



Is your state a Money Follows the Person (MFP) grantee state? There are 41 states and territories that are MFP grantees. It is likely that your state is an [MFP grantee state](#).

Why does it matter? A [CMCS Informational Bulletin](#) issued on April 11, 2024 describes new Home and Community Based (HCBS) Quality Measure Set (QMS) reporting requirements for MFP Demonstration Grant recipients.

Which HCBS funded programs in my state are impacted by this requirement? To meet the mandatory reporting requirement, MFP grant states must report on a subset of the measures from the HCBS QMS for a sample of people receiving services from **ALL** Medicaid-funded HCBS under section 1915(c), (i), (j), and (k) authorities as well as section 1115 demonstrations that include HCBS

This requirement applies to **all enrollees** in the above-mentioned waivers regardless of participation in MFP. For example, if a state operates three (3) 1915(c) waivers and only one waiver has enrollees who accessed MFP funds, all 3 1915(c) waivers must meet the QMS reporting requirement. To reiterate, This requirement applies to **all** waivers (1915(c), (i), (j), and (k) authorities and 1115 waiver HCBS) and waiver enrollees in MFP states, not just enrollees who have received MFP funding.

For quality measures that allow for a statistically valid representative sample, states are not expected to survey all HCBS service recipients. States can design a sample to survey from their HCBS population so as to be able to report on the HCBS population as a whole. Because this requirement applies to all waiver enrollees in MFP states, there is no need to separate MFP recipients from the general waiver population for QMS sampling purposes.

For example, for the measures in the QMS that come from NCI-IDD In Person Survey (which allows for a statistically valid representative sample), states' sampling methodologies do not need to change from previous years.

What measures are included in the HCBS QMS for MFP grantee states?

The Experience of Care Measures, (NCI-IDD, NCI-AD, POM and CAHPS), are only one of the five measures in the mandatory HCBS QMS

1. **Experience of care survey(s)** for each major population groups included in the States HCBS's programs (specific measures to be determined) –states may use NCI-IDD, NCI-AD, CAHPS, and/or POM
1. **MLTSS-1 and FFS-1:** Comprehensive Assessment and Update
The number of Medicaid HCBS participants who had either of the following:
 - a. New participants: An LTSS comprehensive assessment, completed within 90 days of enrollment, containing all 10 core elements documented;

- b. Established participants: An LTSS comprehensive assessment, completed at least once during the measurement year, containing all 10 core elements documented.
2. **MLTSS-2 and FFS-2:** Comprehensive Person-Centered Plan and Update
 - a. The percentage of Medicaid HCBS participants who had an LTSS comprehensive person-centered plan with 10 core elements documented within 120 days of enrollment (for new participants) or during the measurement year (for established participants).
 - b. The percentage of Medicaid HCBS participants who had an LTSS comprehensive person-centered plan with 10 core elements and at least 4 supplemental elements documented within 120 days of enrollment (for new participants) or during the measurement year (for established participants).
3. **MLTSS-6 and FFS-6:** Admission to a Facility from the Community
 - a. The number of admissions to a facility among Medicaid MLTSS participants, aged 18 years and older, residing in the community for at least one month.
 - b. The number of short-term, medium-term, or long-term admissions is reported, per 1,000 participant months. Participant months reflect the total months each participant is enrolled in the program and residing in the community for at least one day of the month.
4. **MLTSS-7 and FFS-7:** Minimizing Facility Length of Stay
 - a. The proportion of admissions to a facility among Medicaid FFS LTSS participants, aged 18 years and older, that result in successful discharge to the community (community residence for 60 or more days) within 100 days of admission.
5. **MLTSS-8 and FFS-8:** Successful Transition after Long-Term Facility Stay
 - a. The proportion of long-term facility stays among Medicaid FFS LTSS participants, aged 18 years and older, that result in successful transitions to the community (community residence for 60 or more days).

For additional information regarding FFS -1 and FFS-2 core and supplemental elements and other mandatory measures in the HCBS QMS, please refer to the [Long-Term Services and Supports \(LTSS\) Quality Measures Technical Specifications and Resource Manual](#).

For the Experience of Care Survey portion, what surveys should my state use?

States can use the survey(s) of their choice to collect and report HCBS QMS data for all of their HCBS populations. For example:

- States can use the applicable NCI®-IDD measures in the measure set to demonstrate outcomes for adults receiving services through the state DD system.
- States can use the applicable NCI-AD™ measures in the measure set to demonstrate outcomes for older adult and persons with physical disabilities receiving services through the State Aging and Physical Disabilities System.

When and how will states report these data to CMS?

The data will be submitted to CMS by September, 2026.

For states using NCI-IDD and NCI-AD for the Experience of Care Survey portion, survey administration will occur during the 2024-25 data cycle to meet this date.

Upon approval from designated state representatives, the NCI-IDD and NCI-AD teams will submit the applicable data to CMS on the behalf of states.

If my state is an MFP state and already participates in NCI-IDD In Person Survey, what do I need to do?

If your state is participating in the NCI-IDD IPS for the 2024-25 data cycle, and your state's NCI-IDD IPS sample includes all HCBS programs in your state that are administered by the DD system, you do not need to do anything more **for the experience of care measures addressing the waivers within the DD system.**

We recommend connecting with your MFP coordinator to discuss the state's plans for reporting for all HCBS programs and ensure that the MFP coordinator is aware of the reporting requirements.

What are the NCI-IDD In Person Survey measures included in the QMS?

This document demonstrates the 2022-23 NCI-IDD IPS data on the NCI-IDD IPS measures that are currently included in the QMS. <https://idd.nationalcoreindicators.org/wp-content/uploads/2024/07/NCI-IDD-IPS-22-23-HCBS-quality-measure-set.pdf>

IMPORTANT: The data included in this PDF include people who do not receive HCBS. When future data are reported to CMS for purposes of the HCBS Quality Measure Set, the data will only include those receiving HCBS.

How is this requirement related to the Access Rule?

This requirement will be expanded to non-MFP states for reporting in 2028.

If you have any questions or need further assistance please do not hesitate to reach out to Laura Vegas at lvegas@nasddd.org or Dorothy Hiersteiner dhiersteiner@hsri.org