

Child and Adult Core Set Stakeholder Workgroup

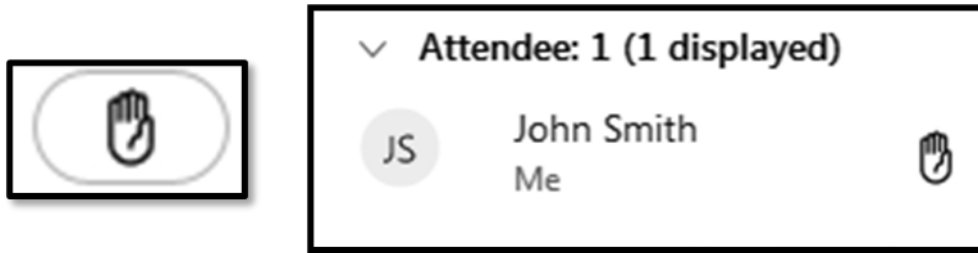
Meeting to Review Measures for the 2023 Core Sets
Day 2

April 6, 2022

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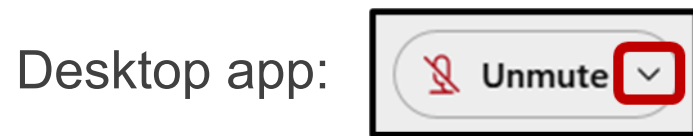
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Welcome and Review Day 1

Workgroup Members Roll Call

Workgroup Roll Call

- Please use the “Raise Hand” feature to be unmuted during introductions
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2023 Core Set Annual Review Workgroup

Voting Members

Co-Chair: David Kelley , MD, MPA	Pennsylvania Department of Human Services
Co-Chair: Kim Elliott , PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Richard Antonelli , MD, MS	Boston Children's Hospital
Tricia Brooks , MBA	Georgetown University Center for Children and Families
Karly Campbell , MPP <i>Nominated by the National Association of Medicaid Directors</i>	TennCare
Lindsay Cogan , PhD, MS	New York State Department of Health
James Crall , DDS, ScD, MS <i>Nominated by the American Dental Association</i>	UCLA School of Dentistry
Curtis Cunningham <i>Nominated by ADvancing States</i>	Wisconsin Department of Health Services
Amanda Dumas , MD, MSc <i>Nominated by the Medicaid Medical Directors Network</i>	Louisiana Department of Health
Anne Edwards , MD	American Academy of Pediatrics
Katelyn Fitzsimmons , MA <i>Nominated by the National MLTSS Health Plan Association</i>	Anthem
Lisa Glenn , MD <i>Nominated by the Medicaid Medical Directors Network</i>	Texas Health and Human Services Commission
Tracy Johnson , PhD, MA <i>Nominated by the National Association of Medicaid Directors</i>	Colorado Department of Health Care Policy and Financing
Diana Jolles , PhD, CNM, FACNM <i>Nominated by the American College of Nurse-Midwives</i>	Frontier Nursing University

2023 Core Set Annual Review Workgroup *(cont'd.)*

Voting Members

Russell Kohl, MD, FAAFP

Nominated by the American Academy of Family Physicians

TMF Health Quality Institute

David Kroll, MD

Nominated by the American Psychiatric Association

Department of Psychiatry, Brigham Health, Harvard Medical School

Rachel LaCroix, PhD, PMP

Nominated by the National Association of Medicaid Directors

Florida Agency for Health Care Administration

Jill Morrow-Gorton, MD, MBA

Nominated by the National Association of Medicaid Directors

University of Pittsburgh Medical Center (UPMC) Health Plan
Louisiana Department of Health

Kolynda Parker, MHS

Nominated by the National Association of Medicaid Directors

PacificSource

Mihir Patel, PharmD

Nominated by the Academy of Managed Care Pharmacy

IBM Watson Health

Lisa Patton, PhD

Sara Salek, MD

Arizona Health Care Cost Containment System

Lisa Satterfield, MS, MPH, CAE, CPH

Nominated by the American College of Obstetricians and Gynecologists

American College of Obstetricians and Gynecologists

Linette Scott, MD, MPH

Jennifer Tracey, MHA

California Department of Health Care Services

Ann Zerr, MD

Zero to Three

Bonnie Zima, MD, MPH

*Nominated by the American Academy of Child and Adolescent Psychiatry
and American Psychiatric Association*

Indiana Family and Social Services Administration

UCLA-Semel Institute for Neuroscience and Human Behavior

2023 Core Set Annual Review Workgroup: Federal Liaisons

Federal Liaisons (non-voting)

Center for Clinical Standards and Quality

Centers for Disease Control and Prevention

Agency for Healthcare Research and Quality

Health Resources and Services Administration

Office of The Assistant Secretary for Planning and Evaluation

Office of Disease Prevention and Health Promotion

Office of Minority Health

Substance Abuse and Mental Health Services Administration

US Department of Veteran Affairs

Strategies for Including Digital Measures in the Child and Adult Core Sets

CMS Goals For Digital Measurement

- **Digital quality measures are measures originating from sources of health information that are captured and can be transmitted electronically and via interoperable systems.**
- **As part of Meaningful Measures 2.0, CMS will continue to improve its digital strategy by:**
 - **Using Fast Healthcare Interoperability Resources (FHIR)-based standards to exchange clinical information through application programming interfaces, allowing clinicians to digitally submit quality information one time that can then be used in many ways.**
 - **Accelerating the transition to fully electronic measures.**
 - **Working across CMS to use artificial intelligence to identify quality problems before patients are harmed and intervene accordingly.**
 - **Developing more APIs for quality measure data submission and interoperability.**
 - **Harmonizing measures across registries.**

Source: <https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization>.

HEDIS® Electronic Clinical Data Systems (ECDS)

- **HEDIS® Electronic Clinical Data Systems (ECDS) is a reporting standard developed by NCQA to provide health plans with a method to collect and report structured electronic clinical data for HEDIS quality measurement and quality improvement**
- **Eligible data sources used for ECDS reporting are:**
 - **Administrative claims**
 - **Electronic health records**
 - **Health information exchanges and clinical registries**
 - **Case management systems**

Source: <https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/>.

ECDS Measures and the Child and Adult Core Sets

2022 Core Set measures specified for ECDS reporting*

- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)
- Breast Cancer Screening (BCS-AD)
- Colorectal Cancer Screening (COL-AD)

ECDS measures previously recommended by the Workgroup**

- Prenatal Immunization Status (PRS)
- Postpartum Depression Screening and Follow-Up (PDS)

ECDS measures under consideration at the 2023 review

- Adult Immunization Status (AIS)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF)

* ECDS specifications are not currently available for these measures for Core Set reporting.

** CMCS deferred a decision on adding these measures to the Core Sets, pending further assessment of how the proprietary nature of the ECDS method impacts the feasibility and viability of including these measures.

Workgroup Member Discussion

Discussion Topics

- **Opportunities for digital measurement (including ECDS) for state-level reporting in the Child and Adult Core Sets**
 - Note that this applies to all delivery systems (managed care and fee-for-service), programs (Medicaid and CHIP), and populations (including dually eligible beneficiaries)
- **Challenges of digital measurement for state-level reporting in the Child and Adult Core Sets**
- **Suggestions for technical assistance to build state capacity**
- **Other considerations for the Workgroup discussion of ECDS measures suggested for addition to the Child and Adult Core Sets**

Opportunity for Public Comment

Break

Primary Care Access and Preventive Care

2022 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Child Core Set		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) (#0024)	Administrative, Hybrid, or EHR	41
Chlamydia Screening in Women Ages 16 to 20 (CHL-CH) (#0033)	Administrative or EHR	47
Childhood Immunization Status (CIS-CH) (#0038)	Administrative, Hybrid, or EHR	45
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) (#0418/0418e, no longer endorsed)*	Administrative or EHR	14
Well-Child Visits in the First 30 Months of Life (W30-CH) (#1392)^	Administrative	50

^ The Well-Child Visits in the First 15 Months of Life (W15-CH) measure was modified by the measure steward for measurement year 2020 (the FFY 2021 Core Set). It now includes two rates: (1) six or more well-child visits in the first 15 months and (2) two or more well-child visits from 15 to 30 months. The NQF number and number of states reporting for FFY 2020 refer to the W15-CH measure.

* Measure with an asterisk is suggested for removal.

2022 Core Set Measures *(cont'd.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Child Core Set <i>(cont'd.)</i>		
Immunizations for Adolescents (IMA-CH) (#1407)	Administrative or Hybrid	46
Developmental Screening in the First Three Years of Life (DEV-CH) (#1448, no longer endorsed)	Administrative or Hybrid	31
Child and Adolescent Well-Care Visits (WCV-CH) (#1516) [^]	Administrative	50

[^] The Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH) and Adolescent Well-Care Visits (AWC-CH) measures were modified by the measure steward into a combined measure that includes rates for Ages 3 to 11, 12 to 17, 18 to 21, and a total rate for measurement year 2020 (the FFY 2021 Core Set). The NQF number refers to the endorsement of the W34-CH measure. The number of states reporting W34-CH and AWC-CH was the same for FFY 2020.

2022 Core Set Measures *(cont'd.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Adult Core Set		
Cervical Cancer Screening (CCS-AD) (#0032)	Administrative, Hybrid, or EHR	47
Chlamydia Screening in Women Ages 21 to 24 (CHL-AD) (#0033)	Administrative or EHR	48
Colorectal Cancer Screening (COL-AD)	Administrative or EHR [^]	Not applicable (new to 2022 Core Set)
Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) (#0039, no longer endorsed)*	Survey	28
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD) (#0418/0418e, no longer endorsed)*	Administrative or EHR	15
Breast Cancer Screening (BCS-AD) (#2372)	Administrative or EHR [^]	47

[^] COL-AD and BCS-AD are also specified for ECDS reporting. ECDS specifications are not currently available for Adult Core Set reporting.

* Measures with an asterisk are suggested for removal.

Removal: Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)

Description	Percentage of beneficiaries ages 18 to 64 who received a flu vaccination between July 1 of the measurement year and the date when the CAHPS 5.1H Adult Survey was completed.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0039 (no longer endorsed)
Data collection method	Survey. Collected as part of the CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid).
Denominator	<p>The number of beneficiaries with a Flu Vaccinations for Adults Ages 18 to 64 Eligibility Flag* of “Eligible” who responded “Yes” or “No” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”</p> <p>*A Flu Vaccinations for Adults Ages 18 to 64 Eligibility Flag is assigned for each beneficiary in the CAHPS 5.1H Adult survey sample frame data file as follows:</p> <p>1 = Eligible (the beneficiary was born on or between July 2, 1956, and July 1, 2003).</p> <p>2 = Ineligible (the beneficiary was born before July 2, 1956, or after July 1, 2003).</p>
Numerator	The number of beneficiaries in the denominator who responded “Yes” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”
Has another measure been proposed for substitution?	Adult Immunization Status

Removal: Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) (cont'd.)

Number of states reporting the measure for FFY 2020	28 states (all states reported calculating the measure using Core Set specifications)
Is the measure on the Medicaid & CHIP Scorecard?	No
Other	NCQA has proposed to retire the FVA measure for HEDIS measurement year (MY) 2023 (2024 Core Set). NCQA has indicated that the <i>Adult Immunization Status</i> measure will be publicly reported in MY 2022, which presents an opportunity to streamline the adult immunization measures in HEDIS. They further noted that stakeholders have suggested retiring the three CAHPS immunization measures that rely on patient recall of vaccination receipt, and focusing on <i>Adult Immunization Status</i> , which provides specific clinical information about vaccination.

Removal: Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) and Age 18 and Older (CDF-AD)

Description	Percentage of beneficiaries age 12 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	0418/0418e (no longer endorsed)
Data collection method	Administrative or electronic health records (EHR)
Denominator	Beneficiaries with an outpatient visit during the measurement year.
Numerator	Beneficiaries screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the eligible encounter.
Has another measure been proposed for substitution?	Depression Screening and Follow-Up for Adolescents and Adults
Number of states reporting the measure for FFY 2020	14 states reported the Child Core Set measure (2 of the 14 states indicated substantial deviations from Core Set specifications) and 15 states reported the Adult Core Set measure (3 of the 15 states indicated substantial deviations from Core Set specifications).
Is the measure on the Medicaid & CHIP Scorecard?	No

Addition: Adult Immunization Status

Description	The percentage of adults 19 years and older who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster, and pneumococcal. Note: The Medicaid rate includes beneficiaries ages 19 to 65 and excludes pneumococcal vaccines.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	3620
Measure type	Process
Recommended to replace current measure?	Flu Vaccinations for Adults Ages 18-64 (FVA-AD)
Data collection method	HEDIS® Electronic Clinical Data Systems (ECDS) (Note: ECDS includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries.)

Addition: Adult Immunization Status *(cont'd.)*

Denominator

This measure includes denominators for three individual vaccine rates:

1. **Influenza rate:** Members 19 years and older at the start of the Measurement Period who also meet the criteria for Participation, minus exclusions.
2. **Td/Tdap rate:** Members 19 years and older at the start of the Measurement Period who also meet the criteria for Participation, minus exclusions.
3. **Zoster rate:** Beneficiaries ages 50–65 at the start of the Measurement Period who also meet criteria for Participation, minus exclusions.

Numerator

This measure includes numerators for three individual vaccine rates:

1. **Influenza rate:** Members who received an influenza vaccine on or between July 1 of the year prior to the Measurement Period and June 30 of the Measurement Period.
2. **Td/Tdap rate:**
 - a. Members who received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the Measurement Period and the end of the Measurement Period, or
 - b. Members with a history of at least one of the following contraindications any time before or during the Measurement Period:
 - i. Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine.
 - ii. Encephalitis due to the diphtheria, tetanus, or pertussis vaccine.
3. **Zoster rate:** Members who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, anytime on or after the member's 50th birthday and before or during the Measurement Period.

Addition: Adult Immunization Status *(cont'd.)*

Other

NCQA has proposed changes to the measure for the 2023 measurement year (2024 Core Set). The proposed changes include:

- Updates to the Pneumococcal Indicator so that it includes adults age 65 and older who had any of the following between age 18 and end of measurement period: PCV20, PCV15, PCV13 or PPSV23.
 - Includes adults with chronic medical conditions.
 - Includes adults with immunocompromising conditions.
- To address concerns that commercial and Medicaid plans report the measure only for younger adults and Medicare plans report only for older adults, NCQA has proposed that all three product lines report the measure for all adults, in accordance with guidelines. In addition, they proposed adding age stratifications to assess measure performance among members 18 to 64, 65 and older, and all ages combined (total rate). Specifically, all product lines would report the following rates:
 - Influenza indicator: 18–64, 65 and older, total rate.
 - Td/Tdap indicator: 18–64, 65 and older, total rate.
 - Zoster indicator: 50–64, 65 and older, total rate.
 - Pneumococcal indicator: 65 and older.

Addition: Depression Screening and Follow-Up for Adolescents and Adults

Description	<p>The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. Two rates are reported:</p> <ul style="list-style-type: none"> • Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument. • Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	Screening for Depression and Follow-Up Plan (CDF-CH and CDF-AD)
Data collection method	<p>HEDIS® Electronic Clinical Data Systems (ECDS).</p> <p>(Note: ECDS includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries.)</p>
Denominator	<ul style="list-style-type: none"> • Denominator 1 – Depression Screening: Members 12 years of age and older at the start of the Measurement Period (i.e., on January 1st) who also meet criteria for Participation, minus exclusions. • Denominator 2 – Follow-Up on Positive Screen: All members from Numerator 1 with a positive depression screen finding between January 1 and December 1 of the Measurement Period.

Addition: Depression Screening and Follow-Up for Adolescents and Adults *(cont'd.)*

Numerator

- **Numerator 1 – Depression Screening:** Members with a documented result for depression screening, using an age-appropriate standardized instrument, performed between January 1 and December 1 of the Measurement Period.
- **Numerator 2 – Follow-Up on Positive Screen:** Members who received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).
 - Any of the following on or up to 30 days after the first positive screen:
 - An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
 - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
 - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
 - A dispensed antidepressant medication.
 - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Other

A November 2021 NCQA report showed that performance rates for this measure varied by data sources used for reporting in MY 2020. All Medicaid plans that used claims-only data to report on depression screening rates had performance rates of zero percent. The mean rate for Medicaid plans that used any non-claims data source was 5.7 percent and the median rate was 0.6 percent.

Addition: Lead Screening in Children

Description	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Measure type	Intermediate Outcome
Recommended to replace current measure?	No
Data collection method	Administrative or hybrid
Denominator	Children who turn 2 years old during the measurement year.
Numerator	<p>At least one lead capillary or venous blood test on or before the child’s second birthday as documented through either administrative data or medical record review.</p> <p>The measure steward indicated that state blood lead registry data are considered an acceptable data source to assess numerator compliance if the data meet the requirements in HEDIS Volume 2 and audit requirements.</p>
Other	The measure steward noted that they are considering retiring this measure in the future, since the U.S. Preventive Services Task Force has given universal lead screening of children age five and younger an “Insufficient Evidence” rating. NCQA has not yet determined the timeline for this potential retirement.

Addition: Adults' Access to Preventive/Ambulatory Health Services

Description	The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative
Denominator	Members age 20 years and older as of December 31 of the measurement year.
Numerator	One or more ambulatory or preventive care visits during the measurement year.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Primary Care Access and Preventive Care: Measure Vote #1

Should the Adult Immunization Status measure be added to the Core Set?

- Yes, I recommend adding this measure to the Core Set
- No, I do not recommend adding this measure to the Core Set

Primary Care Access and Preventive Care: Measure Vote #2

Should the Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) measure be removed from the Core Set?

- Yes, I recommend removing this measure from the Core Set**
- No, I do not recommend removing this measure from the Core Set**

Primary Care Access and Preventive Care: Measure Vote #3

Should the Depression Screening and Follow-Up for Adolescents and Adults measure be added to the Core Set?

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

Primary Care Access and Preventive Care: Measure Vote #4

Should the Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) measure be removed from the Child Core Set?

- **Yes, I recommend removing this measure from the Core Set**
- **No, I do not recommend removing this measure from the Core Set**

Primary Care Access and Preventive Care: Measure Vote #5

Should the Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD) measure be removed from the Adult Core Set?

- **Yes, I recommend removing this measure from the Core Set**
- **No, I do not recommend removing this measure from the Core Set**

Primary Care Access and Preventive Care: Measure Vote #6

Should the Lead Screening in Children measure be added to the Core Set?

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

Primary Care Access and Preventive Care: Measure Vote #7

Should the Adults' Access to Preventive/Ambulatory Health Services measure be added to the Core Set?

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

Discuss Gaps in Primary Care Access and Preventive Care Domain

Break

Long-Term Services and Supports

2022 Core Set Measure

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Adult Core Set		
National Core Indicators Survey (NCIDDS-AD)	Survey	25

Addition: Long-Term Services and Supports: Shared Care Plan with Primary Care Physician

Description	The percentage of long-term services and supports (LTSS) organization members with a care plan that was transmitted to their primary care practitioner (PCP) or other documented medical care practitioner identified by the plan member within 30 days of its development.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Case management record review
Denominator	This measure is based on review of LTSS case management records drawn from a sample of the eligible population. The minimum required sample size is 96 members identified using a systematic sampling methodology.
Numerator	<p>Members whose care plan was transmitted to their PCP or to another documented medical care practitioner identified by the member within 30 days of the date when the member agreed to the care plan (31 days total).</p> <p>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.</p> <p>Evidence of care plan transmission includes:</p> <ul style="list-style-type: none"> • To whom the care plan was transmitted. • The date of transmission. • A copy of the transmitted plan or plan sections.

Addition: Long-Term Services and Supports: Successful Transition After Long-Term Institutional Stay

Description	The proportion of long-term (101 days or more) institutional facility stays among Medicaid Managed Long-Term Services and Supports (MLTSS) plan members aged 18 and older, which result in successful transitions to the community (community residence for 60 or more days). This measure is reported as an observed rate and a risk-adjusted rate.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	Not endorsed
Measure type	Outcome
Recommended to replace current measure?	No
Data collection method	Administrative (claims only)
Denominator	<p>A New Institutional Facility Admission (IFA, an admission to the institutional setting directly from the community) with a length of stay 101 days or more between July 1 of the year prior to the measurement year and June 30 of the measurement year.</p> <p>OR</p> <p>A Prior Institutional Facility Admission (PIFA, an admission for MLTSS plan members who resided in the institutional facility on July 1 of the year prior to the measurement year) where the length of stay was at least 101 days inclusive of July 1 of the year prior to the measurement year. For example, a PIFA would be considered a stay of at least 101 days for a member identified as residing in an institutional facility on July 1 of the year prior to the measurement year, who was admitted to the facility on June 1 of the year prior to the measurement year and remained in the facility through September 15 of the year prior to the measurement year.</p>

Addition: Long-Term Services and Supports: Successful Transition after Long-Term Institutional Stay *(cont'd.)*

Denominator <i>(cont'd.)</i>	<p>The denominator for this measure is based on discharges, not members.</p> <p>Institutional facilities are defined as:</p> <ol style="list-style-type: none">1. A Medicaid- or Medicare-certified nursing facility providing skilled nursing/medical care; rehabilitation needed due to injury, illness, or disability; or long-term care (also referred to as “custodial care”); or2. A Medicaid-certified Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
Numerator	<p>The count of discharges from an institutional facility to the community from July 1 of the year prior to the measurement year through October 31 of the measurement year that result in successful transition to the community for 60 consecutive days. Discharges that result in death, hospitalization, or re-admission to the institution within 60 days of discharge from the institution do not meet the numerator criteria.</p>
Other	<p>CMS is currently respecifying the existing measure (MLTSS-8) for Medicaid Fee-for-Service (FFS) LTSS participants. The updates to MLTSS-8 (and testing and development of the FLTSS-8 measure) are in process and scheduled for completion in 2022.</p> <p>Changes to the specifications currently under review include (1) expanding the definition of institutional facility to include psychiatric facilities and specialty hospitals, (2) including any payers in the count of discharges, (3) removing the medical benefit requirement from the benefit eligible population, and (4) adding stratification by Medicare and Medicaid (dual-eligible) participants and Medicaid-only participants.</p>

Addition: National Core Indicators for Aging and Disabilities (NCI-AD) Adult Consumer Survey

Description	NCI-AD is a voluntary effort by state Medicaid, aging, and disability agencies to measure and track the performance of their long-term services and supports (LTSS) programs. The core indicators are standard measures used across states to assess the outcomes of publicly funded services provided to older adults and adults with physical disabilities. Indicators address 18 areas: (1) service coordination, (2) rights and respect, (3) community participation, (4) choice and control, (5) health care, (6) safety, (7) relationships, (8) satisfaction, (9) care coordination, (10) access to community, (11) access to needed equipment, (12) wellness, (13) medications, (14) self-direction, (15) work, (16) everyday living, (17) affordability, and (18) person-centered planning.
Measure steward	ADvancing States and Human Services Research Institute (HSRI)
NQF number (if endorsed)	Not endorsed
Measure type	Patient Experience
Recommended to replace current measure?	No
Data collection method	In-person survey
Denominator	Individuals who respond to the survey question or questions from which the indicator is drawn. The sampling frame includes older adults (age 65 or older) or adults 18 years and older with a physical disability (including acquired or traumatic brain injury [ABI/TBI]) who receive publicly funded LTSS at least two to three times a week. There should be no a priori exclusions based on geography, place of residence, level of disability, or any other personal and demographic factors. Individuals receiving LTSS through intellectual and developmental disabilities (IDD)-specific or mental health (MH)-specific waivers or programs are excluded from the sampling frame.

Addition: National Core Indicators for Aging and Disabilities (NCI-AD) Adult Consumer Survey *(cont'd.)*

Numerator

Varies based on indicator. Examples of indicators include:

- Percentage of people whose service plan includes their preferences and choices.
- Percentage of people who know whom to contact if they want to make changes to their services.
- Percentage of people who had someone follow-up with them after being discharged from a hospital or rehabilitation facility in the past year.
- Percentage of people with concerns about falling or being unstable (risk-adjusted).
- Percentage of people who always or almost always like how they spend their time during the day (risk-adjusted).
- Percentage of people who have a backup plan if their paid support staff do not show up.
- Percentage of people whose paid support staff change too often.
- Percentage of people who have adequate support for everyday activities.
- Percentage of people who have adequate support for self-care.
- Percentage of people who feel in control of their life.
- Percentage of people who can eat their meals when they want to.
- Percentage of people who have transportation when they want to do things outside of their home (non-medical).
- Percentage of people who often feel lonely (risk-adjusted).

Other

The Workgroup member who nominated this measure noted that 29 states have used NCI-AD in the past, are currently using it, or plan to use it starting in 2022. Sixteen states collected data using this tool in 2018-2019; 10 states had state-specific results for 2019-2020 (because data collection was unexpectedly abbreviated due to COVID); and 7 states participated in a remote survey pilot in 2020-2021.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Long-Term Services and Supports: Measure Vote #1

Should the Long-Term Services and Supports: Shared Care Plan with Primary Care Physician measure be added to the Core Set?

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

Long-Term Services and Supports: Measure Vote #2

Should the Long-Term Services and Supports: Successful Transition After Long-Term Institutional Stay measure be added to the Core Set?

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

Long-Term Services and Supports: Measure Vote #3

Should the National Core Indicators for Aging and Disabilities (NCI-AD) Adult Consumer Survey measure be added to the Core Set?

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

Discuss Gaps in Long-Term Services and Supports Domain

Preview of Day 3 and Wrap-Up

Agenda for Day 3

- **Care of Acute and Chronic Conditions**
- **Measure Gaps**
- **Reflections and Future Directions**
- **Public Comment**
- **Next Steps and Wrap-Up**