In response to the Access Rule proposed recently by CMS, both NIDILRR RRTCs on HCBS quality measurement provide the following comments for consideration. We believe these suggestions will improve the processes for the selection and implementation of an HCBS Quality Measure Set, setting the field up to collect data that more accurately measures and represents areas that are improving and those that need additional supports. We recommend CMS does the following:

1. Establishes criteria based upon APA and AERA measurement standards as well as those set forth in the CMS HCBS Quality Measure Blueprint for the selection of measures to include in the HCBS Quality Measure Set. These criteria could then be used to focus the evaluation of measures to update over time.
   1. Measures included in the HCBS Quality measures set should meet the following criteria, with evidence available to support that these measures possess.
      1. Validity – the ability of the measure to provide accurate information regarding whether HCBS recipients are receiving services that are timely, of high quality, person-centered, and support them in living the life that they want.
      2. Reliability – the ability of measures to produce consistent results concerning whether HCBS recipients are receiving services that are person-centered and support them in living the life that they want
      3. Feasibility – the ability of the organizations and states to implement the instrument as designed, at an affordable cost and desired frequency, and at minimal burden to respondents
      4. Change over time – knowing if outcomes measured are changing over time improves the ability of the measure set to determine if changes in policy, funding, programming, etc. are having their intended impact and not leading to unintended outcomes
2. Ensures that data collected from measures is publicly available and a plan for how data is used and presented is established and transparent.
   1. We support CMS in their efforts to use the measures in their HCBS Quality Measure Set that focus on state compliance with CMS-HCBS regulations. However, in order to support long-term reporting of quality in HCBS, we strongly encourage CMS to prioritize an approach that will also support quality measurement at the provider level. This will allow states to identify and incentive improved quality at the provider organization level in their states. Information at the provider level also will support more informed consumer decision making, as individuals seek programs and providers that best meet their needs.
   2. CMS should develop an approach for incorporating issues related to levels of target respondent functioning, cognition, and behavior in the reports of HCBS quality measures. Appropriate approaches might include statistical risk adjustment or stratification of reported outcomes. Without considering how these differences may influence outcomes, states and organizations may choose to prioritize individuals with less need, potentially increasing the disparities that already exist in HCBS.
3. Provides resources that improve the feasibility of long-term implementation of the HCBS Quality Measure Set.
   1. CMS should provide a plan that outlines how they will continue to support evaluation and development of measures for the HCBS Quality Measure Set. This would include establishing validity, reliability, & feasibility in measures currently included in the measure set, as well as the development and adaptation of measures to fill gaps identified over time.
   2. CMS should develop ways to support increased internal and external capacity in the HCBS system. Increased support at state-level that anticipates the initial increased workload needed in adopting, adapting, and implementing new standardized measures is critical in the success of these measures.
   3. The CMS effort should include substantial training and technical assistance to states as well as providers to ensure that measures are implemented with a high degree of fidelity and users possess the knowledge to accurately interpret and use quality measures. CMS should explore providing enhanced federal financial participation (FFP) for these efforts.