
VIA ELECTRONIC TRANSMISSION

May 28, 2026

Dr. Mehmet Oz
Administrator Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: CMS-2453-NC, Medicaid Program; 2028 Medicaid Home and Community-Based Services Quality Measure Set

Dear Administrator Oz:

On behalf ADvancing States, Human Services Research Institute (HSRI), and the National Association of State Directors of Developmental Disabilities Services (NASDDDS), we provide written comment from the perspective of measure stewards for National Core Indicators® in response to the [2028 Medicaid Home and Community-Based Services Quality Measure Set \(CMS-2453-NC\)](#).

National Core Indicators® is a collaboration between our organizations and state developmental disabilities (DD), aging and physical disabilities service systems and people receiving services. NCI is committed to collecting valid and reliable data directly from those with lived experience to inform policy making and quality improvement efforts across service delivery systems. We have been fortunate to implement at least one of the NCI® tools in 48 states throughout the tenure of our work.

We strongly support the goals of the proposed 2028 HCBS Quality Measure Set. With decades of experience in survey methodology and analysis, measure administration and technical assistance, and system level quality improvement, including extensive work supporting Money Follows the Person Grantee states, we offer a unique perspective on the operational feasibility, implementation considerations and practical impact of HCBS quality measurement.

Thank you for your continuing work to strengthen the critical HCBS services that over five million Medicaid beneficiaries receive. This notice follows over a decade of efforts to

finalize and publish a reliable, transparent, and meaningful HCBS Quality Measure Set. The goals of the measure set reflect important priorities for Medicaid. These include promoting more common and consistent use within and across states of nationally standardized quality measures in HCBS programs, creation of opportunities for CMS and states to have comparative quality data on HCBS programs, driving improvement in quality of care and outcomes for people receiving HCBS, and supporting states' efforts to reduce disparities in their HCBS programs.

In Federal FY 2023 alone, HCBS accounted for \$145.9 billion in Medicaid expenditures. As HCBS programs and service delivery systems continue to grow, it is imperative to ensure beneficiaries have access to high-quality service delivery that supports them to live and thrive in their communities. The measures promote transparency in Medicaid programs by providing information for states to use in further improving quality services.

Mandatory Measures

CMS Request for Comment: CMS requests comment on whether there are additional measures that should be mandatory and whether any of the proposed mandatory measures should instead be voluntary or removed from the 2028 HCBS Quality Measure Set.

We appreciate CMS's efforts to solicit stakeholder feedback and engage the HCBS QMS Workgroup in identifying appropriate mandatory measures for the 2028 Quality Measure Set. We recognize that MFP grantee states already have experience with the recommended mandatory measures.

At this state of implementation, with the exception of LTSS 1 and 2, we recommend maintaining the currently proposed mandatory measures without expansion until at least the 2030 HCBS Quality Measure Set measurement period. Allowing states time to establish baseline data and benchmarks will provide them, and CMS, with a stronger foundation for evaluating feasibility, consistency, and long-term measure utility before additional mandatory measures are introduced.

CMS Request for Comment: CMS requests comment on whether to include a total of 23 mandatory measures in the 2028 HCBS Quality Measure Set.

Given the significant number of existing experience-of-care and administrative measures already included in the proposed set, we do not recommend adding further mandatory measures at this time.

CMS Request for Comment: CMS requests comment on whether we should exclude any of the surveys from the 2028 HCBS Quality Measure Set. Individuals receiving HCBS under more than one HCBS program or delivery system during the same reporting period could potentially be included in the survey sample for more than one experience of care survey.

We do not recommend exclusion of any surveys currently contemplated in the measure set.

CMS Request for Comment: CMS requests comment on whether we should require States to deduplicate survey samples when individuals may be included in the sample for multiple experience of care surveys.

Under the methodology of the NCI survey samples, individuals must be assigned to one sample group. Therefore, there is no opportunity for duplication in the sample construction.

For example, an individual that is within the MLTSS, PACE, NF, or OAA sample in the NCI-AD Adult Consumer Survey would not be at risk of duplication in the NCI-IDD In-Person Survey.

CMS Request for Comment: CMS requests comment on our proposal to include LTSS-1 and LTSS-2 as mandatory measures in the 2028 HCBS Quality Measure Set.

During our technical assistance calls with states, questions and concerns about administration of LTSS-1 and LTSS-2 have been raised consistently by states. Person-centered assessment and planning are foundational to high-quality HCBS systems, and we strongly support the importance of measuring these concepts to assure robust assessment - which leads to strong planning and outcomes. However, we do not believe LTSS-1 and LTSS-2, as currently specified, effectively achieve that goal across the diversity of HCBS delivery systems.

As required by the *Ensuring Access to Medicaid Rule*, CMS convened an independent HCBS Quality Measure Set (QMS) Review Workgroup composed of state representatives, managed care organizations, beneficiary advocates, providers and provider associations, researchers, measure developers, and other subject matter experts. Following extensive review and discussion, the workgroup voted by a two-thirds majority to recommend removal of LTSS-1 and LTSS-2 from the measure set.

While the workgroup affirmed the importance of measuring for person centered assessment and planning, members raised significant concerns regarding the feasibility, applicability and validity of these measures across fee-for service (FFS) HCBS systems. We are concerned that CMS’s proposal to retain these measures does not adequately reflect the expertise and recommendations of this workgroup.

An alternative approach that CMS could consider is to add specific measures from the experience of care surveys. We believe they would more effectively measure the concepts of person-centered assessment and planning. For example, the NCI surveys include both process and outcome-oriented indicators regarding person-centered planning and outcomes. The following measures are included below for your consideration:

NCI-IDD

- The percentage of people who report that they helped make their service plan
- The percentage of people who report their case manager/service coordinator reviews their service plan with them throughout the year, when needed
- The percentage of people who report that their service plan includes things that are important to them

NCI-AD

- Percentage of people who discussed their preferences and needs in the service planning meeting
- Percentage of people who received a copy of their service plan after the service planning meeting
- Percentage of people who are involved in making decisions about their service plan

CMS Request for Comment: CMS proposes to require States that conduct the HCBS CAHPS survey to report the results to the HCBS CAHPS survey database managed by the Agency for Healthcare Research and Quality (AHRQ) and for CMS to work with AHRQ to obtain the survey results from the HCBS CAHPS database rather than through State reporting directly to CMS. For States that conduct NCI-AD and NCI-IDD, CMS requests comment on States reporting the data through the existing processes for those surveys and for CMS to obtain the survey results directly from the measure stewards (ADvancing States and Human Services Research Institute (HSRI) for NCI-AD; and the National Association of State Directors of Developmental Disabilities

Services (NASDDDS) and HSRI for NCI–IDD), rather than through State reporting directly to CMS.

We support CMS’s interest in streamlining reporting processes by allowing survey data to be submitted through existing NCI and HCBS CAHPS reporting structures rather than requiring duplicate state reporting directly to CMS. From a state perspective, leveraging existing measure steward infrastructure could reduce administrative burden and improve consistency in reporting processes.

We therefore encourage CMS to continue working collaboratively with measure stewards to establish clear reporting expectations, timelines, and operational processes prior to implementation.

Voluntary Measures

CMS Request for Comment: CMS requests comment on potential uses of voluntarily reported data, including considerations around publication and utility for quality improvement.

States using the NCI tools have access to data for all measures in the survey and frequently use them for internal quality improvement strategies and data informed policy making. Regardless of additional requirements, states will continue to use the data for meaningful quality improvement strategies at state level.

Further, allowing states to choose additional measures, specifically choosing which measures to report for each year has burdensome implications for measure steward reporting. These implications include requiring measure stewards to:

- develop a system and work flow to track which states are reporting which voluntary measures; and
- to redo weighting for each measure if the composition of states changes

Most importantly, the national NCI average will not be useful if there are not a large number of states included. In other words, if states can pick whether to report some measures, there may be very few states to choose some measures, which then impacts the NCI average.

CMS Request for Comment: CMS requests comment on whether to collect the data on voluntary measures through several different methods, depending on the measure.

These methods include CMS analyses using T-MSIS Analytic Files; the HCBS CAHPS database; the MDCT; NCI-AD survey data collection; and NCI-IDD survey data collection.

We do not recommend adding any voluntary measures to the 2028 HCBS Quality Measure; however, should CMS decide to add voluntary measures, we support using the same data collection methods envisioned for mandatory measures. c

CMS Request for Comment: For States that conduct NCI-AD and NCI-IDD, CMS requests comments on whether data should be reported through the existing processes for those surveys, with CMS obtaining results directly from the measure stewards (ADvancing States and HSRI for NCI-AD; and NASDDDS and HSRI for NCI-IDD), rather than through State reporting directly to CMS.

We support CMS's interest in streamlining reporting processes by allowing survey data to be submitted through existing NCI reporting structures rather than requiring duplicate state reporting directly to CMS. From a state perspective, leveraging existing measure steward infrastructure could reduce administrative burden and improve consistency in reporting processes.

We therefore encourage CMS to continue working collaboratively with measure stewards to establish clear reporting expectations, timelines, and operational processes prior to implementation.

Proposed Stratification Requirements

CMS Request for Comment: CMS requests comment on whether to determine the number of proposed mandatory measures that would require stratification using the likely maximum number of measures that States would need to report, rather than the total number of proposed mandatory measures in the 2028 HCBS Quality Measure Set. Specifically, CMS asks whether to require States to report stratified data for five of the mandatory measures. We believe this approach more effectively recognizes the practical implications of the design of the 2028 HCBS Quality Measure Set than an approach based on the total number of proposed measures.

Measure stewards recommend not applying stratification to the experience of care survey measures. Measure stewards, however, will continue to provide technical assistance to states that want that level of analysis for quality improvement and policy development. For

states that have attempted it, we note that it is difficult to stratify data in multiple ways, including the risk of revealing beneficiary-specific information.

Further, stratification requirements on experience of care measures will result in additional complications for measure stewards.

CMS Request for Comment: CMS requests comment on our proposals, including whether any of the measures proposed for required stratification would not be feasible for States to stratify without undue burden or cost, whether States should be required to stratify any of the mandatory participant-reported survey measures, and whether the proposed stratification requirements would result in undue privacy risk.

We do not recommend applying stratification requirements to experience-of-care survey measures. While stratified analysis can be valuable for state level quality improvement and policy development, they can also present substantial methodological and privacy challenges.

In practice, states attempting to stratify survey data across multiple demographic and geographic categories frequently encounter limitations related to sample size, statistical reliability, and the potential for inadvertently identifying individual beneficiaries.

If CMS pursues geographical stratification requirements, we recommend using Core Based Statistical Areas (CBSAs) as a minimum standard, with future consideration of Rural Urban Commuting Area (RUCA) codes as methodologies continue to mature.

We do not recommend requiring additional stratification categories beyond those currently proposed. However, we continue to provide TA to states who want that level of analysis for policy making and quality improvement activities.

Proposed Reporting Populations and Proposed Attribution Rules for More Than One HCBS Population

CMS Request for Comment: CMS requests comment the proposal for aggregate reporting and whether we should consider requiring alternative levels of reporting, such as at the program, authority, delivery system, or managed care plan level.

NCI data are generally reported at the population or program level rather than by individual waiver or authority. Requiring reporting at a more granular levels would create significant administrative burden for states and measure stewards alike.

Additional reporting layers would also require substantial operational modifications to existing data systems and survey administration processes without clear evidence that such changes would improve the utility or comparability of the data.

Further, feedback from participating states was that a state aggregate would not be a useful outcome measure to base quality improvement activities on and instead prefer use of outcomes as NCI currently reports.

Proposed Reporting Schedule

CMS Request for Comment: For measures reported in MDCT, CMS is soliciting comments on whether to establish a State reporting window, similar to that for the Adult Core Set, that would open September 1, 2028, and close on December 31, 2028, and on whether an alternate schedule would be preferred. CMS requests comment on this proposal, including the feasibility of State reporting of relevant measures in MDCT by December 31, 2028.

CMS further requests comments on whether to retain similar flexibility in the 2028 HCBS Quality Measure Set by allowing States that conduct HCBS CAHPS and/or POM to field those surveys at any time during calendar year 2026 or 2027, and States conducting NCI-AD and/or NCI-IDD to field those surveys during the July 2026–June 2027 or July 2027–June 2028 reporting cycles. CMS requests comment on the proposed timeframes for States to field experience of care surveys for the 2028 HCBS Quality Measure Set, including our proposed flexibility for States to conduct experience of care surveys during a two-year time period.

For the NCI surveys, the proposed reporting timelines appear feasible. However, additional guidance is needed regarding how CMS intends to operationalize reporting across overlapping reporting cycles

For example, clarification is needed regarding whether data from both the 2026-2027 and 2027-2028 survey cycles would be reported separately, combined, or averaged for national reporting purposes. Flexibility in survey administration timelines is important to support continued state participation, but varying reporting cycles may complicate efforts to establish meaningful national benchmarks and cross state comparisons.

We encourage CMS to provide additional operational guidance regarding reporting expectations, benchmark development, and data aggregation methodologies prior to implementation.

Proposed Exemption for Small Numbers

CMS Request for Comment: CMS requests comment on we are soliciting comment on aligning State-to-CMS reporting with this policy by proposing to allow States to suppress any numerator, denominator, or other component of a measure with a value of 1 to 10, or that would allow such a value to be derived from other reported cells or information.

Depending on the reporting framework that CMS elects to implement, there are some measures that may have too small of an N. In those circumstances we would recommend suppressing the data. We would also suggest that in this scenario, states would be credited for reporting the data, although the data itself would not be reported.

General Comment

While the HCBS Quality Measure is a huge step forward in our field, we must note the lack of any measures addressing the direct care workforce. Workforce capacity is an essential prerequisite for access to home and community-based services. We would offer the NCI State of the Workforce survey as a source of potential measures on wages, tenure, turnover and other key metrics about the direct care workforce.

Thank you again for the opportunity to provide comments on the proposed 2028 HCBS Quality Measure Set. We appreciate CMS's continued commitment to strengthening quality services, transparency, and accountability across HCBS systems with recognizing the complexity and diversity of state service delivery structures.

As measure stewards with decades of experience supporting states in the collection, interpretation and use of HCBS quality data, we strongly support efforts to advance meaningful, person-centered quality measurement. At the same time, successful implementation of the HCBS QMS will require continued attention to operational feasibility, administrative burden, measure validity, and the practical realities facing states, providers, and people receiving services.



If you have any questions or would like additional information, please contact nci@nationalcoreindicators.org.

Sincerely,

Martha Roherty
Executive Director, ADvancing States

Mary Sowers
Executive Director, National Association of State Directors of Developmental Disabilities

David Hughes
President, Human Services Research Institute