

Note to Money Follows the Person (MFP) Demonstration Grant Recipients: Updates to the Home and Community-Based Services (HCBS) Quality Measure Set (QMS) Reporting Requirements for the MFP Demonstration

Purpose

The purpose of this grant note is to inform Money Follows the Person (MFP) demonstration grant recipients about updates to the Home and Community-Based Services (HCBS) Quality Measure Set (QMS) reporting requirements for the MFP demonstration program. Specifically, it is to provide the list of mandatory experience of care survey measures for reporting in 2026 and to provide MFP grant recipients with additional flexibility on the timing of experience of care surveys.

Background

In 2022, the Centers for Medicare & Medicaid Services (CMS) updated the MFP demonstration program terms and conditions (PTC) to require MFP grant recipients to report on the HCBS QMS. On April 11, 2024, CMS released a Center for Medicaid and CHIP Services (CMCS) informational bulletin that described the HCBS QMS reporting requirements for MFP grant recipients.¹ In the informational bulletin, CMS indicated that MFP grant recipients are required to report, beginning in 2026, on the HCBS QMS every other year for all Medicaid-funded HCBS under section 1915(c), (i), (j), and (k) authorities, as well as section 1115 demonstrations that include HCBS. Reporting must include all eligible individuals receiving HCBS under these authorities (or a representative sample of eligible individuals if specified in the technical specifications for each measure). That is, reporting on the HCBS QMS is not limited to authorities under which MFP participants are currently receiving services, and it is not limited to MFP participants. Further, MFP grant recipients are expected to report in the aggregate across all of their HCBS programs, are not expected to report separately for each HCBS program, and are not expected to stratify the results for MFP participants.

For the initial reporting period, MFP grant recipients are expected to report on a subset of measures in the 2024 HCBS QMS.² As discussed in more detail below, they are required to conduct experience of care survey(s) for each of the major population groups (e.g., older adults, adults with intellectual and developmental disabilities, adults with physical disabilities, adults with serious mental illness) included in the state's or territory's HCBS programs. They are also required to report on two long-term services and supports (LTSS) assessment/case management record measures (LTSS-1 and LTSS-2) and three LTSS rebalancing measures that use administrative (i.e., claims and encounter) data (LTSS-6, LTSS-7, and LTSS-8). Table 1 lists the mandatory LTSS measures. At the MFP grant recipient's option, CMS can report on the administrative data measures (LTSS-6, LTSS-7, and LTSS-8) using data from the Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files.

¹ <https://www.medicaid.gov/federal-policy-guidance/downloads/cib04112024.pdf>

² The full list of measures in the 2024 HCBS QMS is available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib041124.pdf>.

Table 1: HCBS QMS Mandatory LTSS Measures for MFP Grant Recipients for 2026 Reporting

Measure Steward	Measure Name	Data Source/Data Collection Method	Delivery System
CMS	Managed LTSS (MLTSS)-1 and Fee-for-Service (FFS) LTSS-1: Comprehensive Assessment and Update	Case Management Record	FFS/MLTSS
CMS	MLTSS-2 and FFS LTSS-2: Comprehensive Person- Centered Plan and Update	Case Management Record	FFS/MLTSS
CMS	MLTSS-6 and FFS LTSS-6: Admission to a Facility from the Community	Administrative Data	FFS/MLTSS
CMS	MLTSS-7 and FFS LTSS-7: Minimizing Facility Length of Stay	Administrative Data	FFS/MLTSS
CMS	MLTSS-8 and FFS LTSS-8: Successful Transition after Long-Term Facility Stay	Administrative Data	FFS/MLTSS

Updates to 2026 HCBS QMS Reporting Requirements for MFP Grant Recipients

- ***Mandatory Experience of Care Survey Measures for 2026***

The HCBS QMS is designed to be used with one or more experience of care surveys to assess the experience of care of each of the major population groups referenced above included in the state’s HCBS program. The HCBS QMS includes measures derived from four surveys that assess the experience of care of one or more population groups included in HCBS programs. The surveys include the HCBS Consumer Assessment of Healthcare Providers and Systems (HCBS CAHPS®), National Core Indicators®-Intellectual and Developmental Disabilities (NCI-IDD), National Core Indicators-Aging and Disability™ (NCI-AD), and Personal Outcome Measures® (POM). CMS indicated in the April 11, 2024, informational bulletin³ describing the HCBS QMS reporting requirements for MFP grant recipients that specific experience of care survey measures required for reporting in 2026 had not yet been determined.

Based on feedback from measure stewards, states, and territories, CMS has identified experience of care survey measures in the following four domains for mandatory reporting by MFP grant recipients in 2026: community inclusion; person-centered care; safety; and transportation. The specific measures in each domain for HCBS CAHPS, NCI-AD, NCI-IDD, and POM are listed in Table 2.⁴

³ <https://www.medicaid.gov/federal-policy-guidance/downloads/cib04112024.pdf>

⁴ While only a subset of measures from each survey is required to be reported to CMS, MFP grant recipients are expected to field the entire survey(s) in order to meet the MFP reporting requirement.

Table 2: HCBS QMS Mandatory Experience of Care Survey Measures for 2026

Domain/Area	NCI-IDD	NCI-AD	HCBS CAHPS	POM
Community inclusion	NCI-IDD PCP-5: Satisfaction with Community Inclusion Scale NCI-IDD CI-1: Social Connectedness	NCI-AD: Percentage of people who are as active in their community as they would like to be	Community Inclusion and Empowerment Composite Measure	People live in integrated environments People participate in the life of the community
Person-centered care	NCI-IDD PCP-2: Person-Centered Goals	NCI-AD: Percentage of people whose service plan reflects their preferences and choices	Choosing the Services That Matter To You Composite Measure	People choose personal goals People realize personal goals
Safety	NCI-IDD HLR-1: Respect for Personal Space Scale	NCI-AD: Percentage of people who feel safe around their support staff	Personal Safety & Respect Composite Measure Physical Safety Single-Item Measure	People are free from abuse and neglect
Transportation	NCI-IDD CI-3: Transportation Availability Scale	NCI-AD: Percentage of people who have transportation to get to medical appointments when they need to NCI-AD: Percentage of people who have transportation when they want to do things outside of their home	Transportation to Medical Appointments Composite Measure	Not applicable ⁵

⁵ MFP grant recipients using a survey for which a mandatory experience of care survey measure is not identified in a specific domain are not required to report a measure for that domain.

- ***Amending the Performance Period for Experience of Care Survey Measures***

CMS indicated in the April 11, 2024, informational bulletin describing the HCBS QMS reporting requirements for MFP grant recipients that MFP grant recipients must report on the measures in the HCBS QMS beginning in the fall 2026 for the 2025 performance period. After discussions with states, territories, and measure stewards, CMS is modifying this requirement to provide MFP grant recipients with additional flexibility on the timing of experience of care surveys.⁶ Specifically, MFP grant recipients that conduct HCBS CAHPS and/or POM can field those surveys at any time during calendar year 2024 or 2025. MFP grant recipients that conduct NCI-AD and/or NCI-IDD can field those surveys during the 2024-2025 or 2025-2026 reporting cycles. This flexibility will allow MFP grant recipients that conduct multiple experience of care surveys (e.g., NCI-AD and NCI-IDD) to stagger the administration of the surveys.⁷ CMS plans to provide MFP grant recipients with similar flexibility on the timing of experience of care surveys for future reporting periods.

MFP Funding to Support Implementation and Use of the HCBS QMS

MFP grant recipients may use MFP administrative grant funding to fully cover the cost of implementing and using the HCBS QMS to assess quality and outcomes for Medicaid beneficiaries receiving HCBS, as well as to develop and implement the integrated quality management strategy and plan required under PTC 31. These costs may include, but are not limited to, costs associated with staff and contractors, survey vendors, and systems changes. MFP grant recipients should include these costs in their annual budget requests for supplemental funding.

CMS looks forward to its continued work with MFP grant recipients on the implementation of the HCBS QMS. Technical assistance is available to support MFP grant recipients with implementation of the HCBS QMS. To request technical assistance, please send an email to mfpdemo@cms.hhs.gov.

⁶ Please note that this flexibility applies to the timing of experience of care surveys and does not change the performance period for the other mandatory measures.

⁷ While MFP grant recipients that conduct multiple surveys can choose to field the surveys during the same reporting cycle, this flexibility will allow them to stagger the administration of the surveys by fielding one survey during one reporting cycle (e.g., 2024-2025) and another survey during the other reporting cycle (e.g., 2025-2026).