

Centers for Medicare & Medicaid Services
Open Door Forum: Long Term Services and Support

Moderator: Jill Darling

August 9, 2022

1:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen only mode until the question and answer session of today's conference. At that time, you may press star 1 on your phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Jill Darling. Thank you. You may begin.

Jill Darling: Thank you, (Courtney). Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications. And welcome to today's Long Term Services and Support Open Door Forum. Before we get into our item on the agenda today, I have one brief announcement. This open door forum is open to everyone. But if you are a member of the press, you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you do have inquiries please contact CMS at Press@cms.hhs.gov. And I will now hand it off to Jen Bowdoin.

Jennifer Bowdoin: Thanks, Jill. And hi, everyone. My name is Jen Bowdoin. I am the Director of the Division of Community Systems Transformation. We are part of the Disabled and Elderly Health Programs Group in the Center for Medicaid and CHIP Services at CMS. It's nice to be with you all today. So I am very happy to talk with you all about a long-awaited State Medicaid Director Letter, or

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SMDL, which we recently released on July 21st. This SMDL which is number 22-003, made available the first official version of the Home and Community Based Services, or HCBS quality measure set.

The HCBS quality measure set is a set of nationally standardized quality measures for Medicaid-funded HCBS. And it's intended to promote more common and consistent use within and across states, of nationally standardized quality measures in HCBS programs. And it's also intended to create opportunities for CMS and states to have comparative quality data on HCBS programs, which in turn, will help to drive improvement in quality of care and outcomes for people receiving home and community based services.

The HCBS quality measure set is comprised of measures that assess quality across a broad range of domains identified as measurement priorities for HCBS. And these include access, long term services and supports rebalancing, community integration and setting compliance, health and safety, and person-centered planning.

And in the measure set we've included measures that rely on multiple different sources of information including claim-based measures, experience of care measures, and measures that require assessment or other beneficiary records, which will help to create a more complete picture of HCBS quality than a single type of measure can do on its own.

The State Medicaid Director Letter that we released provided a range of different information on the measures and the measure set. So in addition to the measures themselves, the State Medicaid Director Letter provided

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information on the purpose of the measure set, measure selection criteria, information on how we organize the measure set, considerations for states and others that are implementing the measure set, and how to use the measure set to promote equity and reduce disparities.

And it also included information on the measure steward and data collection method for each measure included in the measure set. The other thing that we did in the measure set, is we tried to clearly identify different areas that the measures would fall into. And so, for each measure we tried to identify whether any measure could be used to address any of the Section 1915(c) waiver assurances, and whether the measures could be used to assess things like access, long term services and support rebalancing, and community integration as defined in the HCBS settings final rule.

And then we also plan, as part of our work to support states and others with implementing the measure set, we plan to release a supplement to the measure set, which will provide additional technical details on the measures in the measure set. And that will include things like numerator and denominator, and other details that states and other entities that are using the measure set, that they'll need in order to be able to implement the measures.

So use of this measure set is voluntary at this time. However, we are strongly encouraging states to use the measure set in their HCBS quality measurement and reporting programs. And we also encourage states to use the measure set when selecting measures for specific purposes such as for evaluation plans for state-directed payment in managed care.

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Before I open up for your questions I wanted to just note a few additional things related to the measure set. So first, is that, you know, we really view the measure set as the first step towards promoting more standardization and quality measures in HCBS. We are looking at - for opportunities to incorporate use of the measure set into the reporting requirements for specific authorities and programs such as the Money Follows the Person Program, and Section 1115 demonstrations that include HCBS.

And we'll make more information available on those opportunities to the states that take advantage of those authorities and programs, as the information becomes available. In addition, as we note in the letter, we are planning to release a second guidance document that will describe how states can use the measure set as part of their HCBS quality measurement reporting and improvement activities, including to meet federal requirements for HCBS programs such as required reporting for Section 1915(c) waiver assurances and self-assurances.

The second thing I wanted to note, is that as you might be aware, in 2020 CMS released a request for information in which we sought public comment on a draft set of quality measures for Medicaid-funded HCBS. And the version we released through the RFI was an early draft of the measure set that we released in July. And so one of the things that you might have noticed if you had reviewed the earlier version of the measure set that we had released the RFI, is that we made substantial changes to the organization of the measure set in the final version that we released through the SMDL.

And we did this quite intentionally, based on stakeholder feedback on how to best support states with using the measure set. In fact, one of the things that I think is important to note, is that after we had received feedback through the RFI process, we continued to engage with a really broad group of stakeholders including states, managed care plans, consumer advocates, quality measure experts, researchers, other federal agencies and a number of others, in order to receive additional feedback on the measure set, and on opportunities to support states with using the measure set.

And one of the things that we really heard loud and clear from states and other stakeholders, is that if we want states and others to use a measure set, we really need to support them with using the measure set to meet existing quality measurement and reporting requirements under Medicaid HCBS authorities. And so based on that feedback, we made substantial changes to the organization of the measure set.

So it - for folks who are familiar or maybe not familiar with the version of the RFI, I can just remind you of a couple of things. One is that we had organized the measure set into a base set of measures and an extended set of measures. And the base set was comprised of - or intended to be comprised of a small number of measures that would be used in their entirety as a set of measures. And this was intended to promote widespread adoption upon the measures, and really create opportunities for comparative data.

And then the extended set was intended to be a larger number of measures that states and other entities could select from, to supplement the base set in order to address their own priorities and needs. And then the other way that we had

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planned to organize the measure set and we had organized it in the version released to the RFI, was according to 11 HCBS quality domains described in the National Quality Forum report from 2016.

And this organization was intended to help ensure that the measure set addresses a broad range in diverse areas, related to HCBS quality measurement priorities. And one of the things - so what you might have noticed in looking at the State Medicaid Director Letter, is that the measure set looks very different. And we did this largely because we realize that that previous organization of the measure set would have been very difficult for states to implement because it wasn't clear how the measures in the measure set, aligned with HCBS reporting requirements.

And so we essentially, even though we got a lot of positive feedback on the organization of the measure set in the version through the RFI, we've realized that organizing it by priority areas like access and identifying how measures could help to address specific waiver assurances and sub-assurances, was going to be more valuable for states and managed care plans and others, in actually being able to use the measure set.

So, when we release the technical supplement that I had mentioned earlier, one of the things we will note in it are things like whether a measure aligns with a particular National Quality Forum HCBS domain, so we won't lose that organization entirely. But we really wanted to and really tried very hard, to make the measure set as easy as possible for states to use. So I just wanted to explain a little bit about that organizational change for anyone who might

have been confused by why the measure set in the SMDL looks quite different than it did previously, than the draft did previously.

And then the last thing I wanted to note is just that we expect to update the measure set in the future. So we've gotten some questions about this - about things like well, what about measures that are in development or what about particular gap areas? And we recognize that there are some measures that are in development, that the field is evolving. And that there will be additional HCBS quality measures that become available over time. And so we do plan to update the measure set in the future.

We are mindful however, that we don't want to make changes so frequently that it becomes very difficult for states to use. And so we - at this point, we're still assessing what the frequency is that would best make sense to update the measure set. And both based on how frequently new measures will become available, but also taking into account the challenges that states and others might incur, in a measure set that is updated frequently.

And so we will have more information available on that in the future, including on any opportunity for stakeholder engagement and feedback on future iterations of the measure set. And so we do expect to have a process for that. We will expect to be regularly updating it and maintaining the measure set. And we will be sure to update our stakeholders about that process as we come to some decisions on that.

So with that, I would be happy to take any questions that you all have. So, Jill, I think we can open up for questions now.

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Jill Darling: Great. Thank you, Jen. (Courtney), will you please open the lines for Q&A?

Coordinator: Thank you. If you would like to ask a question, please press star 1 and record your name. If you need to withdraw your question, press star 2. Again, to ask a question, please press star 1.

Jill Darling: Do we have any questions in the queue?

Coordinator: Yes. We have a question from (Ellen). Your line is open.

(Ellen): Yes, hi. And as indicated, my name is (Ellen) from Nevada. I just have a question. You indicated that there are some measures that are available. Is that - 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?

Jennifer Bowdoin: So the State Medicaid Director Letter that we released includes the measure set. And it's actually included as an attachment in the SMDL letter. And so 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.

(Ellen): Okay. Thank you very much.

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Jennifer Bowdoin: You're welcome.

Coordinator: Our next question comes from (Jill). Your line is open.

(Jill): Hi. My name is (Jill). I'm calling from Ohio; 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. Thank you.

Jennifer Bowdoin: So, you know, 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, you know, they can use it, you know, based on the frequency that works best for them. You know, 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 do, you know, I will note though, 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

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of Long Term Services and Support and in the Medicaid and CHIP Operations Group for that.

(Jill): Okay. Thank you.

Jennifer Bowdoin: And while we're waiting to see if there are any other questions, one thing I will note, we have gotten some questions from some states and others, that have asked about funding and other opportunities associated with using the measures and the measure set. CMS is certainly available to provide technical assistance around opportunity for federal financial participation related to administrative costs and other things including opportunities for enhanced match or systems changes and things like that. And so we're happy to provide technical assistance if folks have questions about it.

We've also received some questions about whether states could use any of the funding available under American Rescue Plan Section 9817, to support implementation of the measures in the measure set. And the answer to that is absolutely, yes. And we would be happy to talk with states that are interested in integrating quality activities into their spending plans. And states have flexibility to make changes to those spending plans until the funds are fully expended. So, we're happy to provide (unintelligible) states have any questions related to that.

Coordinator: Our next question comes from (Rebecca). Your line is open.

(Rebecca): Hello. I'm (Rebecca) from Pennsylvania. And I'm calling because I was trying to find out, in regards to these measures who would be the responsible party

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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.

Jennifer Bowdoin: I think - I mean it's going to - it 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 and then we can, you know, we'd be happy to - or your HCBS lead and we'd be happy to provide technical assistance to the state.

(Rebecca): Thank you.

Coordinator: I'm showing no questions at this time.

Jill Darling: Okay. Jen, do you have any closing remarks?

Jennifer Bowdoin: I just wanted to just briefly thank everyone for their time today. And if states have any questions definitely reach out to CMS. Our contact information is in the State Medicaid Director Letter, but you can also definitely reach out to your state lead or to your HCBS lead if you have questions. And we're happy to provide any technical assistance that folks need in implementing the measure set, and in answering any questions that they have around - particularly around how to use the measure set to meet HCBS reporting requirements.

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So thank you so much. We really appreciate everyone's time today. And I look forward to continuing the engagement with our stakeholders on this topic.

Jill Darling: Thanks everyone for joining us today. If you do have any questions or comments, please feel free to use the email listed on the agenda, LTSS@cms.hhs.gov. Thanks everyone. Have a great day.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

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