



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 in the Medicaid Data Collection Tool (MDCT)

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 ¹	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 ²	FASI-1: Identification of Person-Centered Priorities	NCQA/HEDIS CMS	No
LTSS-2: Comprehensive Person-Centered Plan and Update	#961	CMS	Case Management Record ²	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:	#968	CMS	Administrative	N/A	CMS	Yes

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Minimizing Facility Length of Stay						
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 ³			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

- ¹ 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.
- ² Administrative data may be needed for participant sample identification.
- ³ The state or territory is required to implement an 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
FAI-1: Identification of Person-Centered Priorities	#969	CMS	Record Review
FAI-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 with a square (■) and 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§ionNumber=1> and <https://p4qm.org/measures/3593>
 - ★ FASI-2:
<https://cmit.cms.gov/cmit/#/MeasureView?variantId=5224§ionNumber=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): <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): <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§ionNumber=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 rate component}. 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., 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](#)].
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., 0.80, which is the equivalent of 80%).
 - ★ If applicable, please explain why you did not report a multi-plan population rate in the additional notes/comments field.
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., 0.75, 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/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., 0.75, 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: Fall or Problems with Balance or Gait Evaluation, 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 rate components which will vary depending on the measure. As an example, the rate components for the HCBS-10 performance rates are Performance Rates: Self-Direction Offer and Performance Rates: Self-Direction Opt-In.

a. Denominator ({Name of rate component})

★ **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§ionNumber=1> and <https://p4qm.org/measures/3593>
 - FASI-2:
<https://cmit.cms.gov/cmit/#/MeasureView?variantId=5224§ionNumber=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§ionNumber=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](#)

Home and Community-Based Services (HCBS) Quality Measure Set (QMS) Quality Improvement (QI) Reporting Form

INSTRUCTIONS

All Money Follows the Person (MFP) grant recipients must complete and submit this Quality Improvement (QI) Reporting Form to the Centers for Medicare & Medicaid Services (CMS) to document the completion of QI strategies aligned with the HCBS Quality Measure Set (QMS). Grant recipients must submit this form by [\[insert due date\]](#) to [\[insert submission portal or email address\]](#). Please see the accompanying Help File for additional guidance regarding how to complete each section of this form. Questions about this form or requests for technical assistance may be directed to [\[HCBSQuality@cms.hhs.gov\]](mailto:HCBSQuality@cms.hhs.gov).

BACKGROUND

The HCBS QMS is a set of nationally standardized measures for Medicaid-funded HCBS. The HCBS QMS is intended to promote more common and consistent use of nationally standardized quality measures in HCBS programs, create opportunities to have comparative quality data on HCBS programs, and drive improvement in quality of care and outcomes for people receiving HCBS.¹

Regulations require that beginning in July 2028, all states report on the HCBS QMS every other year, establish performance targets for each mandatory measure in the HCBS QMS, and describe the QI strategies that they will pursue to achieve the performance targets.² MFP grant recipients are required to report on the HCBS QMS, establish performance targets, and develop QI strategies for meeting the performance targets beginning in Fall 2026.³

This QI Reporting Form is intended to capture information about MFP grant recipients' QI targets and strategies. CMS will use this information to assess MFP grant recipients' progress toward improving HCBS quality, identify opportunities for support, and inform future guidance and policy development.

¹ [CMCS Informational Bulletin, April 11, 2024 – 2024 Home and Community-Based Services Quality Measure Set.](#)

² [42 CFR 441.311\(c\)\(1\)\(iii\).](#)

³ [CMCS Informational Bulletin, April 11, 2024 – HCBS QMS Reporting Requirements for MFP Demonstration Grant Recipients.](#)

SECTION A. REPORTING INFORMATION

1. State / Territory Name

[insert short text field]

2. Reporting Period

[insert short text field]

3. Lead Agency/Division Responsible

Identify the lead state agency or division responsible for the strategy.

[Enter response here]

4. Submitter Name & Contact Information

Provide name, title, and email of the primary point of contact for follow-up regarding this QI Reporting Form submission.

Name: [Click to enter name]

Title: [Click to enter title]

Email: [Click to enter email address]

5. Submission Date

[Click to select MM/DD/YYYY]

SECTION B. QI STRATEGY OVERVIEW

1. QI Strategy Title

[Enter response here]

2. Start Date

Enter projected start date for future strategies or enter past start date for strategies in progress.

Date: [Click to select MM/DD/YYYY]

3. Projected End Date

Enter projected end date or select “Not applicable” if the strategy will be ongoing without a set end point.

Date: [Click to select MM/DD/YYYY]

☐ Not applicable

4. Summary of the QI Strategy

Provide a concise description of the objective, population of focus, and the issue/opportunity this QI strategy addresses (2-4 sentences).

[Enter response here]

SECTION C. SELECTED MEASURES AND TARGETS

1. Selected HCBS Quality Measure Set Measures

Select the HCBS QMS measures in the table below that are related to this QI strategy and indicate the baseline value, baseline measurement period, performance target value, and performance target timeframe for each selected measure. In the baseline value field, MFP grant recipients should report the performance rate value submitted as part of their reporting on the HCBS QMS in fall 2026. In the baseline measurement period, MFP grant recipients should report the month(s) and year(s) for which the baseline value represents. In the performance target value field, MFP grant recipients should report the 2028 state performance target value submitted as part of their reporting on the HCBS QMS in fall 2026. The performance target timeframe should be 2028. The baseline value and performance target value for the LTSS and POM measures can be found in the Medicaid Data Collection Tool (MDCT). For MFP grant recipients that report on NCI-IDD, NCI-AD, and/or HCBS CAHPS, the baseline value and the performance target value are captured outside of MDCT. MFP recipients will need to coordinate internally to input the reported value in this section. In the “Notes on Relevance” column, provide 1-2 sentences about why this measure was selected.

APPLICABLE TO THIS QI STRATEGY?	MEASURE NAME	BASELINE PERFORMANCE VALUE	BASELINE MEASUREMENT PERIOD	PERFORMANCE TARGET VALUE	PERFORMANCE TARGET TIMEFRAME	NOTE ON RELEVANCE
☐	LTSS-1: Comprehensive Assessment and Update					[Click or tap here to enter text]
☐	LTSS-2: Comprehensive Person-Centered Plan and Update					[Click or tap here to enter text]
☐	LTSS-6: Admission to a Facility from the Community					[Click or tap here to enter text]

HCBS QMS Quality Improvement (QI) Reporting Form

APPLICABLE TO THIS QI STRATEGY?	MEASURE NAME	BASELINE PERFORMANCE VALUE	BASELINE MEASUREMENT PERIOD	PERFORMANCE TARGET VALUE	PERFORMANCE TARGET TIMEFRAME	NOTE ON RELEVANCE
☐	LTSS-7: Minimizing Facility Length of Stay					[Click or tap here to enter text]
☐	LTSS-8: Successful Transition after Long-Term Facility Stay					[Click or tap here to enter text]
☐	NCI-IDD PCP- 5: Satisfaction with Community Inclusion Scale					[Click or tap here to enter text]
☐	NCI-IDD CI-1: Social Connectedness					[Click or tap here to enter text]
☐	NCI-IDD PCP- 2: Person- Centered Goals					[Click or tap here to enter text]
☐	NCI-IDD HLR- 1: Respect for Personal Space Scale					[Click or tap here to enter text]
☐	NCI-IDD CI-3 Transportation Availability Scale					[Click or tap here to enter text]

HCBS QMS Quality Improvement (QI) Reporting Form

APPLICABLE TO THIS QI STRATEGY?	MEASURE NAME	BASELINE PERFORMANCE VALUE	BASELINE MEASUREMENT PERIOD	PERFORMANCE TARGET VALUE	PERFORMANCE TARGET TIMEFRAME	NOTE ON RELEVANCE
☐	NCI-AD: Percentage of people who are as active in their community as they would like to be					[Click or tap here to enter text]
☐	NCI-AD: Percentage of people whose service plan reflects their preferences and choices					[Click or tap here to enter text]
☐	NCI-AD: Percentage of people who feel safe around their support staff					[Click or tap here to enter text]
☐	NCI-AD: Percentage of people who have transportation to get to medical appointments when they need to					[Click or tap here to enter text]

HCBS QMS Quality Improvement (QI) Reporting Form

APPLICABLE TO THIS QI STRATEGY?	MEASURE NAME	BASELINE PERFORMANCE VALUE	BASELINE MEASUREMENT PERIOD	PERFORMANCE TARGET VALUE	PERFORMANCE TARGET TIMEFRAME	NOTE ON RELEVANCE
☐	NCI-AD: Percentage of people who have transportation when they want to do things outside of their home					[Click or tap here to enter text]
☐	HCBS CAHPS: Community Inclusion and Empowerment Composite Measure					[Click or tap here to enter text]
☐	HCBS CAHPS: Choosing the Services That Matter To You Composite Measure					[Click or tap here to enter text]
☐	HCBS CAHPS: Personal Safety & Respect Composite Measure					[Click or tap here to enter text]
☐	HCBS CAHPS: Physical Safety Single-Item Measure					[Click or tap here to enter text]

HCBS QMS Quality Improvement (QI) Reporting Form

APPLICABLE TO THIS QI STRATEGY?	MEASURE NAME	BASELINE PERFORMANCE VALUE	BASELINE MEASUREMENT PERIOD	PERFORMANCE TARGET VALUE	PERFORMANCE TARGET TIMEFRAME	NOTE ON RELEVANCE
☐	HCBS CAHPS: Transportation to Medical Appointments Composite Measure					[Click or tap here to enter text]
☐	POM: People live in integrated environments					[Click or tap here to enter text]
☐	POM: People participate in the life of the community					[Click or tap here to enter text]
☐	POM: People choose personal goals					[Click or tap here to enter text]
☐	POM: People realize personal goals					[Click or tap here to enter text]
☐	POM: People are free from abuse and neglect					[Click or tap here to enter text]

SECTION D. QI STRATEGY

1. Description of the QI Strategy

Describe the planned intervention(s), relevant partners, populations affected, and the rationale for the strategy (1-2 paragraphs).

[Enter response here]

2. Key Activities and Timeline

Add additional rows as needed.

ACTIVITY	EXPECTED COMPLETION DATE
	[Click to select MM/DD/YYYY]
	[Click to select MM/DD/YYYY]
	[Click to select MM/DD/YYYY]
	[Click to select MM/DD/YYYY]
	[Click to select MM/DD/YYYY]
	[Click to select MM/DD/YYYY]
	[Click to select MM/DD/YYYY]
	[Click to select MM/DD/YYYY]
	[Click to select MM/DD/YYYY]

HCBS QMS Quality Improvement (QI) Reporting Form

SECTION E. MONITORING AND EVALUATION

1. Monitoring Approach

Briefly describe the tracking used to monitor progress toward the performance target (250-300 words).

[Enter response here]

2. Evaluation Summary

Briefly describe the strategy's success criteria, data sources, and frequency of review (250-300 words).

[Enter response here]

3. Strategy Success

For strategies that have concluded, using the evaluation summary above, describe if the strategy was successful (250-300 words).

[Enter response here]

4. Future Action

For strategies that have concluded, based on results, will the strategy be scaled, adapted, continued as-is, or discontinued? Provide a short rationale (250-300 words).

[Enter response here]

CERTIFICATION

I certify that the information provided is accurate to the best of my knowledge.

Name: [Click to enter name]

Title: [Click to enter title]

Date: [Click to select MM/DD/YYYY]

PRA Disclosure Statement

Placeholder



Home and Community-Based Services (HCBS) Quality Improvement (QI) Reporting Form Help File

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PRA STATEMENT

Detailed Content Guidance for Entering Data

Questions included in the Quality Improvement (QI) Reporting Form are numbered and listed below in black text. The HCBS QI Toolkit is another resource states can use to support the Reporting Form's completion; this Help File identifies the specific modules within that Toolkit that speak to individual reporting elements on the QI Reporting Form. **Definitions** of terms and **guidance** for reporting specific questions are indicated in this guide with a star (★) and teal text.

A. QI Initiative Overview

- ★ **Guidance:** This section introduces the state's QI initiative and establishes its foundational context. States should provide a clear and concise summary of the initiative's aim, the population(s) and service settings involved, and the Medicaid authorities or programs to which the initiative applies. This information helps the Centers for Medicare & Medicaid Services (CMS) understand the scope and focus of the QI initiative and how it aligns with the HCBS Quality Measure Set (QMS). Use this section to set the stage for the more detailed planning and implementation components that follow. Refer to Module 1 of the HCBS QI Toolkit for guidance on defining QI aims, identifying drivers of change, and aligning with federal expectations.
- 3. QI Initiative Title
 - ★ **Guidance:** Enter a concise title that reflects the primary aim or focus of the QI initiative. Titles should be specific enough to distinguish the initiative from other efforts and may reference the targeted HCBS quality measure(s), population, or service setting.
 - *Example:* "Improving Timeliness of Person-Centered Plan Updates for Adults with Physical Disabilities in Managed Care."
- 4. Overview of QI initiative
 - ★ **Guidance:** Provide a high-level summary of your QI initiative. Include (1) the problem or opportunity addressed, (2) the target population(s), (3) the setting(s) of care or delivery systems involved, and (4) the primary drivers of change.
 - Refer to Module 1 and Module 3 of the HCBS QI Toolkit for examples of how to define the aim and identify drivers.
 - *Tip:* Consider using a logic model or driver diagram to support this section. See Toolkit Module 4 for examples.
- 5. Relevant Authorities and Programs
 - ★ **Guidance:** Select all applicable Medicaid authorities and programs that the QI initiative addresses. This may include: section 1915(c) waiver programs, section 1915(i) state plan HCBS benefit, section 1915(j) self-directed personal assistance services (PAS) option, section 1915(k) Community First Choice option, section 1115 demonstrations, and/or the



Money Follows the Person (MFP) demonstration.

- Reference CMS's [Authority Comparison Chart](#) for guidance on what kinds of quality reporting and improvement responsibilities are associated with each authority type.

B. State-specific information

- ★ **Guidance:** This section captures administrative and contextual details about the QI Reporting Form submission. States should enter basic identifying information, including the name of the state, submission date, reporting period, and point of contact. This section also documents the lead agency responsible for the initiative and whether the submission is an original or a resubmission. These details support CMS in tracking submissions, following up with states, and ensuring alignment with reporting timelines and requirements.
1. State Name
 - ★ **Guidance:** Select your state from the drop-down menu. This field is used to identify the submitting entity and link the QI initiative to the appropriate Medicaid program.
 2. Reporting Period Covered
 - ★ **Guidance:** Select the reporting period that aligns with your QI initiative. For MFP grant recipients, this will typically reflect the [XXXX] performance period, reported in Fall XXXX. Refer to CMS guidance on HCBS QMS reporting timelines for clarification.
 - See Appendix A of the Toolkit for links to relevant CMS Informational Bulletins.
 3. Point of Contact
 - ★ **Guidance:** Provide the name, title, email, and phone number of the primary contact for this submission. This individual should be able to respond to CMS inquiries and provide additional documentation or information if needed.
 4. Lead Agency/Division Responsible
 - ★ **Guidance:** Identify the state agency or division leading the QI initiative. This may be the Medicaid agency, a division overseeing HCBS programs, or a cross-agency QI team.
 5. Date Submitted
 - ★ **Guidance:** Enter the date the QI Reporting Form is submitted to CMS. Use the format MM/DD/YYYY.
 6. Version/Resubmission Indicator (if applicable)
 - ★ **Guidance:** Indicate whether this submission is an original or a resubmission. If resubmitting, briefly note the reason (e.g., updated data, revised goals, corrected errors).
 - *Example:* "Resubmission - updated SMART goals and baseline data following stakeholder feedback."

C. QI Initiative Components

- ★ **Guidance:** This section should provide a comprehensive description of the state's QI initiative, including team structure, stakeholder engagement, data analysis, goals, interventions, and evaluation plans. States should describe how they identified performance gaps, selected metrics, developed SMART goals, and designed interventions to address quality issues. This section also includes fields for documenting baseline data, monitoring strategies, and plans for scaling or adapting interventions. Use the HCBS QI Toolkit to guide your responses—especially Modules 2–6, which cover data use, goal setting, intervention design, monitoring, and continuous improvement.

1. QI Team Composition and Roles

- ★ **Guidance:** Describe the members of your QI team and their roles. Include clinical, operation, data, and lived experience perspectives. A strong team reflects the complexity of HCBS and includes voices from across systems and populations.
 - Refer to Module 1 of the Toolkit for guidance on building multidisciplinary teams and defining core roles.
 - *Tip:* Use the QI Team Readiness Checklist in the Toolkit to assess your team structure and engagement.

2. Beneficiary and Partner Engagement

- ★ **Guidance:** Explain how people receiving HCBS, caregivers, and advocacy groups were engaged in shaping the QI initiative. Also describe external partners (e.g., housing, aging, disability services, managed care plans) and how collaboration supported the initiative.
 - Note, Module 1 of the Toolkit provides strategies for encouraging meaningful stakeholder engagement, including stipends, plain language materials, and accessible meeting formats.

3. Data Strategy

- ★ **Guidance:** Summarize your team's approach to collecting, interpreting, and validating data. Include how performance gaps were identified and how data will be used to guide decisions.
 - See Module 2 of the Toolkit for guidance on interpreting data, identifying gaps, and assessing data quality.

a. Initial Performance and Gaps

- ★ **Guidance:** Describe initial performance for the targeted population(s) and identify gaps between initial outcomes and desired goals. Include any disparities revealed through stratified analysis.
 - Module 2 of the Toolkit outlines methods for identifying performance gaps using benchmarks, historical trends and qualitative feedback.
 - *Example:* "Initial performance on LTSS-2 was 63%, with a 17-point gap to the 80% target. Rural areas show lower performance than urban areas."

b. Data Sources and Quality

- ★ **Guidance:** List primary data sources (e.g., claims, case management systems, surveys) and describe how data quality was ensured (accuracy, completeness, timeliness).

- Refer to Module 2 of the Toolkit for more details on common data sources and criteria for assessing data quality.
- *Tip:* Document any known limitations and plans to improve data reliability.

4. Metrics and Goals

- ★ **Guidance:** Describe the metrics that were selected to track progress. Include both “big dot” outcomes and “driver” metrics that reflect short-term change.

- Module 3 of the Toolkit explains how to align metrics with improvement aims and use “driver” metrics to support long-term goals.

a. Baseline data

- ★ **Guidance:** Summarize baseline performance data, including sources, timeframe, and methodology. Stratify data where possible to identify disparities.

- See Module 3 of the Toolkit for steps to establish baselines for both “big dot” outcomes and “driver” metrics, and document methodology.
- *Example:* “To improve performance on the NCI-AD™ measure *Percentage of People Who Have Transportation When They Want to Do Things Outside of Their Home* (our “big dot” focus), we tracked timely completion of beneficiary transportation requests by the state’s Non-emergency Medical Transportation contractor (our “driver” metric). Baseline performance was 46% on the NCI-AD™ measure, and reflects the 2023-2024 reporting cycles. Baseline performance on the “driver” metric was 68% statewide as of Q1 2025, but only 15% for requests from beneficiaries with a ZIP code categorized in a rural area.”
- *Tip:* Use recent, reliable data and clearly define inclusion/exclusion criteria.

b. SMART Goal(s)

- ★ **Guidance:** Include SMART goals—Specific, Measurable, Achievable, Relevant, and Time-bound. Goals should reflect the efforts in the QI team’s control and align with identified gaps.

- Module 3 of the Toolkit provides examples and a SMART goal framework table for reference.

5. Intervention and Testing Approach

- ★ **Guidance:** Summarize how interventions were selected and tested. Include rationale, alignment with drivers, and feasibility for small-scale testing.

- Module 4 in the Toolkit outlines how to use logic models and driver diagrams to select and refine strategies.

a. Identify Selected Intervention(s)

- ★ **Guidance:** Describe the interventions(s) chosen, why they were selected, and how they address the identified quality issue.

b. Small-scale Testing Plan

- ★ **Guidance:** Describe how the intervention(s) were tested on a small scale. Include population, region, duration, and feedback mechanisms.
 - See Module 4 of the Toolkit for more details on the importance of piloting strategies before scaling.

6. Monitoring and Reporting

- ★ **Guidance:** Summarize how implementation and results were monitored. Use this field to describe the overarching monitoring strategy, including how your team stayed informed about implementation fidelity and whether the initiative was on track to meet its goals. Consider noting how frequently your team reviewed data, who was involved in monitoring activities, and how findings were communicated internally or externally.

- Module 5 of the Toolkit provides examples of monitoring tools and analytic approaches.

a. Analytic Approach

- ★ **Guidance:** Describe the types of analysis used (e.g., run charts, benchmark comparisons) as well as the planned reporting cadence. Include stratified analysis and gap-to-goal tracking.
 - *Tip:* Use visual tools to support interpretation and stakeholder communication.

b. Populations and Stratification Categories

- ★ **Guidance:** Identify all relevant delivery systems and beneficiary populations targeted in the QI initiative. Select all relevant stratification categories (e.g., race/ethnicity, geography) used to assess disparities within the QI initiative.
 - Module 2 of the Toolkit provides examples of within-group variation and disparity-focused analysis.

c. Qualitative Data Validation Strategy

- ★ **Guidance:** Describe how qualitative data (e.g., focus groups, interviews) was used to validate and complement quantitative findings.
 - Note, Module 5 of the Toolkit emphasizes the value of lived experiences in interpreting results.

d. Relevant HCBS Quality Measure Set Measures

- ★ **Guidance:** Select all applicable measures and indicate performance targets for the QI initiative. Note you can select *both* measures that are required or optional for reporting.
 - Refer to Appendix A of the Toolkit for additional measure resources.

7. Evaluation and Continuous QI

- ★ **Guidance:** Summarize how the intervention was assessed and what results were observed. Include lessons learned and next steps.
 - See Module 6 of the Toolkit for more information on evaluation and decision-making about scaling, adapting, or abandoning and intervention.
- a. Scaling, Adapting, and Abandoning
- ★ **Guidance:** Indicate whether the intervention will be scaled, adapted, or abandoned. Provide rationale and describe any modifications.
- b. Lessons Learned
- ★ **Guidance:** Share key insights from the initiative. Include details about what worked, what didn't, and recommendations for future efforts.
- c. Partner Feedback and Engagement
- ★ **Guidance:** Describe how stakeholders were engaged in evaluating the intervention. Include who was consulted, how input was gathered, and how it shaped decisions.
 - See Module 6 of the Toolkit for strategies for connecting with partners.