

QUALITY MEASURE REPORTING

for Money Follows the Person

The Centers for Medicare & Medicaid Services (CMS) recently issued guidance to Money Follows the Person (MFP) state grantees on requirements to report quality measures from the CMS home and community-based services (HCBS) quality measure set. Starting in 2026, these requirements will apply to all HCBS waivers that MFP grantee states operate (1915(c), 1915(i), 1915(j), 1915(k), and 1115 waivers).

While the subset of measures to be reported is still in development, CMS confirms that experience-of-care data from the HCBS Quality Measure Set will be included. The HCBS Quality Measure Set includes several National Core Indicators (NCI®) measures related to health, choice, access, person-centered planning, and more. These measures come from one or more of four approved surveys, including the National Core Indicators Intellectual and Developmental Disabilities (NCI®-IDD) In-Person Survey and the National Core Indicators Aging and Disability (NCI-AD™) Adult Consumer Survey.

To begin reporting in 2026 on data from 2025 and earlier, states should begin planning now to meet requirements. As states prepare their MFP budgets for the coming year, it is important to know that CMS has confirmed the quality measure reporting costs they can include in their supplemental funding, such as:

- Developing a quality management strategy and plan
- Conducting experience of care surveys, including technical assistance costs and vendor fees
- Collecting and analyzing data for measures constructed from claims and/or encounter data and assessment / case management records

See back for more details >>

SOLUTIONS FOR STATES

The NCI team—which includes expert personnel from National Association of State Directors of Developmental Disabilities Services (NASDDDS), ADvancing States, and Human Services Research Institute (HSRI)—is well positioned to support states to meet MFP quality reporting requirements. The team is in regular communication with CMS and is following closely the anticipated quality requirements in the forthcoming HCBS Access Rule. On the other side of this fact sheet you will find more information on NCI® as a solution for addressing CMS requirements. More details on NCI-IDD and NCI-AD are also available on the NCI website.

www.nationalcoreindicators.org

MEET WITH US

Do you have questions or would you like to share ideas? Join virtual office hours with NASDDDS and ADvancing States:

- Zoom: bit.ly/qualityreporting
- 3:30 – 4:30 p.m. ET
- Starting Monday, March 4; every other Monday thereafter

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ABOUT NCI

National Core Indicators-Intellectual and Developmental Disabilities (NCI-IDD) and National Core Indicators-Aging and Disabilities (NCI-AD) are collaborative initiatives from NASDDDS, ADVancing States, and Human Services Research Institute. Our flagship surveys—NCI-IDD In-Person Survey and NCI-AD Adult Consumer Survey—are federally approved data sources for Money Follows the Person (MFP) quality measure reporting (starting in 2026).

OUR HISTORY

Since 1997, 48 states and the District of Columbia have participated in NCI (currently or in the past).

OUR BELIEF

NCI collaborators share the belief that public human services are best improved by engaging people receiving services, their chosen families, and care providers.

OUR COMMITMENT

NCI partners with states to develop and implement survey tools that (1) assess quality of life and critical outcomes, and (2) address states' quality improvement and performance monitoring needs.



STRONG PARTNERSHIP

NCI partners with states to ensure surveys are relevant and responsive to states' goals. This partnership allows NCI to dwell within larger HCBS state and federal policy context and priorities.



CUSTOMIZED SUPPORT

NCI member states experience tailored support, including technical assistance; surveyor training; state-specific questions and reports; dissemination assistance; and facilitated state-to-state connections.



VERSATILE DATA USE

States own their data, allowing them to conduct analyses in addition to those they receive. States use their data in a variety of ways, including equity assessments, program design, performance incentives, reports to legislators, and quality improvement.



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