure Set.

And our last vote in this domain is: Should the NCI-AD: Percentage of People Who Have Needed Assistive Equipment and Devices Measure be added to the HCBS Quality Measure Set?

The options here are:

Yes, I recommend adding the measure.

Or:

No, I do not recommend adding the measure to the HCBS Quality Measure Set.

All right, we have our 23 votes. We can share the results.

Eighty-three percent of the Workgroup voted yes. That does meet our threshold for recommendation, so the NCI-AD Percentage of People Who Have Needed Assistive Equipment and Devices Measure is recommended for addition to the HCBS Quality Measure Set.

Thanks, everybody.

All right, at this point we do have our second break of the day. We are scheduled to break until 2:25 Eastern Time, so that is just about 30 minutes from now. We will resume here at 2:25 Eastern Time. Thank you.

Deborah Haimowitz:

Hello. Welcome back, everyone. We are going to get started with our final domain of the day.

Our final domain is Human and Legal Rights. There were three measures suggested for removal and four suggested for addition.

The first measure suggested for removal is from the NCI-AD Survey. It is the Percentage of People Who Were Ever Worried for the Security of Their Personal Belongings Measure.

The second measure suggested for removal is also from the NCI-AD Survey. The measure is the Percentage of People Who Feel Safe Around Their Support Staff.

The final measure suggested for removal is the NCI-AD Percentage of People Whose Money Was Taken or Used Without Their Permission Within the Last 12 Months.

We will now invite discussion from the Workgroup members about the three measures suggested for removal in the Human and Legal Rights Domain. You may raise your hand if you wish to speak. We will call your name and unmute you when it is your turn. Please remember to say your name before making your comment and indicate which measure you are referring to if your comment is specific to a measure.

I will now turn it over to Tricia to facilitate the Workgroup discussion.

Patricia Rowan:

Thanks, Deb.

All right. So, as Deb said, this is our final domain of measure discussion of the day. And we will start with a discussion of the three NCI-AD measures that were suggested for removal.

Damon.

Damon Terzaghi:

You know, in reading the rationale that the individual who suggested removal put in the document, you know, saying that they have concerns that this measure does not address a strategic priority, I – I kind of vehemently disagree with that. I think that when we are talking about, you know, quality of life as well as the health and safety of individuals, we really need to be measuring issues such as, you know, personal property and safety of – feelings of safety around support staff and those sorts of things. I – I strongly disagree with removing those three measures.

Patricia Rowan:

Thanks, Damon.

Carolyn Foster:

Well, Damon took the words out of my mouth. I strongly disagree with this. I saw that the language was pretty similar for the three, and, I mean it's really important for the young adults with intellectual disabilities. And I would – I just didn't see substantive concerns. It just was kind of a broad statement of that doesn't address strategic priority, and I didn't understand it. I mean safety and wellbeing of your person seems extremely important, especially for care in the home and community. So, if there is more clarification I would welcome that, but I really felt strongly these should stay.

Patricia Rowan:

Thanks, Carolyn.

Eric.

Eric Carlson:

I would agree that the subject matter is important, but I question how useful these questions are just because they are so vague. Are you ever worried for the security of your personal belongings? Asking if somebody is worried or not just is going to elicit a wide variety of responses. I think to a certain extent depending upon the person that you are talking to, so you can imagine something that dealt more specifically with what has happened, but this doesn't – this doesn't do it. It is asking for impressions of people, and I'm not sure, again, how actionable. You know, if I were working in state government, and, again, I defer to people who work in state government, if I was looking at a response of 30, or 65, or 80, or whatever, and know what to do in response to that.

You know, same with the other two questions here. Do you feel safe? Same issue about people's feelings as opposed to measuring specific – something more specific as to what has happened or maybe even specifically as to what they might fear.

And then regarding money, I think here maybe the issue is anyone that is staff – I know the people oftentimes have issues about what their adult children were doing or not doing supposedly in regards with their finances. I'm just not sure that a response here indicates what is really going on and, again, would be specific enough to allow somebody running an HCBS program to do something meaningful in response.

Patricia Rowan:

Thanks, Eric.

Carolyn, I saw you had your hand up. Did you want to respond?

Carolyn Foster:

Can you hear me?

Patricia Rowan:

Yeah, we can hear you now.

Carolyn Foster:

(Inaudible). You know, again, I recognize like thinking about this from the young adult population, but we actually – there is a lot of training and opportunities for teaching and supporting staff around interacting with individuals with disability, communicating with them, making sure that you are able to help them in the way you are trying to help them without scaring them. There is actually a lot of training and opportunities for that, so I – I really don't see the same level of concern. And I think when we are thinking about individuals with disability, there is a lot of sensitivity to not – having them wait to have the bad outcome before we are willing to – to – to measure it. That's a big issue, for example, that comes with institutionalization. You know, for example, the risk of institutionalization or fear of that alone is like a legal standard, right. And I think many of us in this work see the same thing here. If the services that are being delivered are being done in a way a person is scared or worried, that says something about the environment in which they are receiving those services. So, you know, just a counterpoint. Curious to hear what others have to say as well.

Patricia Rowan:

Thanks.

Raina.

Raina Josberger:

Thanks. My question is more for Advancing States or the NCI-AD developers. The measure here suggested for removal number two, feels safe around their support staff, I was not able to find that when I looked up in the 22-23 report. Is – is what the person suggested here the correct measure? I do see feels safe around people who are paid to help them, which is different than support staff. But perhaps I don't have the most current version on my screen. But I wanted to pull up so I can understand where the performance currently was, and I am not seeing a direct connect between what the person suggested and what the data provided.

Patricia Rowan:

Thanks for the question, Raina. I see both Rosa and Steph with their hands up at the same time. We can – oh, go ahead, Steph. We will unmute Steph.

Stephanie Giordano:

Sure. Thank you. And thanks, Raina.

I can just – I actually pulled up these numbers as well, and you are totally right. The question is whether people feel safe around the people who are paid to help you. So, importantly, this is only applicable to people who said that they have paid staff. But I do have the data, it is actually from the most recent 23-24 data that just came out. So, the vast majority, 98%, said that they do feel safe, and the range was pretty low across states from 96% to 100% of respondents saying that they felt safe.

Raina Josberger:

Okay. Great. Thank you.

Patricia Rowan:

Thanks, Steph.

Let's go to Brent.

Brent Watkins:

Yeah. Thank you. So, particularly around measure one, or NCI-AD number one, and number three. I feel like oftentimes I am just parroting Eric's talking points here. I will say I did have a question for the NCI folks as well, and that really is around knowing that you have interviewers that give prompts or give information to people to help understand the measures. I am kind of curious to know how number three particularly is discussed. Because, I mean, in terms of people being – what does it say – it's the percentage of people whose money was taken or used without their permission in the last 12 months. Sometimes people will, you know, as your work with states or even government where the money is taken out for Social Security, or taxes, or things like that, people feel like that is being taken without their permission, so I am curious if there is some information that is provided about specifically what money we are talking about as people are answering those questions. But I – I do, again, have concern about how actionable this is for states. And, again, important things to look at. I – I love the interview questions. These are things that are discussed in workgroups. I have sat on some of those workgroups with NCI before to know some of the discussion and the work that goes into these questions. I know the follow up that states do when percentages are particularly low in some of these areas and the – and the, you know, investigation that is done to understand it. I just still have concern about how broad these are as actionable and things that we report to the federal government that we have to remediate. Those are my – my – my concerns about them being included from that perspective. Not something that we wouldn't follow up as a state, but something that is actionable on a federal, you know, on a federal report.

So, anyway, if I could – if the NCI folks wouldn't mind maybe responding to that question, I would appreciate it.

Patricia Rowan:

Yeah, can we unmute Steph? And then we can go to Rosa.

Go ahead, Steph.

Stephanie Giordano:

Thanks, Brent. Always really, really appreciate your insights and know that you have a lot of deep knowledge about how these items are and can be used, so really appreciate the question.

For this one in particular – actually I am going to speak more broadly about NCI as part of the initiative to ensure that all of these data are collected standard across all of our states and all of our surveyors. We do have specific training that is required of surveyors, and part of that includes how to approach and ask questions, particularly some of these more sensitive questions. As well as how to potentially re-word or

rephrase the questions to ensure that the surveyor is capturing information based off of what the person is saying.

And so, for this question, which is whether people – in the past 12 months, has anyone taken your money without permission? Again, knowing that this is relatively sensitive, there are some instructions for surveyors about how to ask this question. We often don't get very deep into who was that took money or what was the situation unless there is something that rises to concern for the surveyor who may feel that this is a reportable thing. But essentially ensuring that the person isn't in immediate harm.

For this question, though, Brent, I think that you kind of touched on this already, but we see pretty relatively low rates although any percentage of people feeling that money was taken without permission is too high, obviously. But is 2023, this was at six percent of people reporting that people had money taken without their permission. States range from three percent to nine percent. Again, really varied by residential setting as well as some other factors that are certainly interesting to go into, but I think that the sight of – it may suggest to other – other elements of quality but just was sort of what we would consider a floor level to quality which is around that kind of safety and may look more toward some of the other tangential measures around people feel – whether people feel respected and safe around staff and where they live and some of those other measures.

Patricia Rowan:

Thanks, Steph. I see Rosa also has her hand raised from Advancing States. Rosa?

Rosa Plasencia:

Well, Steph said that so well. I just wanted to add just a little bit more context, too. All of the measures, as we mentioned before, we do do testing with them. And we do also cycle back with all of our surveyors, and states have vendors oftentimes that will implement these surveys on their behalf. And we haven't received feedback specifically with confusion about the wording of that question. But when we do receive feedback, we do work to make them more clear in future years, as Brent was referring to. So, I just wanted to share that. That's not something that we have heard from the field with regards to this question, but (inaudible) everything else Steph said.

Patricia Rowan:

Brent, go ahead. If you want to ask a clarifying question, go ahead.

Brent Watkins:

Yeah, sort of. So, hearing the percentages of how high the, I guess, satisfaction or how well people feel about, or the lack of people feeling worried about the security of their personal belongings, the lack of people feeling like money is being taken without their permission. Isn't part of what we want to look at is areas in which there is a gap or a need not being met? And, you know, I know it had been 86%. I think it is going up to 90%. And maybe the folks from CMS can clarify this as well. But for states when we are having to report data and then actionable things that we have to actually do as a result, we won't even be reporting this for the most part then because it is going to be above that 90% threshold. And, again, that might have changed. But I am wondering if there are other measures or things that we should be spending our energy on reporting if this is something that already seems to be low in terms of an issue.

Patricia Rowan:

Thanks, Brent.

Let's go to ShaRhonda.

ShaRhonda Sly:

I just want to kind of echo what both Eric and Brent said. I think, you know, we could pick every single measure on every survey because everything is there for a reason. It's important. It has a purpose. And down to the person level, it is really important for care coordination and case management activities. That said, we really do have a responsibility to make sure that what we are selecting and recommending inform the system as a whole and allow states to implement quality improvement initiatives that will really impact it. I will also add that for these particular – for the suggested for removal items – there are incident management operations and process requirements that these also fit under, so there are additional education requirements at the person level, at the program level that meet part of this need.

Patricia Rowan:

Thanks, ShaRhonda.

Let's go to Tara.

Tara Giberga:

I am also – I am kind of going to echo what ShaRhonda and Eric and company have been talking about related to the measures for removal. In particular, in the materials that we were provided, the percentage of people who feel safe around their support staff as well as people whose money was taken or used without permission, there are already National Quality Forum endorsed measures that are included in the Measure Set that address these areas. For people who feel safe around their support staff, there is an HCBS CAHPS physical safety measure that is in the last three months did any staff hit you or hurt you as well an HCBS CAHPS personal safety and respect, and there are three questions related to in the last three months if the person has been hurt, if they – if they have been yelled at, cursed at, etc., or if money was taken, which also is – addresses the one related to money. So, that said, with reading those measures and knowing that those pieces are already in here, feels a little redundant to add as well. So, I would agree with removal.

Related to the personal belongings piece, and back to what Eric said, is this really actionable by states or even by programs? I think it is a stretch because there are so many factors that can contribute to how an individual responds to that question. I just know that it is a good measure to be using for HCBS programs.

Patricia Rowan:

Thanks, Tara.

Let's go to Carolyn.

Carolyn Foster:

Thanks. I really appreciate this conversation. I am learning a lot and I really appreciate how it has unfolded, especially some of the comments Brent and others have said. Just so that I can understand, I am especially interested in the 90 percentile threshold. You know, one of the things I think for those of us who worry about the safety measure going away, especially the second one for me, is, you know, when you stop measuring it there is a tendency, right, to put your attention towards other things. So, it sounds like there is actually quite a bit of work to be done. And when I hear six to nine percent, I hear one in ten – one in 20 to one in ten still actually don't feel safe. And that seems like a lot to me, so I realize that this may be a glass half empty. But safety is such a profound measure, I worry about if we are not continuing to measure it, does that take our eye off of it for such a fundamental topic. I think it is also interesting it looks like for the addition measures there are similar sorts of questions being recommended and they seem even longer. And I know we will talk – we will have a general conversation before the vote, but, you know, this one seems much shorter, so less of a burden. We have been measuring it for a while so it would have tracking over time. And so, just, I guess I would love to hear those who I think made really compelling arguments for removal, just if you could react to that kind of concern that if we take our eye off of it, there is still not that – that assurance in place.

Patricia Rowan:

Thanks, Carolyn.

Let's go next to Raina.

Raina Josberger:

Thanks. I just want to clarify a comment that was mentioned that in the materials that we were given the person said that are there other related measures, and they flagged the HCBS CAHPS. So, as a state operationalizing the surveys, you can choose which survey to utilize as long as you are covering a majority of your population. So, a state wouldn't do the NCI-AD and the HCBS CAHPS. That's not required. So, having it in the other set wouldn't be a reason that you would delete it from the AD. Just I want to make sure that that was clear.

Carolyn Foster:

(Inaudible) Yeah, that's helpful for me.

Raina Josberger:

Okay.

Patricia Rowan:

Thanks, Raina.

Brent.

Brent Watkins:

I was just going to respond. So, I think to the point – I don't think we take our – our eye off the ball as it relates to safety. I think there are a lot of different measures that are looking at safety. We have in the

Access rule, there are measures about abuse and tracking abuse. There are measures around grievances and making sure that we are tracking grievances. So, in terms of, you know, just as someone that did quality assurance on a state level, I can tell you when there are measures that tend to be high, they get disregarded anyway. People, you know, they are looking to make changes, and I think that is what we are looking at is how can we – how do the measures help promote a change in behavior? And I think so long as the percentages stay high, which I suspect that they will, you are not going to see people compelled to make a change in the things that they are already doing. So, I guess that is how I respond to – to your question.

Carolyn Foster:

Thanks, Brent.

Patricia Rowan:

Tara.

Tara Giberga:

I just wanted to kind of piggyback or support what Brent just said. In kind of going back to the foundation of the reason for the Quality Measure Set being about outcomes. It's about measuring things that we can take action on. And it is not necessarily about holding on to things that we have always done because they are comfortable and we are performing well on them. I have concerns in general sometimes. That is human nature, we just do that. So, I would wholeheartedly agree with Brent that if we are performing in the nineties, we are not paying attention to doing anything different with it. It's just a metric that we are collecting to say we are collecting something. So that would be my concern about holding on to any measure like that (inaudible).

Patricia Rowan:

Thanks, Tara.

Let's go to Sarah.

Sarah Hoerle:

Yeah, you know, thanks for that. It is actually interesting because we are doing this survey right now in the field. And we have surveyors who alert us – alert the state – of unmet needs or – or things to this manner. And recently there was one where someone had taken their money. And we, as a state, we investigated that. And so I know it is kind of – it's not a – it's not a one off. We get quite a few kind of unmet needs or – or allegations that we then investigate, and I think that any of those allegations should be investigated. And even though we do a really good job and we are very high in our percentage, I have to agree with Carolyn that there is still a percentage that people don't feel safe, people are having their money used without their permission. And, you know, our job is to ensure the health and welfare of our participants. And so, this is something that I think really gets to the crux of that.

Patricia Rowan:

ShaRhonda?

ShaRhonda Sly:

Sarah, to that point I would say that is very clear evidence to me that the system is working. Right? If the survey found the need, the need was met at the person level, that likely also resulted in incident – an incident submission and health and safety assurance through there. My – my main concern from the perspective of someone who has also done this for a very long time is that when we try to measure everything, we can't really focus on true quality for anything because you are really – you are trying to do it all at one time and you just can't. So, I think it is a responsibility from the quality assurance perspective to make sure it is targeted and focused so we can truly make change throughout the system.

Patricia Rowan:

Brent?

Brent Watkins:

I appreciate what ShaRhonda said. I think that is spot on. The other thing I was going to say is as we develop, so I am thinking again from a state perspective, and as we are developing our – our state quality assurance goals, our key performance measures, one of the things that we look at is, again, where is there room for growth? And – and to be honest with you, if I started and had information and data about an area that we would want to focus on that was above 90%, I would never create a goal or something like that that already started at a – at a threshold that was above 90%. That just, to me, in terms of measuring quality or helping us to improve, that's not really going to be something that – then it just becomes maintenance. And it's not something we really pay attention to, again, as we have stated time and time again in this conversation. So, that's my biggest thing about these is that I think there are things that we could focus on, and again, these are supposed to be looked at every couple of years, right? So, removal of these doesn't mean that something down the line, if we don't have time or an opportunity to look at where we might look at more meaningful, you know, measures in the future as well, it just isn't going, you know. For right now, we have measures in the Access Rule that address things like abuse, and grievances, complaints, and that. So, I feel like it's not being neglected from a compliance standpoint. I just don't know that from a quality standpoint these really get us to where we want to go.

Patricia Rowan:

Thanks, Brent.

Tara?

Tara Giberga:

Just, again, to piggyback off the topic related to, you know, is it worth resources, etc., but just a reminder that we are talking about the federal Quality Measure Set. The CMS Quality Measure Set. These are measures that are still going to be included in this survey for state that are using it. We have similar situations with NCI-IDD that Pennsylvania uses for our IDD population. There are plenty of things that you take seriously that are questions just like this, related to this, that we have a whole process regarding collecting information when there are concerns that come up when somebody is being surveyed. And we have a process for taking action on this. So, that stuff is not going to go away. I think at hand today is, is this something that needs to be included in our – in our federal-level reporting? And I agree

wholeheartedly with Brent and others that I don't think this makes sense for us to focus on just generating a compliance number at the federal level for the Quality Measure Set.

Patricia Rowan:

Thanks, Tara.

Let's go back to Sarah.

Sarah Hoerle:

Yeah. No, and I definitely hear what – what you all are saying. I guess for the NCI-AD, though, if we remove all three of these, we are removing all of the measures for the Measure Set for NCI-AD on this topic. You know, we don't do CAHPS, so if we remove that, yes, we will still capture it on our state level. But on a federal level, we won't have that same kind of comparison. So, I guess that is where I am a little concerned about removing all three of these. And, also, you know, I get that we can't measure everything, but, man, some of these – these are pretty serious things I think that we should measure. And if we are going to go and start being like, well, we can only do this many measures, you know, I would – I would like to think that a measure around someone who feels safe around their support staff would – would rise to the top of that list.

Patricia Rowan:

Thanks, Sarah.

I am not seeing any more hands raised on the measures suggested for removal. I am going to pass it back to Deb to take us through the four measures that were suggested for addition in this domain. Deb?

Deborah Haimowitz:

Thanks, Tricia.

The four measures suggested for addition in this domain come from both the NCI-AD and RTC/OM surveys. The first measure is the NCI-AD Percentage of People in Group Settings Who Always Have Access to Food Measure. It asks respondents whether they can get something to eat or grab a snack anytime they want.

The next measure suggested for addition in this domain is the RTC/OM Feelings of Safety Around Others Measure which assesses whether a participant feels safe with different people in their life and if they receive enough support to take care of their needs.

The third measure suggested for addition is the RTC/OM Freedom From Experiences of Abuse and Neglect Measure, which is one of two measures in the RTC/OM instruments focused on abuse and neglect. This measure assesses a person's direct experiences of abuse and neglect within the past year.

The final measure suggested for addition is the RT/COM Knowledge of Abuse and Neglect and How to Report It measure is one of two measures in the RTC/OM survey focused on abuse and neglect. This measure assesses whether a participant knows what abuse or neglect is, and how to officially report the abuse or neglect if they experience it.

We will now invite discussion from the Workgroup members about the 4 measures suggested for addition in the Human and Legal Rights domain. I will now pass it back to Tricia to facilitate workgroup comment.

Patricia Rowan:

Thanks, Deb. I will open it up to Workgroup members for the four measures suggested for addition. I see ShaRhonda.

ShaRhonda Sly:

For the Access to Food measure, it makes sense from the perspective of trying to get at settings requirements, but when we look at the applicability and the population that we are left with in the end, I am not sure it's the amount of people that would apply to makes sense to add it. For RTC/OM my same comments I made yesterday still apply.

Patricia Rowan:

Thanks, ShaRhonda.

Other comments on the measures suggested for addition?

Tara.

Tara Giberga:

Hi. And, again, I follow suit with ShaRhonda. Maybe just reiterate some of the comments from previous. First, the NCA-AD measure presented to people in group settings, always have access to food. Just sharing the national results from the 22-23 survey was 81%. And the submitter talked about really kind of referencing multiple times that this was a compliance measure. And pointing back to the spirit of the Quality Measure Set is supposed to be outcomes focused, not compliance focused. So, in that space, I would tend to lean toward not adding because of that.

And then related to RTC/OM measures, going back to previous comment, just regarding concerns about (inaudible) at the provider level (inaudible), there are other quality measures that – measures that address some of these areas that are less burdensome. And then some of the items in the composites are not within control of HCBS providers or states which limits the ability to impact improvement.

Related specifically to the freedom from experiences of abuse and neglect, in reading through all of that material, I was kind of left feeling like this is highly sensitive and personal information. I don't – I was envisioning a surveyor asking all of these questions of somebody, and I just wasn't sure that I agreed with that approach as far as including it in a national set of measures that we are reporting on.

And then the last comment was regarding the knowledge of abuse and neglect and how to record it. I am going to say, and I have said this about some of the RTC/OM measures. I do like the measure but in general have concerns about the burden to collect at the provider level.

Patricia Rowan:

Thanks, Tara.

Raina.

Raina Josberger:

Thank you. Yes, I was just going to comment on the addition of the RTC, again just reiterating my comments from earlier that I don't think they meet the technical feasibility of A1 and A2 that they are measured at a statewide level. And the specs are not written to that statewide, they are written to that provider level.

Patricia Rowan:

Thanks, Raina.

Other comments on these measures? Tara, I still see your hand up. If there is more you wanted to add, feel free to unmute and continue.

Tara Giberga:

Nope, just forgot to put it down. I'm good.

Patricia Rowan:

No problem. All right.

Eric Carlson.

Eric Carlson:

I want to speak in favor of the access to food. I don't see how the existence of a regulation – the fact that it is a compliance, it's a regulation so there is some issue of regulatory compliance here, to me doesn't necessitate voting against it. It's a – it's a – yes, it's a regulatory requirement under the HCBS regulations. It's also something really important if you are – if you are living in a congregate residential setting. And I can't – contrary to what I have said about some of these other measures, I can see how that is actionable by someone in the state. It's a question that is focused on one particular identifiable issue, and if you, working for a state, get back a low number, then you know you have got a problem. And I can imagine something that you might do in response to that problem. So, I see that as a useful measure.

Patricia Rowan:

Thanks, Eric.

All right, I am not seeing any other hands raised from Workgroup members to comment on the measures suggested for addition. So, we will go into a public comment period for all of the measures suggested in the Human and Legal Rights Domain. That includes the three measures that are suggested for removal and the four measures suggested for addition. If members of the public want to make a comment, please raise your hand. We will unmute you. Please be sure to introduce yourself and your organizational affiliation and indicate which measure you are commenting on.

Let's start with Rosa. Could we unmute Rosa? Go ahead, Rosa.

Rosa Plasencia:

Rosa Plasencia with Advancing States. I wanted to share because we did have updated data since the specs were released. Through 22-23, I am speaking to the addition measure Percentage of People in

Group Settings Who Always Have Access to Food. It was 81%, but in 23-24 it was 87%, so that is a bit of a difference. But we wanted to note we are a little bit limited in this discussion by those that were suggested by addition and removal, and as stewards we would agree that it is likely you might want to look at other options looking at food security. We have two other questions for consideration in the future, which is if you have access to healthy food or ever have to skip meals, that states use in really meaningful ways. So, we wanted to share that context for those who may not know about other options on the – on the survey.

Patricia Rowan:

Thanks, Rosa.

Other comments from members of the public on any of the Human and Legal Rights measures?

Not seeing any raised hands. Any final comments from the Workgroup members on the measures in this domain before we move into voting?

All right. I am not seeing any hands raised for comments on these measures, so let's move into our last round of voting on measures suggested for addition and removal.

All right. We will start by voting on the removals. So our first vote here is:

Should the NCI-AD: Percentage of People Who Are Ever Worried for the Security of Their Personal Belongings Measure be removed from the HCBS Quality Measure Set?

The options are:

Yes, I recommend removing this measure.

Or:

No, I do not recommend removing this measure.

Voting is open.

All right. I think we are expecting 23 votes. I just see waiting on one more.

Thanks for your patience. We are just checking the list. It looks like Eric Levey, we don't have your vote on this one. Maybe we lost Eric. I don't see him in the attendee list.

All right. I think we – we're missing Eric, but I don't see him here, so I am going to assume he is unable to vote. So, let's go ahead, team, and lock the voting and share the results.

All right. Fifty-nine percent of the Workgroup voted yes. That is – does not meet our threshold for recommendation, so he NCI-AD: Percentage of People Who Are Ever Worried for the Security of Their Personal Belongings Measure is not recommended for removal from the HCBS Quality Measure Set.

Let's move on to the next vote.

Should the NCI-AD: Percentage of People Who Feel Safe Around Their Support Staff Measure be removed from the Quality Measure Set?

The options here, again, are:

Yes, I recommend removing.

Or:

No, I do not recommend removing the measure from the Quality Measure Set.

All right. We have the 22 votes that I think we can expect, so we will go ahead and close the vote.

This one, 41% of the Workgroup voted yes. That does not meet our threshold for recommendation. So, the NCI-AD: Percentage of People Who Feel Safe Around Their Support Staff Measure is not recommended for removal from the HCBS Quality Measure Set.

Next vote, please.

Our third vote is should the NCI-AD: Percentage of People Whose Money Was Taken or Used Without Their Permission in the Last 12 Months Measure be removed from the HCBS Quality Measure Set?

The options here are:

Yes, I recommend removing the measure.

Or:

No, I do not recommend removing the measure.

All right, we can go ahead and share the results.

Here 59% of the Workgroup voted yes. That does not meet our threshold for recommendation. So, the NCI-AD: Percentage of People Whose Money Was Taken or Used Without Their Permission in the Last 12 Months Measure is not recommended for removal from the HCBS Quality Measure Set.

Now we will move into voting on the measures suggested for addition.

And the first one is:

Should the NCI-AD: Percentage of People in Group Settings Who Always Have Access to Food Measure be added to the HCBS Quality Measure Set?

The options here are:

Yes, I recommend adding the measure to the Quality Measure Set.

Or:

No, I do not recommend adding the measure.

All right, I think we have the votes we are expecting. We can share the results.

Right. Fifty-five percent of the Workgroup voted yes. That does not meet our threshold for recommendation, so the NCI-AD: Percentage of People in Group Settings Who Always Have Access to Food Measure is not recommended for addition to the HCBS Quality Measure Set.

Next vote.

Should the RTC/OM: Feelings of Safety Around Others Measure be added to the HCBS Quality Measure Set?

The options here are:

Yes, I recommend adding the measure.

Or:

No, I do not recommend adding the measure.

I think here we will expect 21 votes because we have two recusals. We may just be missing. Oh, my team is correcting me. We are missing – we are expecting 20 votes. We have two recusals and Eric Levey is missing, so sorry about that. So, I think we can lock and share the results.

All right. Twenty-five percent of the Workgroup voted yes. That does not meet our threshold for recommendation, so the RTC/OM: Feelings of Safety Around Others Measure is not recommended for addition to the HCBS Quality Measure Set.

Next.

All right. The next vote is:

Should the RTC/OM: Freedom From Experiences of Abuse and Neglect Measure be added to the HCBS Quality Measure Set?

The options, again, are:

Yes, I recommend adding the measure.

Or:

No, I do not recommend adding the measure.

All right. We have the 20 votes we are expecting. We can share the results.

All right. Thirty-five percent of the Workgroup voted yes. That does not meet our threshold for recommendation, so the RTC/OM: Freedom From Experiences of Abuse and Neglect Measure is not recommended for addition to the HCBS Quality Measure Set.

And our final vote of the day.

Should the RTC/OM: Knowledge of Abuse and Neglect and How to Report It Measure be added to the HCBS Quality Measure Set?

The options here, again, are:

Yes, I recommend adding the measure.

Or:

No, I do not recommend adding the measure.

We are expecting 20 votes. We might just be missing one. There we go. All right. Let's go ahead and share the results.

Thirty percent of the Workgroup voted yes. That does not meet our threshold for recommendation, so the RTC/OM: Knowledge of Abuse and Neglect and How to Report It Measure is not recommended for addition to the HCBS Quality Measure Set.

All right. And with that, voting for this year's review process is complete.

We are going to move into the next and final component of our discussion today which is around gaps in the HCBS Quality Measure Set. Thank you for pulling back up the slides.

We would like to spend some time talking through with the Workgroup, and we will also have an opportunity for public comment here, on what everybody sees as potential gaps in the HCBS Quality Measure Set.

So, let's go to the next slide.

I know I mentioned this yesterday, but the approach that we will take for this discussion is to give each Workgroup member an opportunity to identify a measure gap area in the HCBS Quality Measure Set that they think is – is important or a priority. This information will both help CMS and also inform the call for measures for future HCBS Quality Measure Set review cycles.

We will start with doing a round robin of our Workgroup members who are present. And after that we will also provide an opportunity for public comment at the end of the discussion on gap areas.

So, let's go to the next slide.

Like I said, we will go around the virtual room in kind of the same order that we have folks on the roster that we used for the roll call this morning to hear from Workgroup members on a gap area that – in the current HCBS Quality Measure Set that could be addressed by a future public call for measures to strengthen and improve the Measure Set. You can also plus one a gap area mentioned by another Workgroup member.

So, to kick off our lightning round, I am going to start with you, ShaRhonda, and then we will follow the roster that is on the slide.

ShaRhonda Sly:

Okay. Thank you. So, because of the potential of HCBS Quality Measures changing biannually, I see gaps in states' abilities to fully prepare to report certain types of reporting measures. I recommend CMS

consider limiting Quality Measure Set reporting to items able to be collected through claims analysis and experience of care surveys. Other measures require state and program specific IT and operational changes which is costly and time consuming creating a gap for states' ability to keep up with what is needed to evaluate for readiness, implement needed changes, and maintain compliance with CMS reporting requirements.

We can see this challenge with the LTSS-1 and 2 measures. Preparation for reporting on LTSS-1 and 2 has been costly and time consuming for states, most of us being on an accelerated timeline due to being "money follows the person" program grantees. The Workgroup voted to remove LTSS-1 and 2. Should CMS implement the recommendation to remove, it essentially means that states' investments may not have been worth the funding and intensive resources invested to prepare for implementation.

Interrelated to that, complete loss of LTSS-1 and 2 standards I see recreating a gap that I believe they were intended to fill, which was setting minimal standards of expectation for assessment of person-centered service plans. Should CMS implement the recommendations to remove the Quality Measure Set reporting for One and Two, I recommend filling this gap through adding standards within program technical guidance, program-specific contracts, and application documents. CMS could set standards less stringent than LTSS-1 and 2 currently require and offer a menu of reporting options states could select from for routine, already in process, program-specific reporting. It could be fully integrated within the operational reporting mechanism's process and program systems we already have. It would meet the need and allow the investment CMS and states have made to implement LTSS-1 and 2 reporting to still be useful for program reporting and operations in the future.

Patricia Rowan:

Thanks, ShaRhonda.

Next we will go to Joe Caldwell.

Joseph Caldwell:

Yeah, I am going to say, you know, I think one of the biggest gaps is around family caregiver support. That was one of the domains (inaudible) framework, and we still don't have good measures there. It's a bit challenging, but, you know, I think a survey could be developed that, you know, could be in addition to NCI-AD that, you know, would really get the family caregivers' perspective about, you know, do they have the supports that they need such as respite, or, you know, training, or peer supports. And, you know, I think a lot of states would appreciate that. And if the – I just think it is a big gap right now. So that's what I would say.

Patricia Rowan:

Thanks, Joe.

All right. Next we will go to Eric Carlson. Oh, thanks, Team, for showing this. It helps me a lot.

Unidentified:

Will you just clarify how we are supposed to plus one? I'm sorry, I don't see how we are supposed to do that.

Patricia Rowan:

Oh, when we get – when we call on you, you can just say, oh, I agree with (inaudible).

Unidentified:

Oh, I get it. (Inaudible.)

Patricia Rowan:

Sorry about that.

Unidentified:

Thanks.

Patricia Rowan:

No, that's all right.

Eric Carlson, go ahead.

Eric Carlson:

I would suggest that there be more of a focus on managing significant healthcare needs of program participants. It is often said the HCBS is a non-medical model. I don't know if that is true these days that both in home and congregate residential settings, there are a lot of HCBS participants that in previous years would have been in nursing facilities. And part of it is that the didn't belong in nursing facilities to begin with ten years ago. But part of it also is that there is a greater ability to manage significant healthcare challenges in an HCBS environment. But I don't think, by and large, the Quality Measures address some of those concerns. I see that as a gap that deserves some thought.

Patricia Rowan:

Oh, sorry, guys. I was muted. Sorry.

Let's go to you, Carolyn.

Carolyn Foster:

Sure, thanks. I will plus one Joe's point about caregiving and also I really like Eric's point about the medical overlap. Those are very true, especially because a lot of HCBS services that pediatrician – pediatric patients get actually tend to be more skilled nursing because families often fill the gap for personal care.

So, I was going to say was obvious which is that there is a dearth of measures for patients under 18. Even for the measures, though, that do exist for the 18-plus, I think there is still a much-needed opportunity to validate versions that are in caregiver – family caregiver proxy voice for the 18 to 21. We have an increasing, rising population of children that are becoming adults, and we need to make those measures developed. And then, obviously, we are just missing the patients under 18. And I think for a lot of us, like most of the measures that we talked about today would be applicable. It's just about doing the work of adapting them. So, this idea we have to wait 15 years for new measures I don't think is needed. So, I

think there is just – I was asked by my community to make a plea to have a priority (inaudible) for that population. Even if they are small, they are needed and they are increasingly expensive and growing.

Patricia Rowan:

Thank you, Carolyn.

Let's go to Tara.

Tara Giberga:

I am going to actually suggest gaps. And you heard me say throughout these two days that there are some RTC/OM measures that we talked about that I really liked. And I think they are areas that (inaudible) that we need to look at. But we need to have a less burdensome way of doing that for states. And those measures, several I actually talked about at the time, was experience of seeking employment. But additionally I would say that system supports meaningful participant involvement is also an important one. As well as knowledge of abuse and neglect and how to report it. So, those three RTCOM measures I think we could figure out a less burdensome way to do it I think would fill important gaps.

Patricia Rowan:

Thanks, Tara.

Let's go to Sarah.

Sarah Hoerle:

Hey, yeah. So, as I said this morning, I think there is a gap with looking at employment with the current Quality Measure Set. And it might be pretty easy to do because there are quite a few questions on a number of the different consumer surveys that do reference employment, and, you know, do you have a job or do you want one, and things like that.

I would also like to echo what Carolyn said with the children, you know, there's it would be great. We have, you know, a number of states have kiddos who are on our HCBS waivers and having their voice and their satisfaction on their services and supports is really, really important. And I think that we should definitely be developing either new measures or adapting the measures that we currently are doing for the adults for the kiddos under 18.

Patricia Rowan:

Thank you, Sarah.

Let's go to Heleena.

Heleena Hufnagel:

Thank you. And want to echo what Sarah and Carolyn said. I do think it is important to recognize the breadth and diversity of the individuals who are really represented in this program, and I think there is an opportunity to continue to develop and fine-tune measures that are impactful for specific demographics. Some other examples like (inaudible) communities and (inaudible) who are utilizing this program. And,

yes, younger adults who, for me in my experience especially with pediatric hospital discharge, they are at a significant increased risk for disruption of services as they are transitioning to adult Medicaid.

And also just thinking about challenges for us, also, with CAHPS reporting, I think the current frequency and modality of collection has been a challenge for health plans to collect, and the results are not generally very actionable. And I think continuing to just explore opportunities to update the modality to include real-time feedback to really support our goal with timely engagement. And I think it would make these surveys more useful and meaningful to both plans and the states. Thank you.

Patricia Rowan:

Thanks, Heleena.

Let's go to Raina.

Raina Josberger:

Sure. So, suggestions I have is looking to utilize more outcome-based claims measure and really start to leverage a little bit more TMSIS data as much as possible, perhaps looking at, you know, ER use, something like that. Just trying to build off more claim usage. We have a lot of measures coming from the experience of care side, and just trying to get more of that to bring the medical in.

And then just building off a little bit of the conversation yesterday particularly around the MLLTS-1 measure. As a state that does have a comprehensive assessment instrument in play that has allowed us to develop many outcome-based quality measures, and I certainly understand the challenges other states are under when you don't have such a system and building that from the ground up. That certainly took us many years to get there. And I am not advocating for that because there is already a lot of state measurement that happens at the individual states' side looking at those outcomes, particularly around loneliness, the stability of people's ADDLs, their pain control, all those other outcome measures that are important for us to look at, but the challenges around that when we don't have one comprehensive assessment. And I just don't think that is possible. So, some of those outcomes, I think, can be looked at at a state level, does not necessarily need to be that federal level. But I would encourage the federal level to think more about that universal dataset of TMSIS and reduce that state burden.

Patricia Rowan:

Thank you, Raina.

Team, let's go to the next slide. And go next to Marci.

Marci Kramer:

Hello. There's a lot of things that I agree with. Minimum standards for assessments as well as abuse, neglect, and exploitation. Also using more outcomes-based claims data. One of the things that we look at as a managed care MCO is the success of our transitions into home and community-based settings and how long -how successful those efforts were. So, I think one of the things that we may be missing is transitions of care into the community, assessing that and making sure that our efforts to set people up in the community, make sure those efforts are successful. The way we measure in Pennsylvania on the LTSS

side is people that remain in the community six months or more post-transition. So, that is one thing that I don't think the measures address at this time.

Patricia Rowan:

Thank you, Marci.

Let's go to Cathy Lerza.

Cathy Lerza:

Hi. I agree with what ShaRhonda and Raina said in particular. I also believe it would be good to get to the point that there is a bank of measures that have been approved by CMS to use to demonstrate quality fulfillment of the federal HCBS regulations. In particular, I believe we need to be – to look at all of the waiver assurances and determine quality measures for each.

And then I also believe – so, we have some measures that cover – that currently cover a subset of the HCBS population but not – but then we need companion measures so that all of the populations are included. So, that is something that I think is important. I think it would also really be helpful to have, for each measure, to specify which – like a reference to the regulation it pertains to, to the population it covers, and then, again, to make sure that all of the populations, the HCBS populations, are covered by measures.

Patricia Rowan:

Thank you, Cathy.

I don't think we have Eric Levey back. Let's go to Morgan.

Morgan Loughmiller:

Hi. I think there – I agree with some of the things other folks have said. I agree that we should focus on some claims data. In Kansas we are in a (inaudible) first state, and I see a gap in a focus on work and employment. And also there is a gap in, like other people said, that focus on children. In Kansas we have multiple waivers for children, so I see that as a big – a big gap.

Patricia Rowan:

Thank, Morgan.

Eric Levey, I see you are back. Do you want to share what you see as a gap area?

Eric Levey:

Yeah. I am less familiar with how the HCBS measures have actually been used in the past. And when I look at the current measures and the ones that we discussed, it looks like, you know, there's the CAHPS, there's the NCI-AD, NCI-IDD, and the POMS, and I guess the MLTSS ones, too. And it's not clear to me, like, if these all become mandatory, how states will determine which ones they use or how the federal government will determine which ones we will use. And – and you would think that if you had a similar question in, say the NCI-IDD, that you would want to have basically the equivalent in the others. And so, there are some topics that seem to be part of the Measure Set that are in one but not in the other, but

people are saying, well, we would only administer one to each person. So, it seems like you are going to miss certain topics then depending on which measure set you are using. Or which survey you are using from the Measure Sets.

Patricia Rowan:

Thanks, Eric.

Let's see. We did Morgan. Do we have Joseph Macbeth? Is Joseph still here, or Joe still here? He might have dropped.

Joe, if you are here, feel free to raise your hand. We will make sure we get you back up to the panelist group.

In the meantime, Deborah I know also had to drop, so we will go to Delan.

Delandran Pillay:

Thanks, Tricia. I am going to second ShaRhonda's comment about the impact for systematic changes at the state level to be able to report out on these quality metrics. That coupled with CMS's ability to change the quality metrics every two years, I think that creates a huge gap in terms of being able to report out and then aggregate the data to show anything meaningful at the national level. So, I would consider (inaudible) the CMS level.

Patricia Rowan:

Thanks so much, Delan.

Let's go to Jason.

Jason Rachel:

So, I have realized there is, you know, there is a good amount of professional judgment and discretion in evaluating and meeting a member's needs. And as incentives shift, and states go from a Fee for Service to a managed care model, and then just layered on the complexities of meeting the needs of high-need individuals, or even maybe a kind of a medium-area individual, I think that sometimes we get it wrong. And that a look, and I don't know how, and that's not the ask, that's good, but a – some measures around the appeals process and ensuring that – that we get it right. And – and that when we don't, there is a process there for that to be reviewed and – and made right. So, I think that's my area.

And if I had a second, I would like to plus one Joe's family caregiver supports. I think the reality is – is that HCBS services, you know, they hinge upon the support of family caregivers and loved ones, and being able to support them in a real time dynamic way, because caregivers report stress associated with caregiver support, family caregiver support, is – it's not linear. And we need to be able to acknowledge that as a system, and be able to react to it and provide those resources when they are needed.

So, thank you. I will stop there.

Patricia Rowan:

Thanks so much, Jason.

Let's go to Dawn.

Dawn Rudolph:

Sure. Hi. Thanks so much for this opportunity. It has been such a great conversation listening to everybody.

I have a couple of plus ones. I want to plus one some employment. I want to plus one consumer involvement in the system. I really was excited to see that from RTC/OM. And I also, you know, Cathy's comments about companion measures for all populations. One that really pops out for me is the mental health support. I'm glad that we approved that for the Aging and Disability population, and that is something I see as a gap in the IDD population and others of all ages.

Thank you.

Patricia Rowan:

Thank you, Dawn.

Damon?

Damon Terzaghi:

I have a couple that I want to raise a little bit different than what has been discussed so far. First of all, when we look through that NQF report from 2016, there is a domain around workforce that is really noticeably absent from the HCBS Quality Measure Set. The focus on consumer-focused measures is, of course, so important, and I would never want to diminish the – the value of those quality measures. But given how much discussion there is nationally around workforce shortages and resulting gaps in care because of that, I really would encourage the adoption of some measures that start to look at ways to improve workforce or at least track what is happening with the workforce. And I know some of that has been started through the two NCI surveys, and including them in a national quality dataset would be, I think a huge step forward for that space.

The second thing is I think that it would be a good idea to start thinking more broadly about these measures beyond just kind of the 1915 programs. You know, there have been various references made to how they apply to the waiver assurances, which, again, is super important and I don't want to diminish. But when we kind of think back to the genesis of a lot of these measure sets, and read the, you know, the original State Medicaid Director letter, the idea really was to move beyond kind of this assurance-based compliance look at quality and truly focus on person-centered outcome measures. And I think that when you exclude things like, you know, 1905a24 personal care services, or A8 private duty nursing services, or A7 home healthcare services, you are really missing a substantial portion of the home and community-based services that these individuals have access to and receive. And so, I would really encourage future iterations to think about the person at the center and the services they receive rather than being constrained by the specific 1915 statutory authorities.

Patricia Rowan:

Thanks, so much, Damon.

Let's go to you, Renata.

Renata Ticha:

Yes, thank you. Thank you, everyone, for the discussions, the great feedback.

Maybe a little bit related to Damon's comments, I – I wanted to bring up the two approaches that seem to be present in this review to presenting the measures. Single-item measures versus composites. And, of course, you know, in addition to our RTC/OM measures, composite measures were some of the LTSS and CAHPS measures. And just, you know, a little word of caution for one-item measures. While they are very concrete, sometimes more actionable, they do introduce a lot of error in the data because the responses don't have the desired variability as – as some of the composite measures have. So, just thinking about some of the – more of the measure quality, psychomatic properties of those measures.

And then I wanted to also bring up some potential missed opportunities around the measurement at the state level which is extremely important for all the programs. And then collection of data at provider level. And collection of data at the individual level. That perhaps there is a better way to align some of those initiatives. Like, for example, in the school systems where the school-level data get aggregated at state level and then federal level. So, just thinking about various levels of data collection and whether there are some opportunities for synergies.

Thank you.

Patricia Rowan:

Yeah, thank you, Renata.

And now to Brent.

Brent Watkins:

Thank you for the opportunity to participate. It has been a robust conversation, and it has been an honor to be a part of it.

I think one of the things I wanted to say is really kind of a concern or a caution about these quality measures. And some of it is based on some experience, which is it still feels like several of these measures are more compliance based. And I will give you an example. So, particularly if you look at LTSS-1 and 2, those still feel really compliance based for me. For instance, you know, where we are talking about service plans being renewed, reviewed within 12 months and some of the components of it. We have been doing that in Oregon for a long time. And the problem is, is that by doing that the focus is – is specifically on trying to get the plan renewed. Which is important, right? We – if people don't have access to the plans, if it's not done on time, there's all sorts of ramifications for that. But more than that, are we focused on what is in the plan? Is it information that's – that the person had – that they participated in or contributed to? Did the change when the person needs to? Is it the same plan year to year? And that is what we are really trying to deal with now. If you look at Needs Assessment, are the things that are identified in Needs

Assessment, beyond being done annually and having certain components, are things that are identified written into plans? Do they reflect the person's needs? Those sorts of things aren't really reflected here, and I think they are just – I think that is more a measure of quality than simply whether or not there are certain components included and whether it was done within 12 months. And I think that is something to be looking at in the future.

Additionally, I would – I guess I will be a plus two at this point on there is a lack of information or – or eyes on the quality of employment experience that people have. Or access to employment. And what kind of access they have to employment. For people with intellectual and developmental disabilities, that's a huge issue. And employment is absolutely a huge indicator, I would say, of health. And the fact that we don't really address employment, I think is a significant concern to me.

And I would also give a plus one to transition services. And the need to maybe look at how those transitions happen for people and are they successful or not.

And then finally, the other thing I would say is maybe to think about – this is more along the lines of the ISP again, but – but really is the utilization of services. So, if people are approved and they have authorization for services, are those services actually being provided? So, I guess I will leave it at that.

So, those would be the things that I would say.

Patricia Rowan:

Thank you, Brent.

All right. And Amanda is not able to be here this afternoon.

So, we really appreciate the Workgroup's perspectives and feedback on those gap areas.

We do also want to create an opportunity for public comment on gap areas. So, Team, if we could go to slide 77, we will provide an opportunity for public comment on the gap areas. So, as we have typically been doing all day, if you are a member of the public and you would like to make a comment about gaps in the HCBS Quality Measure Set, please raise your hand. We will unmute you, and you can introduce yourself with your name and affiliation.

Okay, I see a hand from Brian McDade. Can we unmute Brian?

Go ahead, Brian.

Brian McDade:

I am Brian McDade, once again from the Cincinnati Department of Human Services, Office of Long Term Living, Bureau of Quality Assurance and Program Analytics. (Inaudible) with – specifically with our administration of the HCBS CAHPS Survey. (Inaudible) state-specific question. One of the things which we started doing was actually inquiring about dental care and dental services. I know, a lot of the questions, as discussed, with the Quality Measure Set are sometimes broad in regards to general primary care physician, whatnot. But I think there is also an opportunity to kind of see if there is ways we could hopefully explore like some specific areas like dental care. Because that is kind of a concern for our area because the fact of how simple oral hygiene care is very important (inaudible) as far as individuals' ability

to, you know, stay healthy, as far as like being able to eat nutritious foods and whatnot rather than foods that are just soft and sometimes not healthy for an individual.

So, I think that is a potential something for consideration. (Inaudible) I am so happy (inaudible) stated the increased insurance per se (inaudible) like the mental health care (inaudible) care as well. But also I think some of the areas like oral hygiene and dental health care is a potential opportunity as far as measuring for the quality.

Just a thought.

Patricia Rowan:

Thank you so much, Brian. We really appreciate your participation and engagement in the – the content. Thank you.

Other comments from members of the public on gap areas?

All right. I am not seeing any other hands raised, and I know we are almost at the end of our time together today. So, let's move on to the next slide.

We have sort of come to the end of our time together, so I want to provide a brief overview of the Workgroup recommendations and talk a little bit about next steps.

We'll go to the next one – the next slide.

So, I want to spend just a few minutes recapping the Workgroup's recommendations for the 2028 HCBS Quality Measure Set. So, over the last two days, the Workgroup discussed 39 measures, including 15 measures that were suggested for removal and 24 measures that were suggested for addition. As a reminder, in order to reach the threshold for recommendation for either removal or addition, a measure required a yes vote of at least two-thirds of the Workgroup members present for the vote. Thanks to everyone for managing through the voting technology in this virtual meeting environment.

Before I get into mentioning the results, I saw that we got a couple of questions, and I wanted to mention that yesterday we did have some folks who were absent from the meeting, and we did reach out to them and give them an opportunity to submit their votes. We never heard from them, so the results of the voting that we announced yesterday remain unchanged, and I will recap those here now.

All right. So, the Workgroup ended up voting to recommend adding four measures to the HCBS Quality Measure Set. One of those measures was from the NCI-IDD Survey, which was the Percentage of People Who Report That They Know Who to Talk to If They Want to Change Their Services.

The other three measures that were recommended for addition are from the NCI-AD Survey. And these are: Percentage of People Who Know Who to Contact if They Have a Complaint About Their Services, Percentage of People Who Have Access to Mental Health Services If They Want Them, and Percentage of People Who Have Needed Assistive Equipment and Devices.

So, those were the four measures that were recommended by the Workgroup for addition.

The Workgroup also recommended removing three measures. Those were the Fee for Service LTSS/MLTSS-1 Comprehensive Assessment and Update, Fee for Service LTSS/MLTSS-2 Comprehensive Person-Centered Plan and Update, and Fee for Service LTS/MTSS-3 Shared Person-Centered Plan With Primary Care Provider.

Those were the four measures recommended for addition and the three measures that were recommended for removal.

Let's go to the next slide.

So, as for next steps, CMS will be taking the lead on next steps, and we encourage folks to continue tuning in to CMS communication channels about next steps in the review process as CMS finalizes its decisions for which measures are included in the 2028 HCBS Quality Measure Set.

I would also like to take a moment to thank our Workgroup members. All of you were incredibly prepared and engaged with the material. You were flexible and patient as we worked through all of the technology. And the conversation was orderly, it was respectful, it was well informed, so I just really want to thank you all for your involvement and your engagement.

This is the first year of doing this – this review process, and so we really appreciate everybody's time and attention to the material.

With that said, since we don't really have a lot of time left, we're – we're going to skip our conversation on process improvements, but in the spirit of continuous quality improvement, like I said, since this was the first year of doing the review process, our team is very interested in feedback on how – how we can improve things that we could have changed to make the meeting more engaging or information you wished you had. So, Workgroup members, please keep your eyes open for a survey from our team. It will be just like a Google survey that we will send in the next couple of days to get your feedback and hep our team continue to improve for the next round.

And at this point, let's go to the next slide.

I want to give our co-Chair ShaRhonda also a huge shout out. ShaRhonda and Laney Bruno-Canhoto from Massachusetts have been our co-Chairs throughout this process, and they have been incredible partners to me and our team here at Mathematica. Laney, when we had to change the meeting dates, Laney had already a tropical vacation scheduled, so we hope he is having a great time and she wasn't able to be here. But I do want to give ShaRhonda an opportunity to share some closing remarks here before we adjourn.

ShaRhonda Sly:

Thank you. I would just like to say that I very much appreciate that everyone has taken so much time away to participate in this workgroup, and we are – we are working towards, you know, contributing to the future of our programs and figuring out the best ways to meaningfully impact people's lives. So, it has been a privilege to participate myself. I know I could say I have learned a lot. I have heard a lot of different perspectives that I will take away with me and help me with my day-to-day job in Ohio. So, just a big thank you.

Patricia Rowan:

Thanks so much, ShaRhonda.

And we will go to the next slide.

If you have any questions about the HCBS Quality Measure Set review process, you are always welcome to contact our team here at Mathematica. Our email address is here listed on this slide. We will also put it in the chat. It is HCBSQMSReview@mathematica-mpr.com. You can reach out to us anytime with questions or any feedback on the process.

We did get a question about whether or not the – we will be sharing a list of the recommendations. We are still working with CMS to determine how the outcomes of this meeting will be shared. So, stay tuned. Those of you who are registered for this meeting will be on our mailing list, so whatever come next, we will make sure that you get that information.

Next slide.

All right. Before we adjourn, I just want to express one additional thank you to our Workgroup members. I also want to say thank you to the measure stewards who participated today and yesterday. I really appreciate you all making the time and answering all of our technical questions, not only today and yesterday, but like over the last several months as our team here at Mathematica has been reaching out.

We also really appreciate all members of the public who attended and for your contributions to the discussion as well.

I also want to express my appreciation to the staff at CMS in the Division of Community Systems Transformation or DPST. They have been very helpful in working with us over the last several months to get this meeting off the ground.

And finally, just a special shout out to my team here at Mathematica. This meeting would not have been possible without them. You all cannot imagine the slack chat that we have got going on with all of the details to make sure that this runs smoothly. So, thank you to them.

And with this, I wish everyone well and am going to adjourn the 2028 HCBS Quality Measure Set Review Workgroup meeting.

Thanks, everybody, and take good care.