

# Home and Community-Based Services (HCBS) Measures Maintenance and Development Technical Expert Panel (TEP) Nomination Form

**Project Title:** Home and Community-Based Services (HCBS) Measures Maintenance and Development

**Note to Applicant/Nominee:** Please read the Technical Expert Panel (TEP) Charter for more information about the project and TEP participant requirements. Please attach additional pages if necessary.

## Instructions:

Applicants/nominees must submit these documents **with this completed and signed form:**

1. A letter of interest (not to exceed two pages) highlighting experience/knowledge relevant to the TEP objectives and involvement in measure development.
  - There is no expectation for people who use HCBS and family (caregiver) applicants/nominees to have experience in measure development. These applicants can describe their interest in the topic.
2. A curriculum vitae (CV) or a summary of relevant experience (including publications) for a maximum of 10 pages.
  - There is no requirement for people who use HCBS and family (caregiver) applicants/nominees to submit a CV.

**Send this completed and signed TEP Nomination Form, letter of interest, and CV** to Mathematica with "Nomination" in the subject line to [HCBSMeasures@mathematica-mpr.com](mailto:HCBSMeasures@mathematica-mpr.com). The documents are due by close of business February 14, 2025, Eastern Time.

**Applicant/Nominee Information (Self-nominations are acceptable):**

Name and credentials, if any (e.g., degrees, certifications)

**For people who use HCBS and family (caregiver) participants only:** I wish to keep my name confidential.

Yes      No

Professional role or title (e.g., person who uses HCBS, family, caregiver, non-physician clinician or direct care worker, physician, measure developer):

Organizational affiliation: (Employer or organization you represent, if any):

Applicant's preferred mailing address (may be business or residential):

Street:

City/State/Zip:

Telephone:

Email:

**Person Recommending the Nominee:**

Complete this section only if you are nominating a third party for the TEP. You must sign this form and attest you have notified the nominee of this action and they are agreeable to serving on the TEP.

Name and credentials, if any (e.g., degrees, certifications)

**For people who use HCBS and family (caregiver) participants only:** I wish to keep my name confidential.      Yes      No

Professional role or title: (e.g., person who uses HCBS, family, caregiver, non-physician clinician or direct care worker, physician, measure developer)

Organizational affiliation, if any: (Employer or organization you represent.)

Nominator's preferred mailing address (business or residential):

Street:

City/State/Zip:

Telephone:

Email:

I attest that I have notified the nominee of this action and that the nominee is agreeable to serve on the TEP.

Signature:

Date:

**The nominee must submit the remainder of the nomination package within the specified period for consideration.**

**Applicant/Nominee's Disclosure:**

1. Do you or any family members have a financial interest, arrangement, or affiliation with any organizations that may create a potential conflict of interest?    Yes    No  
If yes, describe (for example, grant/research support, consultant, speaker's bureau, major stock shareholder, or other financial or material support). Include the name of the organization.
2. Do you or any family members have intellectual interest in a study or other research related to the quality measures under consideration?    Yes    No  
If yes, describe the type of intellectual interest and the name of the organization/group:

**Applicant/Nominee's Participation on the TEP (select all that apply):**

- The applicant will serve in the capacity of a clinical, direct care, or methodological expert.
- The applicant will serve in the capacity of a person who uses HCBS.
- The applicant will serve in the capacity of a family member or caregiver of a person who uses HCBS.

**Applicant/Nominee's Area(s) of Expertise or Perspective(s) (select all that apply):**

- HCBS expertise related to child populations
- HCBS expertise related to child health, development, and social support needs
- HCBS expertise related to people under age 65 with potentially disabling conditions
- HCBS expertise related to older adults (ages 65 and older)
- HCBS expertise related to both adult and child populations
- HCBS expertise related to people of all ages with autism spectrum disorder (ASD) or intellectual or developmental disability (ID or DD)
- HCBS expertise related to people of all ages with mental health (MH) or substance use disorder (SUD) conditions
- HCBS expertise related to other people of all ages who need LTSS
- State staff with HCBS quality improvement expertise and individuals from associations representing states and their HCBS programs
- Pediatric clinicians
- HCBS researchers
- Direct care workers (such as personal care aides, nursing assistants, or home health aides who provide personal assistance with self-care activities) and individuals from associations representing direct care workers
- People who use HCBS and their advocates, families, or individuals from self-advocacy organizations
- Health plans providing managed LTSS and individuals from associations representing these health plans
- Other (specify):

**Applicant/Nominee's Agreement:**

- If my conflict of interest status changes at any time during my service as a member of this TEP, I will notify the Mathematica project team and the TEP chairperson.
- I anticipate there will be two to three working meetings throughout each year (2025-2029). Workgroup meetings of 2-4 hours each will be scheduled based on need and TEP member availability. Review of preparatory materials prior to meetings and completing a pre- or post-meeting survey, if applicable, may be necessary and will take an estimated time between 2 and 3 hours total. I am able to commit to attending TEP meetings in person, by teleconference, or by mutually agreed-upon alternative means.
- If selected to participate in the TEP, and the measure developer submits measures to a measure endorsement organization. I will be available to discuss the measures with the organization or its representatives and work with the measure developer to revise the measures, if necessary.
- If selected to participate in the TEP, I will keep all materials and discussions confidential, including not sharing within my organization, until such time that CMS authorizes their release.
- I understand participation is voluntary and my input will be recorded in the meeting minutes.
- I understand proceedings of the TEP will be summarized in a report that may be disclosed to the public.
- I have read the TEP Charter for information on participation, conflict of interest, and financial disclosure.

I have read the Applicant/Nominee's Agreement and agree to abide by it.

Signature:

Date: