



November 18, 2020

Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

**Re: Request for Information: Recommended Measure Set for Medicaid-Funded Home and Community-Based-Services (HCBS)**

On behalf of Meals on Wheels America, I would like to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to submit comments on your Request for Information (RFI) regarding a recommended set of quality measures for Medicaid Home and Community-Based Services (HCBS) programs and services. As the largest national membership organization working to support and empower community-based Meals on Wheels programs as they deliver essential nutrition and socialization services to older adults in their homes, we understand the need for the effective provision – and evaluation – of Medicaid-funded HCBS services for older adults. This is particularly critical during the current period of rapid growth in the senior population and increasing need for long-term care alternatives.

The Meals on Wheels network provides congregate and home-delivered nutrition services primarily to older adults and individuals with disabilities. By providing nutritious meals, opportunities for regular socialization, safety and wellness checks and connections to essential community resources, local Meals on Wheels programs enable individuals to remain independent at home, which greatly reduces the need for other more costly health interventions such as hospitalization and/or institutional long-term care. Increasingly, providers within the Meals on Wheels network are working with healthcare partners, including state Medicaid programs that leverage nutrition services in their HCBS waiver program and private Medicare Advantage plans offering Special Supplemental Benefits for nutrition and/or socialization. As a result of this engagement in healthcare, we understand both the need for, and support, CMS initiatives like quality measures aimed at improving the effectiveness of publicly-funded HCBS programs.

As referenced in the RFI, we agree that establishing a nationally-available quality measure set for Medicaid-funded HCBS would improve performance of HCBS and benefit its beneficiaries in several ways. Aside from establishing standards to help ensure that HCBS program and service participants are receiving quality care that is delivered to them as intended, it would support the collection and availability of data and key information that can be made available to individuals as they choose their health plans or providers. This framework also helps build capacity for states and other healthcare administrators to evaluate the quality of the HCBS they provide.

While we strongly support CMS' efforts to develop a preliminary draft set of HCBS quality measures, and agree with the overall proposed organization of the recommended measures into a base set and an extended set, we are concerned that making the base set voluntary for use by states and other entities would not promote wide adoptions of the quality measures. To better support consistent use of quality measures and improve comparative data in HCBS care delivery, we urge CMS to consider the implementation of a mandatory base set of standardized measures that is specific to HCBS. This would enable an effective and more comprehensive understanding

of HCBS and how the program can be improved, which is particularly important given that HCBS programs and services now make up approximately a quarter of traditional Medicaid spending and even more through services delivered by managed care organizations.

To avoid potential barriers and mitigate challenges related to the consistency and comparability of the measurements collected, we also recommend that:

- Measures included in the base and extended measure sets that have undergone testing and validation remain in the public domain and available free of charge to encourage widespread review and adoption.
- The base measures included in the set are applicable across different Medicaid HCBS delivery systems, including fee-for-service (FFS) and managed care. This helps ensure that providers are using appropriate and effective quality measures without trying to make adaptations based on the delivery system. Ultimately, this allows more beneficiaries to receive high standards of care.
- There is focus on both process and outcomes in HCBS quality measures to ensure that the delivery of HCBS is working as intended and that it is resulting in the desired outcomes. Measuring both types will help to better understand the relationship between processes and outcomes, as well as identify and diagnose issues in both areas. The proposed selection criteria should be implemented as standard rather than a guide, especially if given the voluntary measures, to generate greater consistency and adoption.

We urge CMS to place careful attention on the data collection process and infrastructure, as well as the reporting transparency. Considerations, such as whether data will be collected and hosted within a common platform or rather simply reported in a common format, are necessary to ensure that the information that is eventually gathered can be aggregated, regardless of how it was collected.

To assist with transparency, accessibility and ongoing evaluation of HCBS quality measures, we additionally recommend that CMS:

- Publicly disclose – at least annually – all state-reported results from base and extended measures, similar to the way CMS currently posts annual reports of the adult and child care measure set results. Without that transparency, beneficiaries will not be able to use quality data for plan or provider selection.
- Review and refine the HCBS measure set annually using a process that prioritizes the voices of consumers and consumer advocates and how the measure set is working to improve service outcomes. The review process should include plain language materials accessible by HCBS users, including older adults and those with intellectual and developmental disabilities.
- Ensure that the HCBS core measures inform oversight and monitoring of important Medicaid HCBS regulatory requirements and that quality measures are leveraged and considered in development of regulations.

Thank you again for the opportunity to submit these comments and for your consideration of our concerns and recommendations for this proposal. The development and implementation of quality measurement frameworks, such as this draft measure set are critically needed to improve the delivery, access, and affordability of long-term care. Please do not hesitate to contact me or

my staff at 571.339.1622 with any questions or if we can serve as a resource to this critical work for older individuals and those living with disabilities.

Sincerely,

A handwritten signature in purple ink that reads "Ellie Hollander". The signature is written in a cursive, flowing style.

Ellie Hollander  
President and CEO  
Meals on Wheels America