

Centers for Medicare & Medicaid Services  
Questions and Answers  
Long Term Services and Support Open Door Forum  
Tuesday, August 9, 2022

1. Question: You indicated that there are some measures that are available. Is this in the SMDL or is that in the [CMS.gov](https://www.cms.gov) Web site where we can review and if applicable, can apply to our waivers as well?
  - a. Answer: The State Medicaid Director Letter that we released includes the measure set. And it's actually included as an attachment in the SMDL letter. If you go to the State Medicaid Director Letter, you should be able to find it. And the specific SMDL number is 22-003. And you should be able to find it on [Medicaid.gov](https://www.Medicaid.gov) in a number of different ways. It should still be on the new and notable page on [Medicaid.gov](https://www.Medicaid.gov). There's a policy guidance page where it should be listed. And then we also have a dedicated Web page for HCBS quality activities and you can find it posted on there too.
2. Question: The Ohio Department of Developmental Disabilities. I was calling because we were thinking about moving to an every other year administration of the NCI in-person survey. And a lot of the measures reference that survey, so I'm wondering what your thoughts are on that kind of timeline for administration.
  - a. Answer: As far as the measure set goes, it is voluntary for a state to use. And so, if a state wants to use the measure set, they can use it based on the frequency that works best for them. I would suggest that if you want to use the measures to meet specific waiver reporting requirements that you connect with the folks at CMS and I'd be happy to help you with that if you need any assistance with it. But they're going to ultimately be the ones to determine whether a particular reporting frequency is sufficient to meet a specific reporting requirement. We have heard from a number of states about sort of a preferred frequency for (experience) of care surveys. And it's certainly not unusual for an every other year survey just because of some of the challenges and complexities with that, and the costs associated with it. But whether that is kind of - is sufficient to meet a specific waiver reporting requirement, I would definitely have to defer to my colleagues in the Division of Long Term Services and Support in the Medicaid and CHIP Operations Group for that.
3. Question: I'm calling because I was trying to find out, in regards to these measures who would be the responsible party for once they're actually officially implemented for oversight? Would that go to our Department of Health, or would that be from like the Office of Long Term Living, Department of Human Services. Trying to understand like the dynamics of where that would fall under for like automated purposes.

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- a. Answer: Would likely vary by state depending on how its quality measurement activities are implemented. What I would suggest is that this probably requires a more - a discussion with some additional folks from CMS. And so, I would reach out to your state lead or your HCBS lead and we'd be happy to provide technical assistance to the state.

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