



# Home and Community-Based Services (HCBS)

## Quality Measure Set Report Help File

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## Detailed Content Guidance for Entering State and Territory Data

**Questions** included in the Quality Measure Set Report are numbered and listed below in black text. **Definitions** of terms and **guidance** for reporting specific questions are indicated in this guide with a star (★) and **teal text**. For questions that are applicable to only some quality measures, this is indicated in this guide with a square (■) and **red text**.

### A. General Information

- ★ **Guidance:** General information provides readers with critical information about who to contact with questions about this report.
    1. Contact name
  - ★ **Definition:** The name or position for the person who CMS can contact with questions about this report.
    2. Contact email address
- ★ **Definition:** The email address for the person or position above, which can be a department or program-wide email address that multiple staff access.

### B. Required Measures

#### B.I. Required Measures for All States and Territories

Measure <sup>1</sup>	CMIT number	Steward	Collection method	Substitute measure (see guidance below)	Technical specifications to report the measure	Option for CMS to report on behalf of the state or territory
LTSS-1: Comprehensive Assessment and Update	#960	CMS	Case Management Record <sup>2</sup>	FASI-1: Identification of Person-Centered Priorities	NCQA/HEDIS CMS	No
LTSS-2: Comprehensive Person-Centered Plan and Update	#961	CMS	Case Management Record <sup>2</sup>	FASI-2: Documentation of a Person-Centered Service Plan	NCQA/HEDIS CMS	No
LTSS-6: Admission to a Facility from the Community	#20	CMS	Administrative	N/A	CMS	Yes
LTSS-7: Minimizing Facility Length of Stay	#968	CMS	Administrative	N/A	CMS	Yes

LTSS-8: Successful Transition after Long-Term Facility Stay	#414	CMS	Administrative	N/A	CMS	Yes
Experience of care survey(s) for each of the major population groups included in the state's HCBS programs <sup>3</sup>		Survey (CAHPS®, NCI®-IDD, NCI-AD™, POM®)	N/A	Experience of care survey-specific	No	

(CAHPS® = HCBS Consumer Assessment of Healthcare Providers and Systems, NCI®-IDD = National Core Indicators®-Intellectual and Developmental Disabilities, NCI-AD™ = National Core Indicators-Aging and Disability, POM® = Personal Outcome Measures®)

#### Notes

- <sup>1</sup> Each of the required LTSS measures is further divided by if the state or territory will report just the FFS LTSS version of the measure, the MLTSS version of the measure, or both the FFS LTSS and MLTSS versions of the measure in MDCT. Note that this does not align with how the measures are referred to in other documentation. For example, LTSS-1 is identified as MLTSS-1 and FFS LTSS-1: Comprehensive Assessment and Update in the LTSS Quality Measures Technical Specifications and Resource Manual and CMCS Informational Bulletins (CIBs). Additional information about the measure delivery methods is included below in Section E. Measure Delivery Methods.
- <sup>2</sup> Administrative data may be needed for participant sample identification.
- <sup>3</sup> The state or territory is required to implement experience of care survey or surveys for each of the major population groups included in the state or territory's HCBS program and report on the survey data.

- ★ **Guidance:** All states and territories with Money Follows the Person (MFP) grants must report the required measures included in Section B.I. Please refer to the [April 11, 2024 CMCS Information Bulletin titled Home and Community-Based Services \(HCBS\) Quality Measure Set \(QMS\) Reporting Requirements for MFP Demonstration Grant Recipients](#) for the list of 2026 HCBS QMS Mandatory Measures for MFP grant recipients.
- ★ For states and territories that indicate in MDCT that they will be reporting on the HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®), National Core Indicators®-Intellectual and Developmental Disabilities (NCI®-IDD), or National Core Indicators-Aging and Disability (NCI-AD™) experience of care surveys, those quality measures will be captured outside of the MDCT.
  - ★ States and territories that conduct the HCBS CAHPS® survey can report results to the database managed by the Agency for Healthcare Research and Quality (AHRQ); states and territories allowing sharing of survey results with CMS will meet the mandatory reporting requirement.
  - ★ For states and territories that conduct NCI-AD™, CMS plans to work with ADvancing States and the Human Services Research Institute (HSRI) to set up a process to obtain the survey results and avoid separate reporting to CMS.
  - ★ For states and territories that conduct NCI®-IDD, CMS plans to work with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and HSRI to set up a process to obtain the survey results and avoid separate reporting to CMS.
- ★ For states and territories that indicate in MDCT that they will be reporting on the Personal Outcome Measures® (POM®) Beneficiary Survey, those quality measures will also be

included in the Required Measures section. Guidance for reporting measures from the POM® Beneficiary Survey is included in Section B.II.

- ★ If a state or territory incorrectly indicates that it will be reporting on the POM® Beneficiary Survey when creating their Quality Measure Set Report and it will not be reporting those survey results, the state or territory will need to create a new report to correctly indicate that it will not report those survey results in the Quality Measure Set Report. Similarly, if a state or territory incorrectly selects that it will not be reporting on the POM® Beneficiary Survey when creating their Quality Measure Set Report and it will be reporting those survey results, the state or territory will need to create a new report to correctly indicate its use of the POM® Beneficiary Survey and intentions to report in the Quality Measure Set Report. In either instance, the state or territory will need to re-enter any data in the newly created report.

#### **B.I.a. Substitutes for Required Measures**

- ★ **Guidance:** States and territories have the option to use quality measures from the Functional Assessment Standardized Items (FASI) set as a substitute for select LTSS measures. For more information about the FASI set and its use in the HCBS Quality Measure Set, refer to the Functional Assessments and Quality Improvement page on Medicaid.gov: <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-quality/functional-assessments-quality-improvement>
- ★ FASI-1 can be used as an alternative to reporting LTSS-1, and FASI-2 can be used as an alternative to reporting LTSS-2.
  - a. Do you want to substitute FASI-1 for LTSS-1?
    - Yes
    - No
  - b. Do you want to substitute FASI-2 for LTSS-2?
    - Yes
    - No
- ★ **Guidance:** If the state or territory clicks “Substitute measure” and then selects “Yes” to substitute the measure, FASI-1 (FASI-2) will replace LTSS-1 (LTSS-2) in the list of Required Measures for the state or territory to report the measure results. Additionally, LTSS-1 (LTSS-2) will be moved to the list of Optional Measure Results that the state or territory may choose to report.
- ★ If a state or territory selects “Yes” by mistake, click “Substitute measure” again and select “Yes” to substitute the measure, which will revert back the required measure for reporting.
- ★ If a state or territory begins completing the measure results for either the LTSS measure or the FASI measure and chooses to substitute the measure, the draft measure results that the state or territory initially reported will remain. For example, if the state or territory begins to report on FASI-1 and then decides that LTSS-1 is a better option and chooses to “substitute measure,” the data initially entered into FASI-1 will remain in the Optional Measure Results section. To clear this data, be sure to click “Clear measure data” at the bottom of the individual measure’s Measure Information page.

## B.II. Required Measures for States and Territories Administering the POM® Beneficiary Survey

Measure	CMIT number	Steward	Collection method
POM®: People Live in Integrated Environments	#1822	CQL	Survey
POM®: People Participate in the Life of the Community	#1822	CQL	Survey
POM®: People Choose Services	#1822	CQL	Survey
POM®: People Realize Personal Goals	#1822	CQL	Survey
POM®: People are Free from Abuse and Neglect	#1822	CQL	Survey

Note: The CMIT Measure ID for all POM® measures is the same. There is a separate measure variation ID within the CMIT ID that can be used to further differentiate the measures, which is noted on the CMS Measure Inventory Tool at <https://cmit.cms.gov/cmit/#/FamilyView?familyId=1822>.

## C. Optional Measures

### C.I. Optional Measures for All States and Territories

Measure	CMIT number	Steward	Collection method
FASI-1: Identification of Person-Centered Priorities	#969	CMS	Record Review
FASI-2: Documentation of a Person-Centered Service Plan	#970	CMS	Record Review
HCBS-10: Self-direction of Services and Supports Among Medicaid Beneficiaries Receiving LTSS through Managed Care Organizations	#111	CMS	Case Record Management
LTSS-3: Shared Person-Centered Plan with Primary Care Provider	#963	CMS	Hybrid
LTSS-4: Reassessment and Person-Centered Plan Update after Inpatient Discharge	#962	CMS	Hybrid
MLTSS-5: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls	#1255	CMS	Hybrid
MLTSS: Plan All-Cause Readmission	#561	NCQA	Administrative

Note: Each of the optional LTSS measures—except MLTSS-5—is further divided by if the state or territory will report just the FFS LTSS version of the measure, the MLTSS version of the measure, or both the FFS LTSS and MLTSS versions of the measure. Additional information about the measure delivery methods is included below in Section E. Measure Delivery Methods.

## C.II. Optional Measures for States and Territories Administering the POM® Beneficiary Survey

Measure	CMIT number	Steward	Collection method
POM®: People Have the Best Possible Health	#1822	CQL	Survey
POM®: People Interact with Other Members of the Community	#1822	CQL	Survey

Note: The CMIT Measure ID for all POM® measures is the same. There is a separate measure variation ID within the CMIT ID that can be used to further differentiate the measures, which is noted on the CMS Measure Inventory Tool at <https://cmi.cms.gov/cmit/#/FamilyView?familyId=1822>.

## D. Measure Information

- ★ **Guidance:** States and territories should complete the measure information questions for each required measure and any optional measure for which they are reporting. Note that not every measure will include all of the measure information questions below; therefore, this section is divided into section D.I. Measure Information Applicable to All Measures and section D.II. Measure Information Applicable to Select Measures. For questions that are applicable to only some quality measures, this is indicated in this guide with a square (■) and red text.
- ★ While there is no save button, if a state or territory completes any of the information on the Measure Information page but doesn't complete every required field, MDCT will save the draft responses. Note that states and territories will not be allowed to submit the form without completing the required fields for all of the required measures.

### D.I. Measure Information Applicable to All Measures

1. Did you follow, with no variance, the most current Technical Specifications?
  - Yes
  - No
    - a. [If no] Please explain the variance.
- ★ **Guidance:** States and territories must attest that they have used the current version of the applicable technical specifications (see below in Section G. Resources for Reporting) to report the quality measures. If the state or territory did not consult the technical specifications, purposefully deviated from the technical specifications, or received guidance to report the measures in a way that does not align with the technical specifications, describe that information in this field.
2. Were the reported measure results audited or validated?
  - No
  - Yes
    - a. [If yes] Enter the name of the entity that conducted the audit or validation.
- ★ **Guidance:** States and territories are encouraged to audit or validate their reported measure results, on a voluntary basis. For example, if the state, territory, or contracted plan

uses a certified vendor for HEDIS certification; if the state or territory uses an External Quality Review Organization (EQRO) for external quality review of contracted plans; or if the state or territory validates its HCBS Quality Measure Set reported measures through another process, describe these processes in this field.

3. Additional notes/comments (optional)

- ★ **Guidance:** Responses may include information about populations that were excluded from the measure's calculations, known data quality issues with the state's or territory's data, or additional contextual information that CMS should consider when interpreting the state's or territory's reporting.

## D.II. Measure Information Applicable to Select Measures

4. Is the state reporting on this measure? (**■ Applicable to LTSS-6, LTSS-7, and LTSS-8 only**)

- Yes, the state is reporting on this measure
- No, CMS is reporting this measure on the state's behalf
  - *Warning: Changing this response will clear any data previously entered in this measure.*

- ★ **Guidance:** Money Follows the Person (MFP) Demonstration Grant Recipients may exercise the option for CMS to report on the LTSS administrative quality measures (LTSS-6, LTSS-7, and LTSS-8) using data from the Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files.
- ★ Select "Yes" if the state or territory will report on this measure and will not use CMS reported data.
- ★ Select "No" if the state or territory has opted for CMS to report this measure on the state's or territory's behalf.

5. What technical specifications are being used to report this measure? (**■ Applicable to LTSS-1, LTSS-2, LTSS-3, and LTSS-4 only**)

- National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS)
- Centers for Medicare & Medicaid Services (CMS)

- ★ **Guidance:** To support CMS monitoring and validation of state and territory reporting, states and territories should indicate which technical specifications were used to report the measure. The technical specifications for each measure are included below in Section G. Resources for Reporting. States and territories can indicate for each measure whether either the HEDIS or CMS technical specifications were used.

## E. Measure Delivery Methods

- ★ **Guidance:** States and territories will complete the measure delivery methods question for most measures. For questions that are applicable to only some quality measures, this is

indicated in this guide in red text.

1. Which delivery methods will be reported on for this measure? (■ Applicable to all measures except HCBS-10, MLTSS-5, and MLTSS: Plan All-Cause Readmission)
    - Fee-for-Service (FFS LTSS)
    - Managed Care (MLTSS)
    - Both FFS LTSS and MLTSS (separate)  
→ *Warning: Changing this response will clear any data previously entered in the corresponding delivery system measure results sections.*
- ★ **Guidance:** Select if the state or territory will report just the FFS LTSS version of the measure, the MLTSS version of the measure, or both the FFS LTSS and MLTSS versions of the measure.
- ★ State and territory reporting should align with the state's or territory's LTSS program and if the program is FFS only, MLTSS only, or a combination of FFS and MLTSS. State and territory reporting should also align with the Managed Long Term Services and Supports (MLTSS) Enrollment Report data on Medicaid.gov:  
<https://www.medicaid.gov/medicaid/managed-care/enrollment-report>. For instance, if a state or territory has both FFS LTSS and MLTSS enrollment, then the state or territory should report both the FFS LTSS and the MLTSS versions of the measure. If the state or territory believes that the MLTSS Enrollment Report data is incorrect and will not report the versions of the quality measure that align with the MLTSS Enrollment Report data, the state or territory should note that in the additional notes/comments (optional) question.
- ★ Depending on the state's or territory's selection of the delivery methods to be reported for each measure, the state or territory will need to edit one or two questions to enter its measure results. For measures that allow reporting for both the FFS LTSS and MLTSS delivery methods, editable questions to input measure results for each delivery method will be visible; however, one of the questions may be greyed out depending on the state's or territory's selection of the delivery method (i.e., if the state or territory selects that it will only report on the FFS LTSS delivery method for a specific measure, the MLTSS editable question to input measure results will be greyed out and the state or territory will not have the option to edit that question).

## F. Measure Results

- ★ **Guidance:** States and territories should complete the measure results questions for each required measure and any optional measure for which they are reporting.
- ★ While there is no save button, if a state or territory completes any of the information on the Measure Results page but doesn't complete every required field, MDCT will save the draft results. Note that states and territories will not be allowed to submit the form without completing the required fields for all of the required measures. Once a state or territory has completed all of the required fields on the Measure Results page, click "Complete section" at the bottom of the page. States and territories will still be able to edit the section until submitting the Quality Measure Report to CMS.

1. Which programs and waivers are included?
- ★ **Guidance:** To meet the mandatory reporting requirement, MFP grant recipients must report

on the HCBS QMS 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 (or a representative sample of eligible individuals) receiving HCBS under these authorities.

- ★ The control number for 1115 demonstrations and section 1915(b) and 1915(c) waiver authorities can be found on the State Waivers List webpage on Medicaid.gov:  
<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list>. Navigate to the state or territory authority in question, and the control number is displayed in parentheses after the state or territory and demonstration or waiver authority title (ex. the control number for “AL Community Waiver Program (1746.R00.00)” is 1746.R00.00). The control number for an 1115 demonstration is commonly called the “project number,” and the control number for a section 1915(c) waiver authority is commonly called a “waiver ID number.”
- ★ The control number for 1915(i), 1915(j), and 1915(k) state plan amendments (SPAs) can be found on the Medicaid State Plan Amendments webpage on Medicaid.gov:  
<https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments>. Navigate to the state or territory SPA in question, and the control number is displayed after the transmittal number, colon, and state or territory abbreviation (ex. the control number for “Transmittal Number: WY-25-0001” is 25-0001).

#### F.I. Performance and Exclusion Rates

- ★ **Definition:** Performance rates are reported to identify portions of the eligible population that meet the measure’s criteria, condition, or outcomes, which are defined by the measure’s specifications. Performance rates are reported as a ratio of the eligible population that met the measure’s numerator criterion to the total eligible denominator population included in the measure. Additional information about all of the measures can be found in the Measure Summaries document on Medicaid.gov:  
<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/measuring-and-improving-quality-home-and-community-based-services>.
- ★ **Definition:** Exclusion rates are reported to identify portions of the eligible population removed in the numerator for the performance rate. For example, Medicaid MLTSS participants have the right to refuse an assessment at any point following contact; plans might have difficulty contacting some participants eligible for inclusion in a measure’s population.
- ★ **Guidance:** States and territories should complete the performance and exclusion rates questions for each required measure and any optional measure for which they are reporting. Note that not every measure will include all of the measure results questions below; therefore, this section is divided by reporting that is applicable to each measure or group of measures.
- ★ For the LTSS measures, use the latest Long-Term Services and Supports (LTSS) Quality Measures Technical Specifications and Resource Manual for computing the performance rate(s) and exclusion rate(s) of each measure:  
<https://www.medicaid.gov/license/form/8586/3396>. Each measure includes the following sections in the technical specifications:
  - A. Description

- B. Definitions
- C. Eligible Population
- D. Specifications

- ★ For the FASI measures, use the latest measure summaries for computing the performance rate(s) of each measure: <https://www.medicaid.gov/license/form/8186/151011>. Alternatively, states and territories may reference the CMIT descriptions for each measure or the measure information from the Partnership for Quality Measurement's Submission Tool and Repository Measure Database:
  - ★ FASI-1:  
<https://cmit.cms.gov/cmit/#/MeasureView?variantId=5223&sectionNumber=1> and  
<https://p4qm.org/measures/3593>
  - ★ FASI-2:  
<https://cmit.cms.gov/cmit/#/MeasureView?variantId=5224&sectionNumber=1> and  
<https://p4qm.org/measures/3734>
- ★ For the survey measures, refer to the specifications for each experience of care survey applicable to the state's or territory's reporting (HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS)®, National Core Indicators®-Intellectual and Developmental Disabilities (NCI®-IDD), National Core Indicators-Aging and Disability (NCI-AD)™, Personal Outcome Measures (POM)®).
- ★ For HCBS-10, use the latest measure summaries for computing the performance rate(s) of each measure: <https://www.medicaid.gov/license/form/8186/151011>.
- ★ For MLTSS: Plan All-Cause Readmission, use the latest measure summaries for computing the performance rate(s) of each measure:  
<https://www.medicaid.gov/license/form/8186/151011>. Alternatively, states and territories may reference the CMIT description for the measure:  
<https://cmit.cms.gov/cmit/#/MeasureView?variantId=13284&sectionNumber=1>

#### F.I.a. ■ Reporting Applicable to LTSS-1, LTSS-2, LTSS-3, and LTSS-4

1. Performance Rates Denominator
  - ★ **Guidance:** States and territories will enter the performance rates denominator once, which will carry down to the Denominator field for the other performance rates.
  - ★ Report a whole number without any fractions or decimals in the field.
2. Performance Rate: {Name of rate component}
  - ★ **Guidance:** States and territories will need to report performance rates for different rate components which will vary depending on the measure. As an example, the rate components for the LTSS-2 performance rates are Performance Rate: Person-Centered Plan with Core Elements and Performance Rate: Person-Centered Plan with Supplemental Elements.
    - a. What is the 2028 state performance target?
      - ★ **Guidance:** Report a rate to the nearest hundredth in the field with a decimal point. States and territories can (but do not need to) report a leading zero before the decimal point (e.g., 0.80, which is the equivalent of 80%).

- ★ The 2028 state performance target will be used as an internal benchmark for the state's or territory's quality improvement efforts for the 2028 reporting year. MFP recipients will use the performance target when developing their Quality Management Strategy and Plan, as detailed in MFP Program Terms and Conditions #31 and in accordance with section 6071(c)(11)(A) of the Deficit Reduction Act (DRA).
- ★ For general guidance on setting goals and performance targets to improve HCBS quality, please refer to the Technical Assistance Brief "Improving Quality in Medicaid & CHIP Home and Community-Based Services: A Toolkit for State Quality Improvement Teams" *[link forthcoming]*.

b. Numerator

- ★ **Guidance:** Report a whole number without any fractions or decimals in the field.

c. Denominator

- ★ **Guidance:** The denominator field is auto-calculated using the Performance Rates Denominator. The field will be reported as a whole number without any fractions or decimals.

d. Rate

- ★ **Guidance:** The rate field is auto-calculated by dividing the Numerator by the Denominator. The field will be reported as a percentage with a decimal to the nearest tenth (e.g., 0.4, which is the equivalent of 40%).

3. Exclusion Rates Denominator

- ★ **Guidance:** States and territories will enter the exclusion rates denominator once, which will carry down to the Denominator field for the other exclusion rates.
- ★ Report a whole number without any fractions or decimals in the field.

4. Exclusion Rate: {Name of rate component}

- ★ **Guidance:** States and territories will need to report exclusion rates for different rate components which will vary depending on the measure. As an example, the rate components for the LTSS-2 exclusion rates are Exclusion Rate: Participant Could Not be Contacted and Exclusion Rate: Participant Refused Person-Centered Planning.

a. Numerator

- ★ **Guidance:** Report a whole number without any fractions or decimals in the field.

b. Denominator

- ★ **Guidance:** The denominator field is auto-calculated using the Exclusion Rates Denominator.

c. Rate

- ★ **Guidance:** The rate field is auto-calculated by dividing the Numerator by the Denominator. The field will be reported as a percentage with a decimal to the nearest



tenth (e.g., 0.4, which is the equivalent of 40%).

#### F.I.b. ■ Reporting Applicable to LTSS-6

##### 1. Performance Rate: {Name of rate component}

- ★ **Guidance:** States and territories will need to report performance rates for different rate components that will vary depending on the measure. As an example, the rate components for the LTSS-6 performance rates are Performance Rates: 18 to 64 Years, Performance Rates: 65 to 74 Years, Performance Rates: 75 to 84 Years, and Performance Rates: 85 years or older.
  - a. Denominator {Name of rate component}
    - ★ **Guidance:** States and territories will enter the rate component denominator once, which will carry down to the Denominator field for the other rates for that rate component.
    - ★ Report a whole number without any fractions or decimals in the field.
  - b. What is the 2028 state performance target for {Name of rate component}?
    - ★ **Guidance:** Report a rate per 1,000 participant months to the nearest hundredth in the field with a decimal point (ex. 10.32, which is the equivalent of 10.32 per 1,000). If the rate is less than 1 per 1,000 participant months, states and territories can (but do not need to) report a leading zero before the decimal point (ex. 0.80, which is the equivalent of 0.80 per 1,000).
    - ★ The 2028 state performance target will be used as an internal benchmark for the state's or territory's quality improvement efforts for the 2028 reporting year. MFP recipients will use the performance target when developing their Quality Management Strategy and Plan, as detailed in MFP Program Terms and Conditions #31 and in accordance with section 6071(c)(11)(A) of the Deficit Reduction Act (DRA).
    - ★ For general guidance on setting goals and targets to improve HCBS quality, please refer to the Technical Assistance Brief "Improving Quality in Medicaid & CHIP Home and Community-Based Services: A Toolkit for State Quality Improvement Teams" [[link forthcoming](#)].
  - c. Numerator: {Name of rate component}
    - ★ **Guidance:** Report a whole number without any fractions or decimals in the field.
  - d. Denominator {Name of rate component}
    - ★ **Guidance:** The denominator field is auto-calculated using the Denominator {Name of assessment}. The field will be reported as a whole number without any fractions or decimals.
  - e. {Name of rate component} Rate
    - ★ **Guidance:** The rate field is auto-calculated by dividing the Numerator by the Denominator multiplied by 1,000. The field will be reported as a number with a decimal to the nearest tenth (e.g., 4.3, which is the equivalent of 4.3 per 1,000).

#### F.I.c. ■ Reporting Applicable to LTSS-7 and LTSS-8

1. What is the 2028 state performance target?
  - ★ **Guidance:** Report a rate to the nearest hundredth in the field with a decimal point. States and territories can (but do not need to) report a leading zero before the decimal point (e.g., .80, which is the equivalent of 80%).
  - ★ The 2028 state performance target will be used as an internal benchmark for the state's or territory's quality improvement efforts for the 2028 reporting year. MFP recipients will use the performance target when developing their Quality Management Strategy and Plan, as detailed in MFP Program Terms and Conditions #31 and in accordance with section 6071(c)(11)(A) of the Deficit Reduction Act (DRA).
  - ★ For general guidance on setting goals and targets to improve HCBS quality, please refer to the Technical Assistance Brief "Improving Quality in Medicaid & CHIP Home and Community-Based Services: A Toolkit for State Quality Improvement Teams" [[link forthcoming](#)].
2. Count of Successful {Discharges/Transitions} to the Community
  - ★ **Guidance:** Report a whole number without any fractions or decimals in the field.
3. {Facility admission/stay} Count
  - ★ **Guidance:** Report a whole number without any fractions or decimals in the field.
4. Expected Count of Successful {Discharges/Transitions} to the Community
  - ★ **Guidance:** Report a whole number without any fractions or decimals in the field.
5. Multi-Plan Population Rate (optional)
  - ★ **Guidance:** If applicable, report a rate to the nearest hundredth in the field with a decimal point. States and territories can (but do not need to) report a leading zero before the decimal point (e.g., .80, which is the equivalent of 80%).
    - a. If applicable, please explain why you did not report a multi-plan population rate (optional)
6. Observed Performance Rate for {Minimizing Length of Facility Stay/Successful Transition after Long-Term Facility Stay}
  - ★ **Guidance:** The Observed Performance Rate field is auto-calculated by dividing the Count of Successful {Discharges/Transitions} to the Community by the {Facility admission/stay} Count. The field will be reported as a percentage with a decimal to the nearest hundredth (e.g., .75, which is the equivalent of 75%).
7. Expected Performance Rate for {Minimizing Length of Facility Stay/Successful Transition after Long-Term Facility Stay}
  - ★ **Guidance:** The Expected Performance Rate field is auto-calculated by dividing the Expected Count of Successful Discharges to the Community by the {Facility admission/stay} Count. The field will be reported as a percentage with a decimal to the nearest hundredth (e.g., .75, which is the equivalent of 75%).

8. Risk Adjusted Rate for {Minimizing Length of Facility Stay/Successful Transition after Long-Term Facility Stay}

- ★ **Guidance:** Calculate the Risk Adjusted Rate field by dividing the Expected Performance Rate for {Minimizing Length of Facility Stay/Successful Transition after Long-Term Facility Stay} by the Multi-Plan Population Rate. Report a percentage with a decimal to the nearest hundredth (e.g., 0.75, which is the equivalent of 75%).

**F.I.d. ■ Reporting Applicable to FASI-1, FASI-2, and Measures from the POM® Beneficiary Survey**

1. Performance Rate: {Name of rate component}

- ★ **Guidance:** States and territories will need to report performance rates for different rate components that will vary depending on the measure. As an example, the rate component for the FASI-1 performance rate is Performance Rate: Participant who has Identified at Least as Many Total Personal Priorities as Functional Needs in the Areas of Self-Care, Mobility, or IADL.

a. What is the 2028 state performance target?

- ★ **Guidance:** Report a rate to the nearest hundredth in the field with a decimal point. States and territories can (but do not need to) report a leading zero before the decimal point (e.g., 0.80, which is the equivalent of 80%).
- ★ The 2028 state performance target will be used as an internal benchmark for the state's or territory's quality improvement efforts for the 2028 reporting year. MFP recipients will use the performance target when developing their Quality Management Strategy and Plan, as detailed in MFP Program Terms and Conditions #31 and in accordance with section 6071(c)(11)(A) of the Deficit Reduction Act (DRA).
- ★ For general guidance on setting goals and targets to improve HCBS quality, please refer to the Technical Assistance Brief "Improving Quality in Medicaid & CHIP Home and Community-Based Services: A Toolkit for State Quality Improvement Teams" [[link forthcoming](#)].

b. Numerator

- ★ **Guidance:** Report a whole number without any fractions or decimals in the field.

c. Denominator

- ★ **Guidance:** The denominator field is auto-calculated using the Performance Rates Denominator. The field will be reported as a whole number without any fractions or decimals.

d. Rate

- ★ **Guidance:** The rate field is auto-calculated by dividing the Numerator by the Denominator. The field will be reported as a percentage with a decimal to the nearest tenth (e.g., 0.4, which is the equivalent of 40%).

**F.I.e. ■ Reporting Applicable to MLTSS-5 and MLTSS: Plan All-Cause Readmission**

1. Performance Rates Denominator

- ★ **Guidance:** States and territories will enter the performance rates denominator once, which will carry down to the Denominator field for the other performance rates.
- ★ Report a whole number without any fractions or decimals in the field.

2. Performance Rate: {Name of rate component}

- ★ **Guidance:** States and territories will need to report performance rates for different rate components that will vary depending on the measure. As an example, the rate components for the MLTSS-5 performance rates are Performance Rate: Falls Risk Assessment and Performance Rate: Plan of Care for Falls.

a. What is the 2028 state performance target?

- ★ **Guidance:** Report a rate to the nearest hundredth in the field with a decimal point. States and territories can (but do not need to) report a leading zero before the decimal point (e.g., 0.80, which is the equivalent of 80%).
- ★ The 2028 state performance target will be used as an internal benchmark for the state's or territory's quality improvement efforts for the 2028 reporting year. MFP recipients will use the performance target when developing their Quality Management Strategy and Plan, as detailed in MFP Program Terms and Conditions #31 and in accordance with section 6071(c)(11)(A) of the Deficit Reduction Act (DRA).
- ★ For general guidance on setting goals and targets to improve HCBS quality, please refer to the Technical Assistance Brief "Improving Quality in Medicaid & CHIP Home and Community-Based Services: A Toolkit for State Quality Improvement Teams" [[link forthcoming](#)].

b. Numerator

- ★ **Guidance:** Report a whole number without any fractions or decimals in the field.

c. Denominator

- ★ **Guidance:** The denominator field is auto-calculated using the Performance Rates Denominator. The field will be reported as a whole number without any fractions or decimals.

d. Rate

- ★ **Guidance:** The rate field is auto-calculated by dividing the Numerator by the Denominator. The field will be reported as a percentage with a decimal to the nearest tenth (e.g., 0.4, which is the equivalent of 40%).

3. Exclusion Rates Denominator (**Reporting applicable to MLTSS-5 Part 2 only**)

- ★ **Guidance:** States and territories will enter the exclusion rates denominator once, which will carry down to the Denominator field for the other exclusion rates.
- ★ Report a whole number without any fractions or decimals in the field.

4. Exclusion Rate: {Name of rate component}

★ **Guidance:** States and territories will need to report exclusion rates for different rate components which will vary depending on the measure. As an example, the rate component for the MLTSS-5 exclusion rate is Exclusion Rate: Participant Refused Risk Assessment.

a. Numerator

★ **Guidance:** Report a whole number without any fractions or decimals in the field.

b. Denominator

★ **Guidance:** The denominator field is auto-calculated using the Exclusion Rates Denominator.

c. Rate

★ **Guidance:** The rate field is auto-calculated by dividing the Numerator by the Denominator. The field will be reported as a percentage with a decimal to the nearest tenth (ex. 0.4, which is the equivalent of 40%).

**F.I.f. ■ Reporting Applicable to HCBS-10**

1. Performance Rate: {Name of rate component}

★ **Guidance:** States and territories will need to report performance rates for different assessments which will vary depending on the measure. As an example, the assessments for the HCBS-10 performance rates are Performance Rates: Self-Direction Offer and Performance Rates: Self-Direction Opt-In.

a. Denominator ({Rate Component Performance Rate})

★ **Guidance:** States and territories will enter the performance rates denominator once, which will carry down to the Denominator field for the other performance rates.

★ Report a whole number without any fractions or decimals in the field.

b. What is the 2028 state performance target for {Name of rate component}?

★ **Guidance:** Report a rate to the nearest hundredth in the field with a decimal point. States and territories can (but do not need to) report a leading zero before the decimal point (e.g., 0.80, which is the equivalent of 80%).

★ The 2028 state performance target will be used as an internal benchmark for the state's or territory's quality improvement efforts for the 2028 reporting year. MFP recipients will use the performance target when developing their Quality Management Strategy and Plan, as detailed in MFP Program Terms and Conditions #31 and in accordance with section 6071(c)(11)(A) of the Deficit Reduction Act (DRA).

★ For general guidance on setting goals and targets to improve HCBS quality, please refer to the Technical Assistance Brief "Improving Quality in Medicaid & CHIP Home and Community-Based Services: A Toolkit for State Quality Improvement Teams" [\[link forthcoming\]](#).

- c. Numerator: {Name of rate component}
  - ★ **Guidance:** Report a whole number without any fractions or decimals in the field.
- d. Denominator ({Name of rate component})
  - ★ **Guidance:** The denominator field is auto-calculated using the Performance Rates Denominator. The field will be reported as a whole number without any fractions or decimals.
- e. {Name of rate component} Rate
  - ★ **Guidance:** The rate field is auto-calculated by dividing the Numerator by the Denominator. The field will be reported as a percentage with a decimal to the nearest tenth (e.g., 0.4, which is the equivalent of 40%).

## G. Resources for Reporting

Multiple resources to support state and territory reporting of the HCBS Quality Measure Set have been referenced throughout this guide. Those resources and other helpful resources can be found below.

### G.I. Measure Specifications

- FASI-1, 2: [Home and Community-Based Services \(HCBS\) Quality Measure Set Measure Summaries](#)
  - Alternatively, states and territories may reference the CMIT descriptions for each measure or the measure information from the Partnership for Quality Measurement's Submission Tool and Repository Measure Database:
  - FASI-1:  
<https://cmit.cms.gov/cmit/#/MeasureView?variantId=5223&sectionNumber=1> and  
<https://p4qm.org/measures/3593>
  - FASI-2:  
<https://cmit.cms.gov/cmit/#/MeasureView?variantId=5224&sectionNumber=1> and  
<https://p4qm.org/measures/3734>
- HCBS-10: [Home and Community-Based Services \(HCBS\) Quality Measure Set Measure Summaries](#)
- LTSS-1, 2, 3, 4, 6, 7, 8: [License Agreements 2024 LTSS Quality Measures Technical Specifications and Resource Manual and Value Sets](#)
- MLTSS: Plan All-Cause Readmission: [Home and Community-Based Services \(HCBS\) Quality Measure Set Measure Summaries](#)
  - Alternatively, states and territories may reference the CMIT description for the measure:  
<https://cmit.cms.gov/cmit/#/MeasureView?variantId=13284&sectionNumber=1>
- POM® Beneficiary Survey: [Home and Community-Based Services \(HCBS\) Quality Measure Set Measure Summaries](#)



## G.II. CMCS Informational Bulletins (CIBs) Related to the HCBS Quality Measure Set

- [July 21, 2022 State Medicaid Director \(SMD\) letter titled Home and Community-Based Services Quality Measure Set](#)
- [April 11, 2024 CIB titled Home and Community-Based Services \(HCBS\) Quality Measure Set \(QMS\) Reporting Requirements for Money Follows the Person \(MFP\) Demonstration Grant Recipients](#)
- [April 11, 2024 CIB titled 2024 Home and Community-Based Services \(HCBS\) Quality Measure Set \(QMS\)](#)

## G.III. Other Resources Related to the HCBS Quality Measure Set

- [CMS Measure Inventory Tool for the POM® measures](#)
- [Functional Assessments and Quality Improvement](#)
- [Home and Community-Based Services \(HCBS\) Quality Measure Set Measure Summaries](#)
- [Managed Long Term Services and Supports \(MLTSS\) Enrollment Report](#)
- [Medicaid State Plan Amendments](#)
- [State Waivers List](#)