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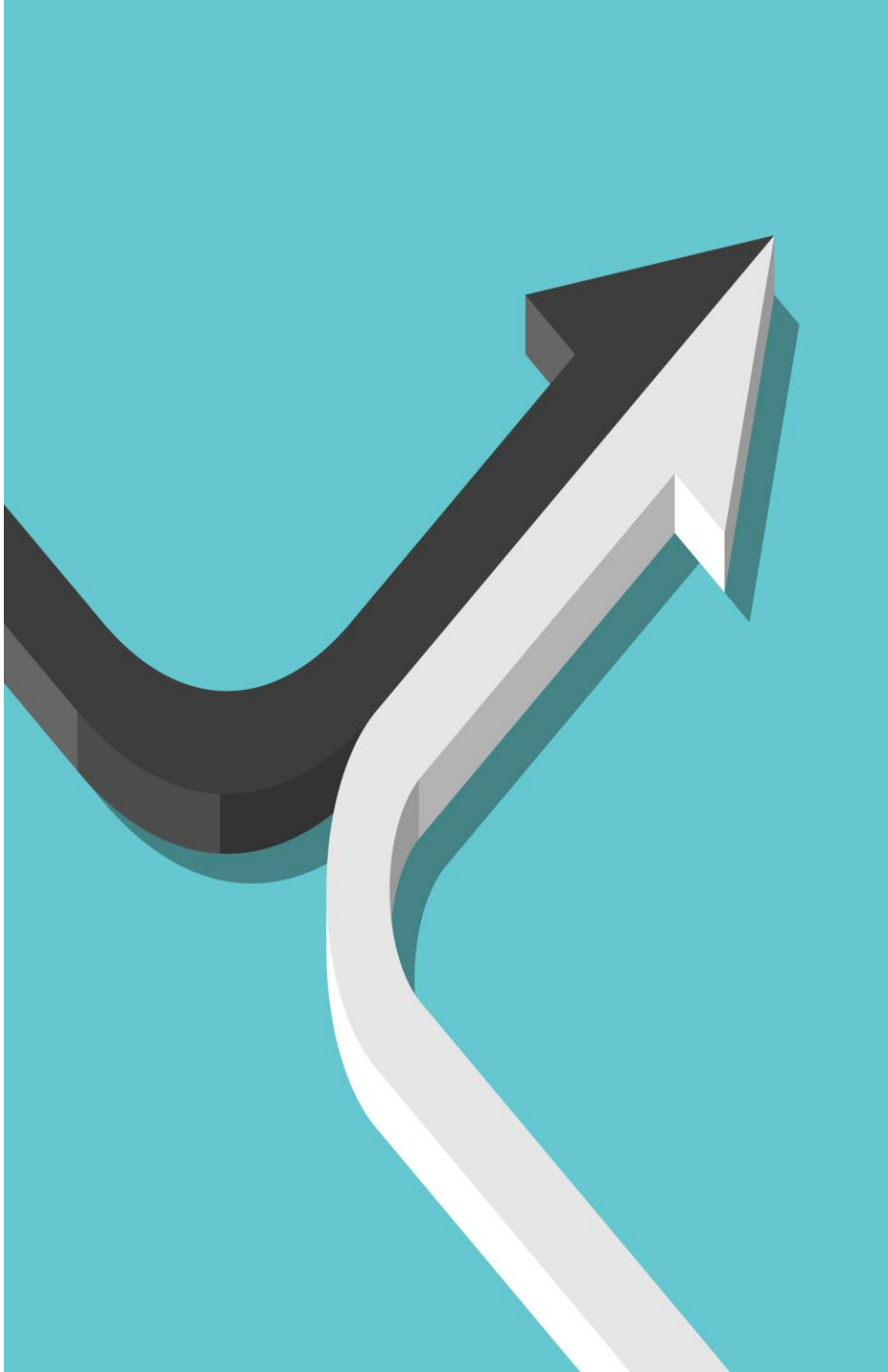
Discussion with the Deputy

IM4Q Conference 2023

OUTCOMES

Shifting focus in home and community-based services systems

- Quality measure set
- Selective contracting



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HCBS Quality Measure Set

- July 2022, CMS issued State Medicaid Director Letter #22-003 to releasing the first official version of the HCBS Quality Measure Set.

- April 2023 CMS proposed new regulations that would require use of a core measure set
  - *Ensuring Access to Medicaid Services (CMS 2442-P) Notice of Proposed Rulemaking*

Purpose of HCBS Quality Measure Set

- Promote more common and consistent use, within and across states, of nationally standardized quality measures in HCBS programs
- Create opportunities for CMS and states to have comparative quality data on HCBS programs.
- Expected to support states with improving the quality and outcomes of HCBS
- Promote health equity and reduce disparities in health outcomes among this population.

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Selective Contracting Objectives

- **Improving quality** through
  - focus on key/pivotal service areas
  - developing class of “Preferred Providers” using new performance metrics
  - aligning payment with outcomes by using “Pay for Performance”

Targeted percentage of individuals with I/DD receiving HCBS statewide express satisfaction with preferred providers of Residential Services by July 1, 2025

Targeted percentage of individuals with I/DD receiving HCBS statewide express satisfaction with preferred providers of Supports Coordination by July 1, 2026

Upcoming Changes to IM4Q

- Align questions with NCI-IDD 2023-2025
- Likely some changes with the sample starting in July 2024