

Public comment on the development of quality measures for children, youth, and young adults (CYYA) receiving Medicaid home and community-based services (HCBS)

Date: May 2026

The Centers for Medicare & Medicaid Services (CMS) seeks public comment on new measures under development to measure the quality of Medicaid home and community-based services (HCBS) for children, youth, and young adults (CYYA). In particular, CMS seeks feedback on the importance, feasibility, usability, and face validity of measures to inform the measure specifications, continued development and testing, and potential implementation.¹ This document provides the rationale for the measure concepts, summaries of the measure concepts, and a list of guiding questions.

Please submit comments to LTSSReporting@mathematica-mpr.com. When submitting a comment, please include the following information:

- If you are providing comments on behalf of an organization, please include your organization's name and your contact information, including full name, credentials (if applicable), and title.
- If you are commenting as an individual, please submit identifying or contact information, including full name and credentials (if applicable).
- Please indicate whether you are commenting on the Measure Concept Ranking, Questions of Interest, and/or whether it is a separate comment on something specific about a measure concept.
- Follow the instructions provided below for the Measure Concept Ranking and Questions of Interest, if responding to those topics. If submitting a separate comment, please reference the measure concept number.
- Do not include personal health information in your comments. CMS may share your comments publicly.
- Please include "CYYA Measure Development" in your subject line.

Note: These measures are in development. New measures are not eligible for CMS quality reporting until proposed and adopted through notice-and-comment rulemaking for each applicable program.

The Call for Public Comment period opens on May 8, 2026 and closes on June 8, 2026.

¹ For more information on each of these criterion, see the CMS Measures Management System (MMS) hub: <https://mmshub.cms.gov/measurelifecycle/measure-testing/evaluation-criteria/overview>

Measure Rationale

Medicaid and the Children’s Health Insurance Program (CHIP) together provide health coverage for nearly 37 million children from infancy through early adulthood.² Over the years, CMS, states, and providers have strengthened their efforts to monitor and improve the quality of care for CYYA particularly through initiatives like reporting on CMS’s Child Core Set, a standardized collection of children’s health care quality measures.

CYYA receiving Medicaid HCBS have unique needs compared with CYYA who do not receive HCBS and other HCBS recipients. Despite the unique needs of CYYA receiving HCBS, there are currently no measures specifically designed to assess the quality of HCBS for this population. For example, while the [Child Core Set](#) includes measures that are specified for CYYA, those measures are not specific to CYYA receiving HCBS. Conversely, the [HCBS Quality Measure Set](#) (QMS) includes measures focused on long-term services and supports (LTSS) and other aspects of HCBS quality; however, these measures are not specified for CYYA receiving HCBS.

To address this gap, CMS contracted with Mathematica³ (the Mathematica project team) under the LTSS Analyses, Public Reporting, and Measures Maintenance and Development contract (75FCMC19D0091/75FCMC24F0194) to develop up to five de novo (new) or respecified measures for CYYA⁴ receiving HCBS.

This document provides draft summaries for 14 CYYA HCBS quality measure concepts that are being considered and explored for further development.

Request for Public Comment

We invite interested parties to review this document and provide input to help inform our selection of measure concepts for further development and testing. The first section presents the current ranking of priority across the measure concepts under consideration. The following section summarizes the key questions of interest we are evaluating as part of this prioritization process.

Your input is essential to ensuring that the selected measure concepts reflect stakeholder priorities and support meaningful, actionable measurement.

² Centers for Medicare & Medicaid Services (CMS). “April 2025: Medicaid and Children’s Health Insurance Program (CHIP) Eligibility Operations and Enrollment Snapshot.” July 2025. <https://www.medicaid.gov/resources-for-states/downloads/eligib-oper-and-enrol-snap-april2025.pdf>

³ The Mathematica project team includes members from Mathematica, and the Human Services Research Institute (HSRI).

⁴ For the purpose of this project, we defined children, youth, and young adults (CYYA) as people ages 0-20 (up to the 21st birthday) to align with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) guidelines. However, we recognize that there are multiple life stages within this age range, including infancy, toddlerhood, elementary age, adolescence, and young adulthood.

Measure Concept Ranking

CMS and the Mathematica project team are seeking feedback on the relative importance, feasibility, usability, and face validity of 14 potential CYYA HCBS measure concepts.⁵ These measure concepts are rank ordered below from highest priority to lowest (where 1 means highest) based on whether the project's [Technical Expert Panel](#) supported the concept for further development and testing due to importance, usability, and feasibility.

- Measure Concept #1.** Admission to a Facility from the Community Among CYYA Receiving HCBS
- Measure Concept #2.** Minimizing Facility Length of Stay for CYYA
- Measure Concept #3.** Successful Transition after Long-Term Facility Stay for CYYA
- Measure Concept #4.** All-Cause Readmission Among CYYA Receiving HCBS
- Measure Concept #5.** Follow-Up After Emergency Department Visit for CYYA with Multiple High-Risk Chronic Conditions Receiving HCBS
- Measure Concept #6.** Youth Receiving HCBS who Receive Support Needed for Transitioning to Adult HCBS
- Measure Concept #7.** CYYA Unmet Need
- Measure Concept #8.** Self-direction of Services and Supports among CYYA Receiving HCBS
- Measure Concept #9.** Improvement or Maintenance of Functioning for Youth with a Mental and/or Substance Use Disorder and Receiving HCBS
- Measure Concept #10.** Reassessment and Person-Centered Plan Update after Inpatient Discharge for CYYA Receiving HCBS
- Measure Concept #11.** Chronic Absenteeism Among CYYA Receiving HCBS
- Measure Concept #12.** Comprehensive Assessment and Update for CYYA Receiving HCBS
- Measure Concept #13.** Comprehensive Person-Centered Plan and Update for CYYA Receiving HCBS
- Measure Concept #14.** Shared Person-Centered Plan with Primary Care Provider for CYYA Receiving HCBS

After reviewing the ranking and measure summaries starting on page 7, please share any feedback on this current ranking by responding to the following questions:

1. Are there changes you would make to the current draft ranking? How might you re-rank the concepts?
2. What criteria guided your ranking (importance, feasibility, usability, validity)?
3. Do you have any additional comments on the ranking?

⁵ For more information on each of these criterion, see the CMS Measures Management System (MMS) hub: <https://mmshub.cms.gov/measurelifecycle/measure-testing/evaluation-criteria/overview>

Summary of Questions of Interest

CMS and the Mathematica project team are interested in feedback on all aspects of the proposed CYYA measure concepts. The table below organizes questions by **measure topic** and **measure element** to clarify how each question aligns with specific components of the draft measure concepts.

- The first column, **Measure Topic**, identifies the broader substantive area of the measure concepts (e.g., facility admissions, emergency department visits, transition planning, self-direction, assessments).
- The second column, **Measure Element**, specifies the measure specification element under consideration (e.g., minimum age, numerator definition, stratification, managed care requirement, reassessment timeframe).
- The third and fourth columns provide a unique ID for the question and present the specific issue for public comment, including contextual language describing the relevant measure concept(s).
- The final column, **Table Section for each Measure Concept**, indicates which numbered measure concept(s) and which technical component (e.g., eligible population/denominator, numerator, stratifications, description) the question pertains to.

Questions are grouped by topic and may reference multiple measure concepts where design considerations overlap. You can review both the full question text and the referenced measure concept numbers to understand the policy and methodological implications of each issue. You can choose to respond to all or a subset of domains/questions. When responding to a question of interest, please indicate the question number you are responding to.

Exhibit 1. Summary of Questions of Interest

Measure Topic	Measure Element	Question No.	Question	Table Section for each Measure Concept
CYYA using HCBS admitted to facilities	Minimum age	1	There is no minimum age included in the draft proposed measure concepts, so CYYA beneficiaries from birth to age 21 are included in all measures. Measure Concepts #1 through 4 focus on CYYA using HCBS that are admitted to facilities. Should the eligible population include all CYYA beneficiaries using HCBS that are admitted to facilities, or should there be a minimum age for inclusion? Explain if and why establishing a minimum age would be appropriate for the eligible population or denominator.	Eligible population: <ul style="list-style-type: none"> • Measure Concept #1 • Measure Concept #2 • Measure Concept #3 • Measure Concept #4 • Measure Concept #10

Measure Topic	Measure Element	Question No.	Question	Table Section for each Measure Concept
CYYA using HCBS admitted to facilities (continued)	Successful transition from a facility	2	Measure Concepts #2 and #3 assess successful transitions from a facility to the community. Measure Concept #2 focuses on short-term facility admissions while Measure Concept #3 limits to long-term facility stays. For both measure concepts, what is an appropriate minimum community tenure needed for a successful transition from a facility admission?	Numerator: <ul style="list-style-type: none"> • Measure Concept #2 • Measure Concept #3
	Strata	3	For some performance measures, results can mask important differences in access, service intensity, continuity of care, and transition outcomes across developmental stages of CYYA. The adult version of Measure Concept #2 (Minimizing Facility Length of Stay for CYYA) recommends age group stratifications. Should this measure be stratified by age groups? For example, age stratifications might be defined as ages 0-5 for preschool, 6-12 for school-aged children, 13-17 for teens, 18-21 for young adults. Provide rationale for any recommended age group stratification.	Stratifications: <ul style="list-style-type: none"> • Measure Concept #2
Emergency department (ED) visits among CYYA using HCBS	Minimum age	4	Measure Concept #5 assesses follow-up after an ED visit. Should we include all pre-school aged children (ages 0 through 6) receiving HCBS or implement a minimum age requirement to be included in the eligible population to measure ED visits?	Eligible population: <ul style="list-style-type: none"> • Measure Concept #5
	Strata	5	For some performance measures, results can mask important differences in access, service intensity, continuity of care, and transition outcomes across developmental stages of CYYA. The adult version of Measure Concept #5 (Follow-Up After Emergency Department Visit for CYYA with Multiple High-Risk Chronic Conditions Receiving HCBS) recommends age group stratifications. Should this measure be stratified by age groups? For example, age stratifications might be defined as ages 0-5 for preschool, 6-12 for school-aged children, 13-17 for teens, 18-21 for young adults. Provide rationale for any recommended age group stratification.	Stratifications: <ul style="list-style-type: none"> • Measure Concept #5

Measure Topic	Measure Element	Question No.	Question	Table Section for each Measure Concept
CYYA receiving supports for their service plans, transitioning from CYYA HCBS, or utilizing self-direction	Transition type	6	Measure Concept #6 assesses the percentage of youth/family who report they have been supported in planning for transition from children's HCBS. Before identifying if a beneficiary received support in planning transition, how should transition for CYYA receiving HCBS be defined? Should a transition be exclusively a transition into adult HCBS? Or should it broadly consider transitions out of CYYA HCBS, regardless of whether someone transitioned to adult HCBS?	Description: <ul style="list-style-type: none"> • Measure Concept #6
	Appropriate age range	7	Would it be appropriate to implement a minimum age requirement for concepts focused on service plans, self-direction, or transitions out of CYYA HCBS? Explain why a minimum age may be appropriate for the eligible population or denominator as needed. For Measure Concept #6, is age 21 too late to get transition support? What would be the most appropriate age window for transition support?	Eligible population: <ul style="list-style-type: none"> • Measure Concept #6 • Measure Concept #7 • Measure Concept #8
	Managed care plan requirement	8	For Measure Concept #8, the measure assesses the percentage of eligible enrollees under age 21 receiving HCBS that received an offer to self-direct and the number that opted into self-direction. Self-direction is a Medicaid service delivery model for long-term services and supports (LTSS) that allows beneficiaries to exercise employer and/or budget authority over their services, including selecting, hiring, managing, and dismissing direct support workers and, in some models, controlling an individualized service budget within program rules. The adult version of the measure limits the population to managed LTSS participants. Are there any feasibility concerns to consider if including fee-for-service (FFS) LTSS participants?	Eligible population: <ul style="list-style-type: none"> • Measure Concept #8
Assessments of CYYA needs or a person-centered plan	Reassessment timeframe	9	Measure Concept #10 assesses the percentage of discharges from inpatient facilities for CYYA receiving HCBS for whom a reassessment and person-centered plan update occurred within 30 days of discharge. The initial assessment and reassessment should address beneficiary's needs in the areas of self-care, mobility, and instrumental activities of daily living. Are there clinical situations for CYYA in which a reassessment within 30 days from an inpatient facility discharge could be premature or not clinically meaningful or useful?	Numerator: <ul style="list-style-type: none"> • Measure Concept #10
CYYA unmet need	Appropriate age range	10	Would it be appropriate to implement a minimum age requirement for concepts focused on service plans, self-direction, or transitions out of CYYA HCBS? Explain why a minimum age may be appropriate for the eligible population or denominator as needed.	Eligible population: <ul style="list-style-type: none"> • Measure Concept #7

Measure Summaries

Measure Concept #1. Admission to a Facility from the Community Among CYYA Receiving HCBS

Description	The number of short-, medium-, and long-term admissions to a facility among CYYA younger than age 21 who live in the community and receive HCBS for at least one day of the month
Related adult measures ^a	<ul style="list-style-type: none"> • Managed Long-Term Services and Supports (MLTSS)-6 (CMS Measures Inventory Tool [CMIT] #20) • Fee for Service (FFS) LTSS-6 (CMIT #20) • Admission to a Facility from the Community (AIF-HH) (CMIT #20)
Measure Steward	CMS
Measure Availability and Use	Public Domain
HCBS Quality Priority Area	Rebalancing
National Quality Forum (NQF) Domain ^b	System Performance and Accountability
Eligible population	<p>Age: CYYA younger than age 21 as of the first day of the measurement year See Question #1 in Exhibit 1 about minimum age</p> <p>Continuous enrollment: Continuous enrollment in Medicaid or CHIP for at least 30 days between August 1 of the year prior to the measurement year and July 31 of the measurement year</p> <p>Service utilization: The enrollee must have received HCBS within the measurement period.</p>
Numerator	Three numerators: The number of admissions that are (1) short, (2) medium, and (3) long-term.
Denominator	Number of enrollee months where the enrollee was residing in the community for at least one day of the month
Exclusions	To be determined (TBD)
Risk adjustment	Not applicable
Data Source	Medicaid (Transformed Medicaid Statistical Information System [T-MSIS] Analytic File [TAF]) and Medicare claims, encounters, and enrollment data
Measure Type	Outcome
Accountable Entity	State Medicaid, State CHIP, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report “Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement” is available at:

<https://digitalassets.jointcommission.org/api/public/content/4cc983b61d8b4078a9cd93f9cd697e0c?v=0ca5d1be>

Measure Summaries

Measure Concept #2. Minimizing Facility Length of Stay for CYYA

Description	The proportion of admissions to a facility among CYYA younger than age 21 that result in successful discharge to the community
Related adult measures ^a	MLTSS-7 (CMIT #968) FFS LTSS-7 (CMIT #968)
Measure Steward	CMS
Measure Availability and Use	Public Domain
HCBS Quality Priority Area	Rebalancing; Community Integration
NQF Domain ^b	System Performance and Accountability
Eligible population	Age: CYYA younger than age 21 as of the first day of the measurement year See Question #1 in Exhibit 1 about minimum age Continuous enrollment: Continuous enrollment in Medicaid or CHIP on the facility admission date through a number of days [TBD] following the facility admission date Allowable gap: None. Service utilization: The enrollee must have received a service from an eligible facility within the measurement period.
Numerator	The count of discharges from a facility to the community during the measurement year that result in successful discharge to the community within [TBD] days of admission See Question #2 in Exhibit 1 about successful transition from a facility
Denominator	New admissions to a facility for CYYAs under age 21, excluding transfers not occurring within a day of discharge/admission
Exclusions	TBD
Risk adjustment	Risk adjustment factors: TBD Weighting: TBD
Stratifications	Age: TBD See Question #3 in Exhibit 1 about strata
Data Source	Medicaid (TAF) and Medicare claims, encounters, and enrollment data
Measure Type	Outcome
Accountable Entity	State Medicaid, State CHIP, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement" is available at:

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Measure Summaries

Measure Concept #3. Successful Transition after Long-Term Facility Stay for CYYA

Description	The proportion of long-term facility stays among CYYA younger than age 21 that result in successful transitions to the community
Related adult measures ^a	MLTSS-8 (CMIT #414) FFS LTSS-8 (CMIT #414)
Measure Steward	CMS
Measure Availability and Use	Public Domain
HCBS Quality Priority Area	Rebalancing; Community Integration
NQF Domain ^b	System Performance and Accountability
Eligible population	<p>Age: CYYA younger than age 21 as of the first day of the measurement year See Question #1 in Exhibit 1 about minimum age</p> <p>Continuous enrollment: At least 365 days from July 1 of the year prior to the measurement year through December 31 of the measurement year. If the enrollee dies following discharge to the community, the continuous enrollment period does not include the period after death.</p> <p>Allowable gap: No more than one gap in enrollment (of up to 45 days) and no gap during the 60 days following the date of discharge to the community.</p> <p>Service utilization: The enrollee must have received a service from an eligible facility within the measurement period.</p>
Numerator	The number of long-term facility stays (nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), hospitals furnishing inpatient psychiatric hospital services for individuals under age 21) that result in successful transition to the community. See Question #2 in Exhibit 1 about successful transition from a facility
Denominator	The number of long-term facility stays in a nursing facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID), hospital furnishing inpatient psychiatric hospital services for individuals under age 21, inclusive of July 1 of the year prior to the measurement year.
Exclusions	TBD
Risk adjustment	Risk adjustment factors: TBD Weighting: TBD
Data Source	Medicaid (TAF) and Medicare claims, encounters, and enrollment data
Measure Type	Outcome
Accountable Entity	State Medicaid, State CHIP, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement" is available at:

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Measure Summaries

Measure Concept #4. All-Cause Readmission Among CYYA Receiving HCBS

Description	The percentage of CYYA's acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, adjusted for case mix
Related adult measures ^a	Existing Adult Core Set Measure and HCBS Quality Measure Set Measure: Plan All Cause Readmissions (PCR-AD) (Healthcare Effectiveness Data and Information Set [HEDIS]) (CMIT #561)
Measure Steward	National Committee for Quality Assurance (NCQA) (adult version)
Measure Availability and Use	Proprietary (adult version)
HCBS Quality Priority Area	Rebalancing
NQF Domain ^b	Holistic Health and Functioning
Eligible population	Age: CYYA younger than age 21 as of the Index Discharge Date See Question #1 in Exhibit 1 about minimum age Allowable gap: Continuous enrollment in Medicaid or CHIP for 365 days prior to the Index Discharge Date through 30 days after the Index Discharge Date. Service utilization: The enrollee must have received HCBS and a service from an eligible facility within the measurement period.
Numerator	Number of acute inpatient or observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, adjusted for differences in patient case mix (31 total days)
Denominator	Acute inpatient and observation stays
Exclusions	TBD
Risk adjustment	Risk adjustment factors: TBD Weighting: TBD
Data Source	Medicaid (TAF) and Medicare claims, encounters, and enrollment data
Measure Type	Outcome
Accountable Entity	State Medicaid, State CHIP, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement" is available at:

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Measure Summaries

Measure Concept #5. Follow-Up After Emergency Department Visit for CYYA with Multiple High-Risk Chronic Conditions Receiving HCBS

Description	The percentage of CYYA receiving HCBS with two or more high-risk chronic conditions who got follow-up care within seven days after they had an emergency department (ED) visit
Related adult measures ^a	Existing Child Core Set Measures: <ul style="list-style-type: none"> • Follow-Up After ED Visit for Mental Illness (CMIT #265) and • Follow-up After ED Visit for Substance Use Disorder (CMIT #264)
Measure Steward	NCQA (adult version)
Measure Availability and Use	Proprietary (adult version)
HCBS Quality Priority Area	Access
NQF Domain ^b	Holistic Health and Functioning
Eligible population	<p>Age: CYYA younger than age 21 as of the first day of the measurement year See Question #4 in Exhibit 1 about minimum age</p> <p>Allowable gap: Continuous enrollment in Medicaid or CHIP for at least 30 days between August 1 of the year prior to the measurement year and July 31 of the measurement year</p> <p>Chronic conditions: TBD</p> <p>Service utilization: The enrollee must have received HCBS and a service from an eligible facility within the measurement period.</p>
Numerator	<p>Two numerators:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for CYYAs receiving HCBS who have two or more high-risk chronic conditions that received a follow-up service within seven days of their ED visit (8 total days) 2. The percentage of ED visits for CYYAs receiving HCBS who have two or more high-risk chronic conditions that received a follow-up service within thirty days of their ED visit (31 total days)
Denominator	ED visits for CYYAs receiving HCBS who have two or more high-risk chronic conditions
Exclusions	TBD
Risk adjustment	The HEDIS and Child Core Set measures are not risk adjusted.
Stratifications	HEDIS and the Child Core Set report ages 6-17. The HEDIS adult measure also reports ages 18 to 64, ages 65 and older, and a total over age 6. See Question #5 in Exhibit 1 about strata
Data Source	Medicaid (TAF) and Medicare claims, encounters, and enrollment data
Measure Type	Process
Accountable Entity	State Medicaid, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report “Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement” is available at:

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Measure Summaries

Measure Concept #6. Youth Receiving HCBS who Receive Support Needed for Transitioning to Adult HCBS

Description	The percentage of youth/family who report they have been supported in planning for transition off of children's HCBS See Question #6 in Exhibit 1 about transition type
Related adult measures ^a	Child and Adolescent Health Measurement Initiative (CAHMI) measure: Children with Special Health Care Needs (CSHCN) Who Receive Services Needed for Transition to Adult Health Care
Measure Steward	CAHMI
Measure Availability and Use	Public Domain
HCBS Quality Priority Area	Access
NQF Domain ^b	Person-Centered Planning and Coordination
Eligible population	Age: All eligible respondents between 12 and 21 years of age See Question #7 in Exhibit 1 about appropriate age range Continuous enrollment: 23 months Allowable gap: Continuous enrollment in Medicaid or CHIP for 12 months Service utilization: The enrollee must have received HCBS within the measurement period.
Numerator	Number of respondents reporting receiving planning support
Denominator	Age: All eligible respondents between 12 and 21 years of age See Question #7 in Exhibit 1 about appropriate age range Service utilization: The enrollee must have received HCBS within the measurement period.
Exclusions	Excluded from denominator if child does not fall in target population age range of 12-21
Data Source	Potential future CYYA HCBS Consumer Assessment of Healthcare Providers and Systems [CAHPS [®]] survey Note: CAHMI measure uses the National Survey of Children's Health (NSCH)
Measure Type	Process
Accountable Entity	State Medicaid, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement" is available at:

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Measure Summaries

Measure Concept #7. CYYA Unmet Need

Description	The percentage of CYYA receiving HCBS whose services are delivered according to the service plan
Related adult measures ^a	N.A.
Measure Steward	CMS
Measure Availability and Use	New measure
HCBS Quality Priority Area	Access
NQF Domain ^b	Service Delivery and Effectiveness
Eligible population	<p>Age: CYYA younger than age 21 as of the first day of the measurement year See Question #7 in Exhibit 1 about appropriate age range</p> <p>Continuous enrollment: 23 months</p> <p>Allowable gap: Continuous enrollment in Medicaid or CHIP for 12 months</p> <p>Service utilization: The enrollee must have received HCBS within the measurement period.</p>
Numerator	CYYAs receiving HCBS whose services are delivered according to the service plan
Denominator	<p>Age: All eligible respondents up to age 21 See Question #10 in Exhibit 1 about appropriate age range</p> <p>Service utilization: The enrollee must have received HCBS within the measurement period.</p>
Exclusions	TBD
Data Source	Potential future CYYA HCBS Consumer Assessment of Healthcare Providers and Systems [CAHPS®] survey; case management data; Medicaid (TAF) claims, encounters, and enrollment data may be needed for participant sample identification
Measure Type	Outcome or Process
Accountable Entity	State Medicaid, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement" is available at:
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Measure Summaries

Measure Concept #8. Self-direction of Services and Supports among CYYA Receiving HCBS

Description	The percentage of eligible enrollees under age 21 receiving HCBS that received an offer to self-direct and the number that opted in to self-direction
Related adult measures ^a	HCBS-10 (CMIT #969)
Measure Steward	CMS
Measure Availability and Use	Public Domain
HCBS Quality Priority Area	Access
NQF Domain ^b	Choice and Control
Eligible population	See Question #8 in Exhibit 1 about appropriate managed care plan requirement Age: CYYA younger than age 21 as of the first day of the measurement year See Question #7 in Exhibit 1 about appropriate age range Continuous enrollment: 23 months Allowable gap: Continuous enrollment in Medicaid or CHIP for 12 months Service utilization: The enrollee must have received HCBS within the measurement period.
Numerator	This measure has two rates. The numerators for the two rates are as follows: <ul style="list-style-type: none"> • Rate 1: Self-direction offer rate numerator: number of participants under 21 who received an offer to self-direct their HCBS in the last 12 months. • Rate 2: Self-direction opt-in rate numerator: number of participants under age 21 who opted in to self-direct their HCBS at any time in the last 12 months.
Denominator	This measure has two rates: <ul style="list-style-type: none"> • Rate 1: Self-direction offer rate denominator: The denominator for this rate is the number of participants under 21 who were eligible to self-direct their HCBS in the last 12 months. The HCBS population eligible for self-direction depends on state and plan requirements. • Rate 2: Self-direction opt-in rate denominator. The denominator for this rate is the number of participants under age 21 who received an offer to self-direct their HCBS in the last 12 months.
Exclusions	Individuals not eligible to self-direct their services should be excluded from the eligible population. For example, this may include individuals who are residing in nursing homes, or group homes. Other exclusions include individuals who do not meet a specified level of care or individuals who are not allowed to self-direct their services due to fraud or neglect. Self-direction eligibility exclusion criteria defined by state contract requirements or other pre-established eligibility criteria used by case managers should be used.
Data Source	Case management data
Measure Type	Process
Accountable Entity	State Medicaid, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement" is available at:

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Measure Summaries

Measure Concept #9. Improvement or Maintenance of Functioning for Youth with a Mental and/or Substance Use Disorder and Receiving HCBS

Description	The percentage of individuals ages 12 to 21 with a mental and/or substance use disorder receiving HCBS who demonstrated improvement or maintenance of functioning based on results from the 12-item World Health Organization Disability Assessment Schedule (WHODAS) 2.0 or Sheehan Disability Scale (SDS) 30 to 180 days after an index assessment
Related adult measures ^a	Existing MIPS measure: Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder (CMIT #377)
Measure Steward	American Psychiatric Association (APA)
Measure Availability and Use	Public Domain
HCBS Quality Priority Area	Community Integration
NQF Domain ^b	Holistic Health and Functioning
Eligible population	Age: CYYA ages 12 to 21 as of the first day of the measurement year Continuous enrollment: Continuous enrollment in Medicaid or CHIP for 12 months Receiving HCBS: Enrollee must have received home- and community-based services within the continuous enrollment measurement period
Numerator	Medicaid HCBS recipients ages 12 to 21 who demonstrated improvement or maintenance of functioning, as demonstrated by results of follow-up assessment using the 12-item WHODAS 2.0 or SDS 30 to 180 days after the index assessment during the performance period.
Denominator	All Medicaid HCBS recipients ages 12 to 21 with a mental and/or substance use disorder and an encounter with an index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period.
Exclusions	Patient situations, at any point during the denominator identification period, where the patient's functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools, such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders. Patients who died during the performance period.
Data Source	Assessment/case management data
Measure Type	Outcome
Accountable Entity	State Medicaid, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement" is available at:

<https://digitalassets.jointcommission.org/api/public/content/4cc983b61d8b4078a9cd93f9cd697e0c?v=0ca5d1be>

Measure Summaries

Measure Concept #10. Reassessment and Person-Centered Plan Update after Inpatient Discharge for CYYA Receiving HCBS

Description	The percentage of discharges from inpatient facilities for CYYA receiving HCBS, under age 21, for whom a reassessment and person-centered plan update occurred within 30 days of discharge
Related adult measures ^a	MLTSS-4 (CMIT #962) FFS LTSS-4 (CMIT #962)
Measure Steward	CMS
Measure Availability and Use	Public Domain
HCBS Quality Priority Area	Access
NQF Domain ^b	Person-Centered Planning and Coordination
Eligible population	<p>Age: CYYA under age 21 as of the first day of the measurement year. See Question #1 in Exhibit 1 about minimum age</p> <p>Continuous enrollment: Enrollment in Medicaid or CHIP on the date of discharge through 30 days following the date of discharge.</p> <p>Allowable gap: None.</p> <p>Receiving HCBS: Enrollee must have received home- and community-based services within the continuous enrollment measurement period</p>
Numerator	<p>The measure reports two numerators.</p> <ul style="list-style-type: none"> • Rate 1: Reassessment after Inpatient Discharge. Reassessment on the date of discharge or within 30 days after discharge. Reassessment must be a discussion between the participant and the care manager. Reassessment in the inpatient facility on the day of discharge meets the element. Reassessment must document evidence of the 10 core elements and the reassessment date. Documenting no change does not meet the element. • Rate 2: Reassessment and Person-Centered Plan Update after Inpatient Discharge. Reassessment and person-centered plan update on the date of discharge or within 30 days after discharge. Reassessment must document evidence of the 10 core elements and the reassessment date. The person-centered plan update must be conducted during an encounter between the care manager and the participant. A person-centered plan updated in the inpatient facility on the day of discharge meets the requirement. Person-centered plan update must document evidence of the 10 core elements and the person-centered plan date. Documenting no change does not meet the element. <p>See Question #9 in Exhibit 1 about reassessment timeframe</p>
Denominator	A statistically valid random sample of inpatient discharges from the eligible population. The denominator is based on discharges, not on participants. Participants might appear more than once in the sample.

Measure Summaries

Exclusions	<p>Three exclusion rates are reported for this measure:</p> <ol style="list-style-type: none"> 1. Discharges for Planned Admissions. The percentage of hospital admissions that were planned. 2. Participant Could Not Be Contacted. The percentage of Medicaid participants under age 21 receiving HCBS who could not be contacted for reassessment or person-centered-plan updates following inpatient discharges. At least three attempts to contact the participant were made and documented, including the date and mode of each contact (e.g., telephone call, letter, email), all of which were unsuccessful. 3. Participant Refused Assessment or Person-Centered Planning. The percentage of Medicaid participants under age 21 receiving HCBS who refused reassessment or update to an LTSS person-centered plan following inpatient discharge.
Data Source	Assessment/case management data; Medicaid claims (TAF)
Measure Type	Process
Accountable Entity	State Medicaid, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement" is available at:

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Measure Summaries

Measure Concept #11. Chronic Absenteeism Among CYYA Receiving HCBS

Description	The percentage of school-aged CYYA receiving HCBS who miss 10% or more of enrolled school days
Related adult measures ^a	Child and Adolescent Health Measurement Initiative (CAHMI) measure: Number of School Days Children Miss Due to Illness
Measure Steward	CAHMI ^b
Measure Availability and Use	Public Domain
HCBS Quality Priority Area	Community Integration
NQF Domain ^c	Community Inclusion
Eligible population	Age: CYYA ages 6 to 17 as of the first day of the measurement year. Continuous enrollment: Enrollment in Medicaid or CHIP for 12 months. Allowable gap: None. Receiving HCBS: Enrollee must have received home- and community-based services within the continuous enrollment measurement period
Numerator	CYYA who attend fewer than 90% of days during school enrollment period
Denominator	Children and adolescents ages 6 to 17 who have been enrolled in school (public or private) at any time during the past 12 months receiving HCBS
Exclusions	CYYA no longer enrolled in school
Data Source	Unknown at this time. Potential future CYYA HCBS Consumer Assessment of Healthcare Providers and Systems [CAHPS [®]] survey Note: CAHMI measure uses the National Survey of Children’s Health (NSCH)
Measure Type	Process
Accountable Entity	State Medicaid, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b This measure is available from the 2022 National Survey of Children with Special Health Care Needs but is not on the most recent CAHMI list.

^c The NQF report “Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement” is available at:

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Measure Summaries

Measure Concept #12. Comprehensive Assessment and Update for CYYA Receiving HCBS

Description	The percentage of CYYA receiving HCBS, under age 21, who have documentation of a comprehensive assessment, completed in a specified timeframe, which includes documentation of core and supplemental elements
Related adult measures ^a	MLTSS-1 (CMIT #960) FFS LTSS-1 (CMIT #960)
Measure Steward	CMS
Measure Availability and Use	Public Domain
HCBS Quality Priority Area	Access
NQF Domain ^b	Person-Centered Planning and Coordination
Eligible population	<p>Age: CYYA under age 21 as of the first day of the measurement year.</p> <p>Continuous enrollment: A participant must be enrolled in Medicaid or CHIP for at least 150 days, continuously, between August 1 of the year prior to the measurement year and December 31 of the measurement year. For participants with multiple distinct continuous enrollment periods during the measurement year, use the assessment completed during the last continuous enrollment period of 150 days or more, occurring during the measurement year.</p> <p>Allowable gap: None.</p> <p>Receiving HCBS: Enrollee must have received home- and community-based services within the continuous enrollment measurement period</p>
Numerator	<p>The measure reports two numerators.</p> <ul style="list-style-type: none"> • Rate 1: Assessment of Core Elements: The number of CYYA receiving HCBS who had a comprehensive assessment with ten core elements documented within 90 days of enrollment (for new participants) or during the measurement year (for established participants). • Rate 2: Assessment of Supplemental Elements: The number of CYYA receiving HCBS who had a comprehensive assessment with ten core elements and at least 12 supplemental elements documented within 90 days of enrollment (for new participants) or during the measurement year (for established participants).
Denominator	A systematic sample drawn from the eligible population using HCBS under age 21
Exclusions	<p>Two exclusion rates are reported for this measure.</p> <p>Exclusion Rate 1: Participant Could Not Be Contacted. The percentage of CYYA receiving HCBS who could not be contacted for a comprehensive assessment within 90 days of enrollment (for new participants) or during the measurement year (for established participants).</p> <p>Exclusion Rate 2: Participant Refused Assessment. The percentage of CYYA receiving HCBS who refused a comprehensive assessment.</p>
Data Source	Assessment/case management data
Measure Type	Process
Accountable Entity	State Medicaid, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement" is available at:

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Measure Summaries

Measure Concept #13. Comprehensive Person-Centered Plan and Update for CYYA Receiving HCBS

Description	The percentage of CYYA receiving HCBS under age 21, who have documentation of an LTSS comprehensive person-centered plan, completed in a specified timeframe, which includes documentation of core and supplemental elements
Related adult measures ^a	MLTSS-2 (CMIT #961) FFS LTSS-2 (CMIT #961)
Measure Steward	CMS
Measure Availability and Use	Public Domain
HCBS Quality Priority Area	Access
NQF Domain ^b	Person-Centered Planning and Coordination
Eligible population	<p>Age: CYYA under age 21 as of the first day of the measurement year.</p> <p>Continuous enrollment: A participant must be enrolled in Medicaid or CHIP for at least 150 days, continuously, between August 1 of the year prior to the measurement year and December 31 of the measurement year. For participants with multiple distinct continuous enrollment periods during the measurement year, use the assessment completed during the last continuous enrollment period of 150 days or more, occurring during the measurement year.</p> <p>Allowable gap: None.</p> <p>Receiving HCBS: Enrollee must have received home- and community-based services within the continuous enrollment measurement period</p>
Numerator	<ul style="list-style-type: none"> ● Rate 1: Person-Centered Plan with Core Elements. The number of CYYA receiving HCBS under age 21 who had either of the following: <ul style="list-style-type: none"> - New participants. An LTSS comprehensive person-centered plan completed within 120 days of enrollment, containing all 10 core elements documented; or - - Established participants. An LTSS comprehensive person-centered plan completed at least once during the measurement year, containing all 10 elements documented. Person-centered plans must be discussed during an encounter between the care manager and the participant. The person-centered plan is not required to be created in the participant's home. The person-centered plan may be discussed during the same encounter as the comprehensive assessment; assessment of the participant and development of the person-centered plan may be done during the same encounter or during different encounters. ● Rate 2: Person-Centered Plan with Supplemental Elements Documented. The number of CYYA receiving HCBS under age 21 who had either of the following: <ul style="list-style-type: none"> - New participants. An LTSS comprehensive person-centered plan, completed within 120 days of enrollment, containing all 10 core elements and at least 4 supplemental elements documented; or - - Established participants. An LTSS comprehensive person-centered plan, created during the measurement year, containing all 10 core elements and at least 4 supplemental elements documented. The person-centered plan must be completed within 120 days of enrollment and must be updated annually thereafter. Person-centered plans must be discussed during an encounter between the care manager and the participant. The person-centered plan is not required to be created in the participant's home. The person-centered plan may be discussed during the same encounter as the comprehensive assessment. The participant's person-centered plan must document evidence of the 10 core elements, evidence of at least 4 (of 7) supplemental elements, and the person-centered plan date.

Measure Summaries

Denominator	This measure is based on a review of CYYA under 21 receiving HCBS case management records, selected via a statistically valid random sample drawn from the eligible population.
Exclusions	Two exclusion rates are reported for this measure: <ol style="list-style-type: none"> 1. Participant Could Not Be Contacted. The percentage of CYYA receiving HCBS under age 21 who could not be contacted to create an LTSS comprehensive person-centered plan within 120 days of enrollment (for new participants) or during the measurement year (for established participants). 2. Participant Refused Person-Centered Planning. The percentage of CYYA receiving HCBS under age 21 who refused a comprehensive person-centered plan.
Data Source	Assessment/case management data
Measure Type	Process
Accountable Entity	State Medicaid, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement" is available at:

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Measure Summaries

Measure Concept #14. Shared Person-Centered Plan with Primary Care Provider for CYYA Receiving HCBS

Description	The percentage of CYYA receiving HCBS , under age 21, with a person-centered plan transmitted to their Primary Care Provider (PCP) (or other documented medical care provider) identified by the participant within 30 days of its development
Related adult measures ^a	MLTSS-3 (CMIT #963) FFS LTSS-3 (CMIT #963)
Measure Steward	CMS
Measure Availability and Use	Public Domain
HCBS Quality Priority Area	Access
NQF Domain ^b	Person-Centered Planning and Coordination
Eligible population	<p>Age: CYYA under age 21 as of the first day of the measurement year.</p> <p>Continuous enrollment: A participant must be enrolled in Medicaid or CHIP for at least 150 days, continuously, between August 1 of the year prior to the measurement year and December 31 of the measurement year. For participants with multiple distinct continuous enrollment periods during the measurement year, use the assessment completed during the last continuous enrollment period of 150 days or more, occurring during the measurement year.</p> <p>Allowable gap: None.</p> <p>Receiving HCBS: Enrollee must have received home- and community-based services within the continuous enrollment measurement period</p>
Numerator	The number of CYYA receiving HCBS under age 21 whose person-centered plan was transmitted to their PCP (or other documented medical care provider) identified by the participant within 30 days of the date when the participant agreed to the person-centered plan (i.e., within 31 days, total, following finalization and agreement of the person-centered plan). The documentation must show transmission at least once between August 1 of the year prior to the measurement year and December 31 of the measurement year. If multiple person-centered plans are documented or updated in the measurement year, evidence of one transmission within 30 days of the participant's agreement to the person-centered plan is sufficient to meet the numerator criteria. <i>Transmission of person-centered plans to a participant's PCP is the responsibility of the managed care plan or the state, not the participant.</i> Evidence of person-centered plan transmission includes: 1) documentation of to whom the person-centered plan was transmitted, 2) the transmission date, and 3) a copy of the transmitted plan or plan sections.
Denominator	This measure is based on a review of participant case management records for CYYA under age 21 receiving HCBS, selected via a statistically valid random sample drawn from the eligible population.
Exclusions	Participant Refused to Share Person-Centered Plan. The percentage of CYYA under 21 receiving HCBS who refused to have the person-centered plan shared with a PCP (or other documented medical care provider).
Data Source	Case management data
Measure Type	Process
Accountable Entity	State Medicaid, Medicaid HCBS Program

^a These measures are specified for adult populations and are not available for CYYA.

^b The NQF report "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement" is available at:

<https://digitalassets.jointcommission.org/api/public/content/4cc983b61d8b4078a9cd93f9cd697e0c?v=0ca5d1be>