

Generic Supporting Statement
Home and Community Based Services Quality Measure Set Reporting
CMS-10398 #95, OMB 0938-1148

A. Background

This information collection request supports reporting requirements for states participating in the Money Follows the Person (MFP) demonstration. As a condition of award under the MFP demonstration, participating state Medicaid agencies are required to report on measures included in the Home and Community-Based Services (HCBS) Quality Measure Set (QMS) beginning September 1, 2026.

The HCBS QMS includes measures designed to assess the quality of HCBS across multiple domains, including access, service delivery, and participant experience. For purposes of the MFP demonstration, states are required to report on a subset of mandatory measures within the HCBS QMS and to establish performance targets and associated quality improvement strategies for measures subject to Quality Improvement Plan (QIP) requirements, consistent with the MFP program terms and conditions of award (PTC).

A total of 41 state Medicaid agencies currently participate in the MFP demonstration and are subject to these reporting requirements. In addition, states and territories that are not participating in MFP may elect to voluntarily report on the HCBS QMS.

Reporting must include all eligible individuals (or a representative sample of eligible individuals) receiving HCBS under the applicable state programs. CMS will use the reported data to monitor program performance, support quality improvement efforts, and inform technical assistance to states.

B. Description of Information Collection

The HCBS QMS includes a total of 25 mandatory measures for MFP grant recipients to report on in 2026: two measures that require data from assessments or case management systems; three measures that require administrative data; and 20 participant-reported measures from experience of care surveys.

States must collect data using one or more experience of care surveys, depending on the HCBS populations served by the state. The experience of care surveys included in the HCBS QMS are the HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey, National Core Indicators® Intellectual and Developmental Disabilities (NCI®-IDD), National Core Indicators® Aging and Disabilities (NCI®-AD), and the Personal Outcome Measures® (POM®) survey.

Reporting on the HCBS QMS will be submitted to CMS using multiple mechanisms, depending on the measure type. States will report required information for certain measures, including administrative measures and selected survey-based measures (e.g., POM), through the Medicaid Data Collection Tool (MDCT) and associated reporting forms. For other experience of care surveys (e.g., NCI®-IDD, NCI®-AD, and HCBS CAHPS®), states submit data directly to the

respective survey stewards, and CMS receives these data through established data transfer processes. For certain measures which utilize claims-based data, states may elect to have CMS report on their behalf using Transformed Medicaid Statistical Information System (T-MSIS) data.

In addition to reporting measure data, states are required to use the MDCT to establish performance targets for mandatory measures and, where applicable, to describe quality improvement strategies. The MDCT includes structured data fields to capture measure results, reporting populations, stratified data elements (as applicable), and associated performance targets. For two mandatory measures of the state’s choice, states will complete a QIP reporting form, which collects information on planned improvement strategies and timelines for implementation. For states participating in the MFP demonstration, this requirement is limited to two mandatory measures consistent with the MFP PTCs. The burden associated with QIP reporting is included within broader reporting and quality improvement activities and is not estimated separately.

CMS will provide guidance and instructional materials to support state reporting. These include help files for MDCT measure reporting and completion of the QIP reporting form, which provide definitions, reporting specifications, and instructions for completing required fields. Supporting materials, including MDCT reporting guidance, a draft QIP reporting form and instructions, and illustrative screenshots of reporting fields, are provided as attachments to support this information collection.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics’ May 2024 (where available; otherwise, May 2023) National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/current/oes_nat.htm). In this regard, the following table presents the mean hourly wage, the cost of fringe benefits and overhead (calculated at 100 percent of salary), and the adjusted hourly wage.

Table 1: State Wage Estimates (BLS May 2024/2023 Data)

Occupation Title	Occupation Code	Mean Hourly Wage (\$)	Fringe Benefits and Overhead (\$)	Adjusted Hourly Wage (\$)
Data Entry Keyers	43-9021	20.22	20.22	40.44
Computer Programmers	15-1251	51.27	51.27	102.54
Statisticians	15-2041	51.65	51.65	103.30
Survey Researchers	19-3022	34.05	34.05	68.10
Administrative Services	11-3012	63.37	63.37	126.74

Occupation Title	Occupation Code	Mean Hourly Wage (\$)	Fringe Benefits and Overhead (\$)	Adjusted Hourly Wage (\$)
Managers				
Chief Executives	11-1011	129.87	129.87	259.74
All Occupations	00-0000	31.48	n/a	n/a

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative, and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Burden Estimates

a. Burden Estimate for States

The proposed reporting requirement would affect the 41 MFP grant recipients and, we estimate that approximately seven additional states or territories may voluntarily elect to begin reporting on the HCBS QMS in 2026, to prepare to meet regulatory requirements at 42 CFR 441.312 and 441.311(c), requiring states to report every other year beginning July 9, 2028, on the HCBS QMS for HCBS programs operating under section 1915(c), 1915(i), 1915(j), and 1915(k) authorities. We estimate both a one-time and ongoing burden to implement these requirements at the state level.

The data collection would include reporting every other year on the measures identified as mandatory in the HCBS QMS. For certain measures which utilize claims-based data, states may elect to have CMS report on their behalf using T-MSIS data. This option may reduce reporting burden for states that choose this option; however, for purposes of this analysis, we assume a scenario in which states report on all 25 mandatory measures, including those that could be calculated using T-MSIS data.

MFP grant recipients are also required to establish performance targets, subject to CMS review and approval, for two of the measures in the HCBS QMS that are identified as mandatory for states to report, as well as to describe the quality improvement strategies that they will pursue to achieve the performance targets for those measures.

This one-time burden analysis assumes that states are not currently implementing the experience of care surveys included in the HCBS QMS: The HCBS CAHPS® Survey, NCI®-IDD, NCI®-AD™, or POM®, and would need to adopt them to fully meet the HCBS QMS mandatory reporting requirements. Currently, most states use at least one of these surveys; however, states may need to use multiple experience of care surveys, depending on the populations served by the states' HCBS program and the survey instruments that states select to use, to ensure that all major population groups are assessed using the measures in the HCBS QMS. Because states must administer entire experience of care survey instruments to report the required measures, the burden associated with survey administration reflects administration of the full survey instrument regardless of the number of required measures derived from that survey.

The estimate of one-time burden is for the first year of reporting and assumes a total of 25

mandatory measures. It is important to note that most states will not report on all 25 measures. Because states serve different HCBS populations and may use one or more of the four experience of care surveys, the total number of measures a state would report would be expected to range from 10 to 25. The measures that each state would be required to report include five participant-reported measures from each applicable experience of care survey selected by the state, two assessment/case management system measures, and three administrative data measures.

The burden estimate is based on a maximum reporting scenario in which states report on all 25 mandatory measures included in the HCBS QMS. In practice, most states will report on a subset of these measures, depending on the number and type of HCBS populations served and the experience of care surveys utilized.

In addition to states that may voluntarily elect to report on the HCBS QMS, participating states may also elect to report on additional non-mandatory measures beyond those required under this information collection. Such reporting is not required and is not separately estimated. Because the burden estimate assumes reporting across all mandatory measures, it is expected to overstate rather than understate the burden associated with voluntary reporting of non-mandatory measures.

With regard to reporting on the initial mandatory elements of the HCBS QMS, we estimate that states will incur burden associated with project planning, survey administration, data collection and entry, data analysis, and reporting activities. These activities involve a combination of administrative staff, statisticians, survey researchers, data entry personnel, programmers, and executive review. We estimate that 48 states and territories (the 41 MFP grant recipients and seven additional states and territories that currently operate HCBS programs under sections 1915(c), (i), (j), and (k) of the Social Security Act) would report on the HCBS QMS in 2026. This estimate reflects current program participation and may vary over time.

In aggregate, we estimate a total one-time burden of 64,560 hours across 48 states, as shown in Table 2. The total estimated cost associated with this burden is \$5,614,498. Taking into account the federal contribution to Medicaid administration, the estimated state share of this cost is \$2,807,249.

Table 2: One-Time State Burden for HCBS QMS Reporting							
Requirement	Number of Respondents	Total Responses	Frequency	Hours per Response	Total Hours	Hourly Wage (\$)	Total Cost (\$)
Project planning, survey administration, measure compilation, target setting, and reporting	48	48	Once	540	25,920	126.74	3,035,885
Survey sampling methodology	48	48	Once	40	1,920	103.30	198,336
Survey administration and data collection	48	48	Once	500	24,000	68.10	1,634,400

Requirement	Number of Respondents	Total Responses	Frequency	Hours per Response	Total Hours	Hourly Wage (\$)	Total Cost (\$)
Data entry	48	48	Once	200	9,600	40.44	388,224
Data analysis/programming	48	48	Once	60	2,880	102.54	295,315
Executive review and approval	48	48	Once	5	240	259.74	62,338
Total	48	48	Once	Varies	64,560	Varies	5,614,498

With regard to the ongoing requirements to report on the HCBS QMS, we estimate that states will incur burden associated with ongoing reporting, including survey administration, data collection and entry, data analysis, and updates to performance targets and quality improvement strategies.

In aggregate, we estimate an ongoing burden of 117,840 hours across 48 states, as shown in Table 3. The total estimated cost associated with this burden is \$9,171,192. Because reporting occurs every other year, the annualized burden is 58,920 hours at a cost of \$4,585,596. Taking into account the federal contribution to Medicaid administration, the estimated state share of this annual cost is \$2,292,798.

Table 3: Ongoing State Burden for HCBS QMS Reporting

Requirement	Number of Respondents	Total Responses	Frequency	Hours per Response	Total Hours	Hourly Wage (\$)	Total Cost (\$)
Project planning, survey administration, measure compilation, and reporting updates	48	48	Every other year	520	24,960	126.74	3,163,430
Survey sampling methodology	48	48	Every other year	80	3,840	103.30	396,672
Survey administration and data collection	48	48	Every other year	1,250	60,000	68.10	4,086,000
Data entry	48	48	Every other year	500	24,000	40.44	970,560
Data analysis/programming	48	48	Every other year	100	4,800	102.54	492,192
Executive review and approval	48	48	Every other year	5	240	259.74	62,338
Total	48	48	Every other year	Varies	117,840	Varies	9,171,192

b. Burden Estimate for Beneficiaries

State adoption of existing beneficiary experience of care surveys to fulfill the proposed

mandatory reporting requirements would also impose burden on beneficiaries. As proposed in the previous section, a state must implement an experience of care survey for each of the populations receiving HCBS in their state.

With regard to beneficiary burden, we estimate it will take approximately 45 minutes (0.75 hours) for a Medicaid beneficiary to complete an experience of care survey. At 1,000 beneficiaries per state and 48 states, we estimate a total burden of 36,000 hours, as shown in Table 4. The total estimated cost associated with this burden is \$1,133,280. Because surveys are conducted every other year, the annualized burden is 18,000 hours at a cost of \$566,640.

Table 4: Beneficiary Experience Survey Burden for HCBS QMS							
Requirement	Number of Respondents	Total Responses	Frequency	Hours per Response	Total Hours	Hourly Wage (\$)	Total Cost (\$)
Complete beneficiary experience survey	48,000	48,000	Every other year	0.75	36,000	31.48	1,133,280
Total	48,000	48,000	Every other year	0.75	36,000	31.48	1,133,280

E. Timeline

The 14-day notice published in the Federal Register on July 16, 2026 (91 FR 43643). Comments must be received on/by July 30, 2026.

CMS seeks timely approval of this information collection to support implementation of the HCBS Quality Measure Set reporting requirements. For the 41 states participating in the MFP demonstration, reporting on the HCBS QMS is expected to begin on September 1, 2026, in accordance with the MFP PTCs.

Timely PRA approval is necessary to ensure that data collection instruments, reporting systems, and guidance are in place to support state reporting. States will require sufficient lead time following approval to prepare for reporting, including system configuration, staff training, and survey implementation. Delays in approval could impact states' ability to meet these reporting requirements and CMS's ability to implement HCBS quality reporting activities.