



General Information

Contact name

Enter a person's name or a position title for CMS to contact with questions about this report.

Contact email address

Enter an email address for the person or position above. Department or program-wide email addresses are allowed.

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PRA Disclosure Statement

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How can we help you?

Question or feedback? Please email us and we will respond as soon as possible. You can also review our frequently asked questions below.



For technical support and login issues:

Email

mdct_help@cms.hhs.gov



For questions about the online form:

Email

HCBSQuality@cms.hhs.gov

Required Measure

LTSS-1: Comprehensive Assessment and Update

Instructions

Instructions for Completing this Measure

Before you can click the **“Complete measure”** button, you must answer all required (non-optional) questions for the measure and any associated measure sections (such as delivery method or measure part).

Please review your responses to ensure all mandatory fields are filled out before proceeding.

The **“Clear measure data”** button can be used to reset the entire measure (including any completed sections). All data previously entered will be cleared and not submitted upon report completion.

Quality Measure Details:

Measure Name: LTSS-1: Comprehensive Assessment and Update

CMIT number: #960

Steward: CMS

Collection method: Hybrid

Measure Information

What technical specifications are being used to report this measure?

Select the technical specifications the state used to report this measure. Screenshots are illustrative of reporting fields and system functionality.

- ☒ National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS) Attachment B: MDCT HCBS QMS Reporting Form Screenshots
- ☐ Centers for Medicare and Medicaid Services (CMS)

Did you follow, with no variance, the most current technical specifications?

- ☐ Yes
- ☒ No

Explain the variance.

Include the name of which technical specifications were used in the reporting of this measure, or any data elements that were collected outside of the most current guidance (e.g. sampling size, population, denomination calculation etc.)

Were the reported measure results audited or validated?

- ☐ No
- ☒ Yes

Enter the name of the entity that conducted the audit or validation.

Additional notes/comments (optional)

If applicable, add any notes or comments to provide context to the reported measure result

Measure Delivery Methods

Screenshots are illustrative of reporting fields and system functionality.

Which delivery methods will be reported on for this measure?

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Warning: Changing this response will clear any data previously entered in the corresponding delivery system measure results sections.

- ☐ Fee-For-Service (FFS LTSS)
- ☐ Managed Care (MLTSS)
- ☒ Both FFS and MLTSS (separate)

Enter Measure Results

Measure section name CMIT Number Status		
	Delivery Method: Fee-for-Service (FFS LTSS)	Edit
	CMIT number: #960	
	Status: Not started	
Select "Edit" to report progress.		
	Delivery Method: Managed Care (MLTSS)	Edit
	CMIT number: #960	
	Status: Not started	
Select "Edit" to report progress.		

Required Measure

LTSS-1: Fee-For-Service (FFS LTSS)

Instructions

Instructions for Completing this section

Before you can click the **“Complete section”** button, you must answer all required (non-optional) questions for the measure section.

Please review your responses to ensure all mandatory fields are filled out before proceeding.

Once complete, you can still edit this section but the status will change to “In progress” and you will need to re-select the “Complete section” button.

Fee-For-Service Measure Results

Which programs and waivers are included?

Please specify all the 1915(c) waivers, 1915(i), (j) and (k) State plan benefits and/or 1115 demonstrations that include HCBS that you are including in this report (or measure). Include the program name and control numbers in your response.

Performance Rates

Performance Rates Denominator

Screenshots are illustrative of reporting fields and system functionality.

Performance Rate: Assessment of Core Elements

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

What is the 2028 state performance target?

Numerator

Denominator

Auto-populates

Rate

Auto-calculates

Performance Rate: Assessment of Supplemental Elements

What is the 2028 state performance target?

Numerator

Denominator

Auto-populates

Rate

Auto-calculates

Exclusion Rates

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Exclusion Rates Denominator

Exclusion Rate: Participant Could Not be Contacted

Numerator

Denominator

Auto-populates

Rate

Auto-calculates

Exclusion Rate: Participant Refused Assessment

Numerator

Denominator

Auto-populates

Rate

Auto-calculates

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Screenshots are illustrative of reporting fields and system functionality.

Required Measure

LTSS-2: Comprehensive Person-Centered Plan and Update

Instructions

Instructions for Completing this Measure

Before you can click the **“Complete measure”** button, you must answer all required (non-optional) questions for the measure and any associated measure sections (such as delivery method or measure part).

Please review your responses to ensure all mandatory fields are filled out before proceeding.

The **“Clear measure data”** button can be used to reset the entire measure (including any completed sections). All data previously entered will be cleared and not submitted upon report completion.

Quality Measure Details:

Measure Name: LTSS-2: Comprehensive Person-Centered Plan and Update

CMIT number: #961

Steward: CMS

Collection method: Hybrid

Measure Information

What technical specifications are being used to report this measure?

Select the technical specifications the state used to report this measure. Screenshots are illustrative of reporting fields and system functionality.

- ☒ National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS) Attachment B: MDCT HCBS QMS Reporting Form Screenshots
- ☐ Centers for Medicare and Medicaid Services (CMS)

Did you follow, with no variance, the most current technical specifications?

- ☐ Yes
- ☒ No

Explain the variance.

Include the name of which technical specifications were used in the reporting of this measure, or any data elements that were collected outside of the most current guidance (e.g. sampling size, population, denomination calculation etc.)

Were the reported measure results audited or validated?

- ☐ No
- ☒ Yes

Enter the name of the entity that conducted the audit or validation.

Additional notes/comments (optional)

If applicable, add any notes or comments to provide context to the reported measure result

Measure Delivery Methods

Screenshots are illustrative of reporting fields and system functionality.

Which delivery methods will be reported on for this measure?

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Warning: Changing this response will clear any data previously entered in the corresponding delivery system measure results sections.

- ☐ Fee-For-Service (FFS LTSS)
- ☐ Managed Care (MLTSS)
- ☒ Both FFS and MLTSS (separate)

Enter Measure Results

Measure section name CMIT Number Status		
	Delivery Method: Fee-for-Service (FFS LTSS)	Edit
	CMIT number: #961	
	Status: Not started	
Select "Edit" to report progress.		
	Delivery Method: Managed Care (MLTSS)	Edit
	CMIT number: #961	
	Status: Not started	
Select "Edit" to report progress.		

Required Measure

LTSS-2: Fee-For-Service (FFS LTSS)

Instructions

Instructions for Completing this section

Before you can click the **“Complete section”** button, you must answer all required (non-optional) questions for the measure section.

Please review your responses to ensure all mandatory fields are filled out before proceeding.

Once complete, you can still edit this section but the status will change to “In progress” and you will need to re-select the “Complete section” button.

Fee-For-Service Measure Results

Which programs and waivers are included?

Please specify all the 1915(c) waivers, 1915(i), (j) and (k) State plan benefits and/or 1115 demonstrations that include HCBS that you are including in this report (or measure). Include the program name and control numbers in your response.

Performance Rates

Performance Rates Denominator

Screenshots are illustrative of reporting fields and system functionality.

Performance Rate: Person-Centered Plan with Core Elements

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

What is the 2028 state performance target?

Numerator

Denominator

Auto-populates

Rate

Auto-calculates

Performance Rate: Person-Centered Plan with Supplemental Elements

What is the 2028 state performance target?

Numerator

Denominator

Auto-populates

Rate

Auto-calculates

Exclusion Rates

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Exclusion Rates Denominator

Exclusion Rate: Participant Could Not be Contacted

Numerator

Denominator

Auto-populates

Rate

Auto-calculates

Exclusion Rate: Participant Refused Person-Centered Planning

Numerator

Denominator

Auto-populates

Rate

Auto-calculates

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Screenshots are illustrative of reporting fields and system functionality.

Required Measure

LTSS-6: Admission to a Facility from the Community

Instructions

Instructions for Completing this Measure

Before you can click the **“Complete measure”** button, you must answer all required (non-optional) questions for the measure and any associated measure sections (such as delivery method or measure part).

Please review your responses to ensure all mandatory fields are filled out before proceeding.

The **“Clear measure data”** button can be used to reset the entire measure (including any completed sections). All data previously entered will be cleared and not submitted upon report completion.

Quality Measure Details:

Measure Name: LTSS-6: Admission to a Facility from the Community

CMIT number: #20

Steward: CMS

Collection method: Administrative

Measure Information

Is the state reporting on this measure?

Warning: Changing this response will clear any data previously entered in this measure.

☒ Yes, the state is reporting on this measure.

Screenshots are illustrative of reporting fields and system functionality.

☐ No, CMS is reporting this measure on the state's behalf.

Did you follow, with no variance, the most current technical specifications?

☐ Yes

☒ No

Explain the variance.

Include the name of which technical specifications were used in the reporting of this measure, or any data elements that were collected outside of the most current guidance (e.g. sampling size, population, denomination calculation etc.)

Were the reported measure results audited or validated?

☐ No

☒ Yes

Enter the name of the entity that conducted the audit or validation.

Additional notes/comments (optional)

If applicable, add any notes or comments to provide context to the reported measure result

Measure Delivery Methods

Which delivery methods will be reported on for this measure?

Warning: Changing this response will clear any data previously entered in the corresponding delivery system measure results

Screenshots are illustrative of reporting fields and system functionality.

sections.

☐ Fee-For-Service (FFS LTSS)

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

☐ Managed Care (MLTSS)

☒ Both FFS and MLTSS (separate)

Enter Measure Results

Measure section name	
CMIT Number	
Status	
 Delivery Method: Fee-for-Service (FFS LTSS) CMIT number: #20 Status: Not started <i>Select "Edit" to report progress.</i>	Edit
 Delivery Method: Managed Care (MLTSS) CMIT number: #20 Status: Not started <i>Select "Edit" to report progress.</i>	Edit

Previous

[Clear measure data](#)

Complete measure

Required Measure

LTSS-6: Fee-For-Service (FFS LTSS)

Instructions

Instructions for Completing this section

Before you can click the **"Complete section"** button, you must answer all required (non-optional) questions for the measure section.

Please review your responses to ensure all mandatory fields are filled out before proceeding.

Once complete, you can still edit this section but the status will change to "In progress" and you will need to re-select the "Complete section" button.

Fee-For-Service Measure Results

Which programs and waivers are included?

Please specify all the 1915(c) waivers, 1915(i), (j) and (k) State plan benefits and/or 1115 demonstrations that include HCBS that you are including in this report (or measure). Include the program name and control numbers in your response.

Performance Rates

Performance Rates: 18 to 64 Years

Denominator (18 to 64 Years)

Screenshots are illustrative of reporting fields and system functionality.

Short Term Stay

What is the 2028 state performance target for short term stay (18 to 64 Years)?

Numerator: Short Term Stay (18 to 64 Years)

Denominator (18 to 64 Years)

Short Term Stay Rate (18 to 64 Years)

Auto-calculates

Medium Term Stay

What is the 2028 state performance target for medium term stay (18 to 64 Years)?

Numerator: Medium Term Stay (18 to 64 Years)

Denominator (18 to 64 Years)

Medium Term Stay Rate (18 to 64 Years)

Auto-calculates

Screenshots are illustrative of reporting fields and system functionality.

Long Term Stay

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

What is the 2028 state performance target for long term stay (18 to 64 Years)?

Numerator: Long Term Stay (18 to 64 Years)

Denominator (18 to 64 Years)

Long Term Stay Rate (18 to 64 Years)

Auto-calculates

Performance Rates: 65 to 74 Years

Denominator (65 to 74 Years)

Short Term Stay

What is the 2028 state performance target for short term stay (65 to 74 Years)?

Numerator: Short Term Stay (65 to 74 Years)

Denominator (65 to 74 Years)

Screenshots are illustrative of reporting fields and system functionality.

Short Term Stay Rate (65 to 74 Years)

Auto-calculates

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Medium Term Stay

What is the 2028 state performance target for medium term stay (65 to 74 Years)?

Numerator: Medium Term Stay (65 to 74 Years)

Denominator (65 to 74 Years)

Medium Term Stay Rate (65 to 74 Years)

Auto-calculates

Long Term Stay

What is the 2028 state performance target for long term stay (65 to 74 Years)?

Numerator: Long Term Stay (65 to 74 Years)

Denominator (65 to 74 Years)

Screenshots are illustrative of reporting fields and system functionality.

Long Term Stay Rate (65 to 74 Years)

Performance Rates: 75 to 84 Years

Denominator (75 to 84 Years)

Short Term Stay

What is the 2028 state performance target for short term stay (75 to 84 Years)?

Numerator: Short Term Stay (75 to 84 Years)

Denominator (75 to 84 Years)

Short Term Stay Rate (75 to 84 Years)

Auto-calculates

Medium Term Stay

What is the 2028 state performance target for medium term stay (75 to 84 Years)?

Numerator: Medium Term Stay (75 to 84 Years)

Screenshots are illustrative of reporting fields and system functionality.

Denominator (75 to 84 Years)

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Medium Term Stay Rate (75 to 84 Years)

Auto-calculates

Long Term Stay

What is the 2028 state performance target for long term stay (75 to 84 Years)?

Numerator: Long Term Stay (75 to 84 Years)

Denominator (75 to 84 Years)

Long Term Stay Rate (75 to 84 Years)

Auto-calculates

Performance Rates: 85 years or older

Denominator (85 years or older)

Short Term Stay

What is the 2028 state performance target for short term stay (85 years or older)?

Screenshots are illustrative of reporting fields and system functionality.

Numerator: Short Term Stay (85 years or older)

Denominator (85 years or older)

Short Term Stay Rate (85 years or older)

Auto-calculates

Medium Term Stay

What is the 2028 state performance target for medium term stay (85 years or older)?

Numerator: Medium Term Stay (85 years or older)

Denominator (85 years or older)

Medium Term Stay Rate (85 years or older)

Auto-calculates

Long Term Stay

What is the 2028 state performance target for long term stay (85 years or older)?

Screenshots are illustrative of reporting fields and system functionality.

Numerator: Long Term Stay (85 years or older)

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Denominator (85 years or older)

Long Term Stay Rate (85 years or older)

Auto-calculates

[Previous](#)

[Complete section](#)

Required Measure

LTSS-7: Minimizing Facility Length of Stay

Instructions



Quality Measure Details:

Measure Name: LTSS-7: Minimizing Facility Length of Stay

CMIT number: #968

Steward: CMS

Collection method: Administrative

Measure Information

Is the state reporting on this measure?

Warning: Changing this response will clear any data previously entered in this measure.

- ☒ Yes, the state is reporting on this measure.
- ☐ No, CMS is reporting this measure on the state's behalf.

Did you follow, with no variance, the most current technical specifications?

- ☐ Yes
- ☒ No

Explain the variance.

Include the name of which technical specifications were used in the reporting of this measure, or any data elements that were collected outside of the most current guidance (e.g. sampling size, population, denomination calculation etc.)

Screenshots are illustrative of reporting fields and system functionality.

Were the reported measure results audited or validated?

☐ No

☒ Yes

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Enter the name of the entity that conducted the audit or validation.

Additional notes/comments (optional)

If applicable, add any notes or comments to provide context to the reported measure result

Measure Delivery Methods

Which delivery methods will be reported on for this measure?

Warning: Changing this response will clear any data previously entered in the corresponding delivery system measure results sections.

☐ Fee-For-Service (FFS LTSS)

☐ Managed Care (MLTSS)

☒ Both FFS and MLTSS (separate)

Enter Measure Results

Measure section name
CMIT Number
Status

Delivery Method: Fee-for-Service (FFS LTSS)

CMIT number: #968

Status: Not started

Edit

Screenshots are illustrative of reporting fields and system functionality.

Select Edit to report progress.

Delivery Method: Managed Care (MLTSS)



CMIT number: #968
Status: Not started

Edit

Select "Edit" to report progress.

Previous

[Clear measure data](#)

Complete measure

Required Measure

LTSS-7: Fee-For-Service (FFS LTSS)

Instructions

Instructions for Completing this section

Before you can click the **“Complete section”** button, you must answer all required (non-optional) questions for the measure section.

Please review your responses to ensure all mandatory fields are filled out before proceeding.

Once complete, you can still edit this section but the status will change to “In progress” and you will need to re-select the “Complete section” button.

Fee-For-Service Measure Results

Which programs and waivers are included?

Please specify all the 1915(c) waivers, 1915(i), (j) and (k) State plan benefits and/or 1115 demonstrations that include HCBS that you are including in this report (or measure). Include the program name and control numbers in your response.

Performance Rates

What is the 2028 state performance target?

Screenshots are illustrative of reporting fields and system functionality.

Count of Successful Discharges to the Community

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Facility Admission Count

Expected Count of Successful Discharges to the Community

Multi-Plan Population Rate (optional)

If Multi-plan Population Rate is left empty, provide a brief explanation in the Additional Comments field below.

Observed Performance Rate for Minimizing Length of Facility Stay

Expected Performance Rate for Minimizing Length of Facility Stay

Risk Adjusted Rate for Minimizing Length of Facility Stay

Additional notes/comments (optional)

If applicable, add any notes or comments to provide context to the reported measure result

Screenshots are illustrative of reporting fields and system functionality.

Required Measure

LTSS-8: Successful Transition after Long-Term Facility Stay

Instructions



Quality Measure Details:

Measure Name: LTSS-8: Successful Transition after Long-Term Facility Stay

CMIT number: #414

Steward: CMS

Collection method: Administrative

Measure Information

Is the state reporting on this measure?

Warning: Changing this response will clear any data previously entered in this measure.

- ☒ Yes, the state is reporting on this measure.
- ☐ No, CMS is reporting this measure on the state's behalf.

Did you follow, with no variance, the most current technical specifications?

- ☐ Yes
- ☒ No

Explain the variance.

Include the name of which technical specifications were used in the reporting of this measure, or any data elements that were collected outside of the most current guidance (e.g. sampling size, population, denomination calculation etc.)

Screenshots are illustrative of reporting fields and system functionality.

Were the reported measure results audited or validated?

☐

No

☒

Yes

Enter the name of the entity that conducted the audit or validation.

Additional notes/comments (optional)

If applicable, add any notes or comments to provide context to the reported measure result

Measure Delivery Methods

Which delivery methods will be reported on for this measure?

Warning: Changing this response will clear any data previously entered in the corresponding delivery system measure results sections.

☐

Fee-For-Service (FFS LTSS)

☐

Managed Care (MLTSS)

☒

Both FFS and MLTSS (separate)

Enter Measure Results

Delivery Method: Fee-for-Service (FFS LTSS)



CMIT number: #414
Status: Not started

Edit

Select "Edit" to report progress.

Delivery Method: Managed Care (MLTSS)



CMIT number: #414
Status: Not started

Edit

Select "Edit" to report progress.

Previous

[Clear measure data](#)

Complete measure

Required Measure

LTSS-8: Fee-For-Service (FFS LTSS)

Instructions



Fee-For-Service Measure Results

Which programs and waivers are included?

Please specify all the 1915(c) waivers, 1915(i), (j) and (k) State plan benefits and/or 1115 demonstrations that include HCBS that you are including in this report (or measure). Include the program name and control numbers in your response.

Performance Rates

What is the 2028 state performance target?

Count of Successful Transitions to the Community

Long-Term Facility Stay Count

Expected Count of Successful Transitions to the Community

Screenshots are illustrative of reporting fields and system functionality.

Multi-Plan Population Rate (optional)

If Multi-plan Population Rate is left empty, provide a brief explanation in the Additional Comments field below.

Observed Performance Rate for Successful Transition after Long-Term Facility Stay

Expected Performance Rate for Successful Transition after Long-Term Facility Stay

Risk Adjusted Rate for Successful Transition after Long-Term Facility Stay

Additional notes/comments (optional)

If applicable, add any notes or comments to provide context to the reported measure result

Previous

Complete section

My Account

If any information is incorrect, please contact the Managed Care Reporting (MCR) Help Desk at mdct_help@cms.hhs.gov.

Email	stateuser3@test.com
First Name	Donald
Last Name	Draper
Role	mdcthcb-state-user
State	PA

Click the “Start New Report” button to create a new report. A series of questions will be asked to help you set up your report accurately to the data you want to report. If you are unsure of an answer, click the “Help” button for more information.

Once the report is created, you will be taken to the report dashboard where you can view and manage your reports.

Please note, reports should only be created by users with the appropriate permissions.

- **Not started** - The report has been created but no data has been entered.
- **In progress** - The report is being updated with data.
- **Submitted** - The report has been submitted for review.
- **In review** - The report is being reviewed by the system.

Use the dashboard to view and manage your reports.

Quality Measure Set Report Name

Name this QMS report so you can easily refer to it. Consider using timeframe(s). Sample Report Name: "PA HCBS QMS Report for 2026"

Select the quality measure set reporting year.

This is the final year in a multi-year reporting period, used to indicate the endpoint of data collection. For example, if a report covers the period of 2025 and 2026, the reporting year would be 2026.

Is your state reporting on the HCBS CAHPS Survey?

- ☐ Yes
- ☐ No

Is your state reporting on the NCI-IDD Survey?

- ☐ Yes
- ☐ No

Is your state reporting on the NCI-AD Survey?

- ☐ Yes
- ☐ No

Is your state reporting on the POM Survey?

- ☐ Yes
- ☐ No

[Start new](#)

[Cancel](#)



Optional Measure Results

Instructions

Instructions for Completing the QMS Report

Below is a list of all optional measures. Select the respective “Start” or “Edit” buttons to navigate to each measure overview page and begin filling in all required fields. Once all required fields are completed for the measure, and any associated sub-measure sections, the “Complete Measure” button will become active. Clicking the button will complete the measure and place it in the **Complete** status.

Please note, the report cannot be submitted as long as any optional measures remain in the **In Progress** status. If you do not wish to complete an optional measure, you may clear the measure details which will return the measure to the **Not started** status.

Understanding Measure Statuses

- **Not started:** No data has been entered or actions taken on the measure.
- **In progress:** The measure is actively being worked on, with some or all data entered.
- **Complete:** The measure has been completed.

Before submitting this form, all required measures must be in the **Complete** status.

Measure Name
CMIT Number
Status

FA SI-1: Identification of Person-Centered Priorities

CMIT number: #969

Status: Not started

[Edit](#)

FA SI-2: Documentation of a Person-Centered Service Plan

CMIT number: #970

Status: Not started

[Edit](#)

HCBS-10: Self-direction of Services and Supports Among Medicaid Beneficiaries Receiving LTSS through Managed Care Organizations

CMIT number: #111

Status: Not started

[Edit](#)

LTSS-3: Shared Person-Centered Plan with Primary Care Provider

CMIT number: #963

Status: Not started

[Edit](#)

LTSS-4: Reassessment and Person-Centered Plan Update after Inpatient Discharge

CMIT number: #962

Status: Not started

[Edit](#)

MLTSS-5: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls

CMIT number: #1255

Status: Not started

[Edit](#)

MLTSS: Plan All-Cause Readmission

CMIT number: #561

Status: Not started

[Edit](#)

POM: People Have the Best Possible Health

CMIT number: #1822

Status: Not started

[Edit](#)

POM: People Interact with Other Members of the Community

CMIT number: #1822

Status: Not started

[Edit](#)

[← Previous](#)

[Continue →](#)

Pennsylvania Quality Measure Set Report

Instructions

Creating a New Report

Click the **“Start Quality Measure Set Report”** button to begin creating your report. A series of questions will appear to gather the necessary information for your report. Fill out each field accurately to ensure your report is complete. Before submitting, review the information you’ve provided. If everything looks good, confirm your entries and proceed.

Once the report is generated, you can edit the name of the report and monitor its status in the dashboard below.

Please note, while you can generate multiple reports for the same reporting period, you should only submit a single report for the state.

Understanding Report Statuses

- **Not started:** The report has been created but no data has been entered or actions taken.
- **In progress:** The report is actively being worked on, with some or all data entered.
- **Submitted:** The report has been completed and submitted to CMS for review.
- **In revision:** The report has been sent back to the state for revisions or additional information after submission.

Use the dashboard below to check your report’s status and take any necessary follow-up actions.

Filter by Year

[All](#)[Screenshots](#)[File list](#)

File list illustrative of reporting fields and system functionality.

Attachment B: MDCT HCBS QMS Reporting Form Screenshots

Keep track of your Quality Measure Set Reports, once you start a report you can access it here.

[Start Quality Measure Set Report](#)



Required Measure Results

Instructions

Instructions for Completing the QMS Report

Below is a list of all required measures. Select the respective “Start” or “Edit” buttons to navigate to each measure overview page and begin filling in all required fields. Once all required fields are completed for the measure, and any associated sub-measure sections, the “Complete Measure” button will become active. Clicking the button will complete the measure and place it in the **Complete** status.

Understanding Measure Statuses

- **Not started:** No data has been entered or actions taken on the measure.
- **In progress:** The measure is actively being worked on, with some or all data entered.
- **Complete:** The measure has been completed.

Before submitting this form, all required measures must be in the **Complete** status.

Measure Name
CMIT Number
Status

LTSS-1: Comprehensive Assessment and Update



CMIT number: #960

Status: Not started

Select "Edit" to begin measure.

[Substitute measure](#)

Edit

LTSS-2: Comprehensive Person-Centered Plan and Update



CMIT number: #961

Status: Not started

Select "Edit" to begin measure.

[Substitute measure](#)

Edit

LTSS-6: Admission to a Facility from the Community



CMIT number: #20

Status: Not started

Select "Edit" to begin measure.

Edit

LTSS-7: Minimizing Facility Length of Stay



CMIT number: #968

Status: Not started

Select "Edit" to begin measure.

Edit

LTSS-8: Successful Transition after Long-Term Facility Stay



CMIT number: #414

Status: Not started

Select "Edit" to begin measure.

Edit

POM: People Live in Integrated Environments



CMIT number: #1822

Status: Not started

Select "Edit" to begin measure.

Edit

POM: People Participate in the Life of the Community



CMIT number: #1822

Status: Not started

Select "Edit" to begin measure.

Edit

POM: People Choose Services



CMIT number: #1822

Status: Not started

Select "Edit" to begin measure.

Edit

POM: People Realize Personal Goals



CMIT number: #1822

Status: Not started

Select "Edit" to begin measure.

Edit

POM: People are Free from Abuse and Neglect



CMIT number: #1822

Status: Not started

Select "Edit" to begin measure.

Edit

Screenshots are illustrative of reporting fields and system functionality.

[← Previous](#)

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Your form is not ready for submission

Some sections of the QMS Report have errors or are missing required responses. Ensure all required and in-progress measures are completed with valid responses before submitting. If an optional measure is showing as 'in-progress' and you do not want to complete that measure, go into the measure and clear the data to reset it.

Review & Submit

Ready to submit?

Double check that everything in your QMS Report is accurate. To make edits to your report after submitting, contact your CMS HCBS Lead to unlock your report.

Compliance review

Your CMS HCBS Lead will review your report and may unlock it for editing if corrections are needed.

Section	Status	
General Information	 Not started	 Edit
Required Measure Results	 In progress	 Edit
Optional Measure Results	 In progress	 Edit

[Review PDF](#)[Submit QMS Report](#)

Quality Measure Set Report

Substitute Measure[Close](#)

You can substitute an optional measure for the original. The new measure will now appear on the Required Measure Results page, and the original will now appear on the Optional Measure Results page.

Do you want to substitute FASI-1 for LTSS-1?

☐ Yes

☐ No

Substitute Measure

[Cancel](#)

[Substitute measure](#)

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