HCBS Quality Readiness Toolkit

Practical tools to strengthen safety, respect, choice, and follow-through in Medicaid home and community-based services.

Current status. Checked November 5, 2026. On April 28, 2026, CMS published a **proposed** 2028 HCBS Quality Measure Set. Comments closed May 28, 2026. We did not find a final set when this version was prepared. Before relying on the crosswalk, check Medicaid.gov and your state Medicaid agency.

What this toolkit does

States, not individual agencies, report these measures to CMS. Even so, many measures depend on what people experience during everyday services: being respected, feeling safe, having real choices, and getting a plan updated when life changes. This toolkit helps an agency strengthen those practices now.

Key fact	What the source says
Who reports	States. They would begin complying July 9, 2028, and report every other year.
What is proposed	23 mandatory measures in the notice, with each state reporting about 9 to 19, depending on its populations and surveys. Other measures would be voluntary.
How data are collected	Mostly participant surveys and case management or administrative records.
Critical incidents	Federal rules require states to run an incident management system, with compliance beginning July 9, 2027. States set the timelines. A linked information system requirement starts later.
Your binding rules	Your state, Medicaid program, managed care plan, license, and contract. This toolkit does not replace them.

Limits. This toolkit is not issued or approved by CMS. Using it does not guarantee compliance, a survey score, or a contract. Medicare home health agencies and Medicaid waiver providers may have different rules.

How to use it

No.	What to do	Who	Timing
1	Name a quality lead and look up your state rules.	Administrator	Week 1
2	Complete the Readiness Self-Assessment with staff input.	Quality lead	Weeks 1 to 2
3	Choose three priorities. Fill in the Action Plan.	Leadership	Week 3
4	Replace the sample forms with state-required versions where needed. Train staff.	Quality lead	Weeks 3 to 6
5	Start the incident log, client voice check-ins, and post-hospital review.	Supervisors	Weeks 5 to 8
6	Hold the first Quarterly Quality Review.	Leadership	Week 12

Crosswalk: proposed measures to everyday practice

The measure names below come from the Federal Register notice, shortened in some places. The right-hand columns are Aricares Alliance suggestions, not CMS requirements.

Topic and proposed measures	What people or records may show	What your agency can do	Tools
Choice and goals HCBS CAHPS Choosing the Services That Matter to You; NCI-AD Service Plan Includes Their Preferences and Choices; NCI-IDD Person-Centered Goals; POM People Choose Services; POM People Realize Personal Goals	Whether services reflect what the person wants	Record goals in the person's words. Offer real choices of schedule and staff. Review goals with the person.	Client Voice Check-In; Quality Review
Safety and respect HCBS CAHPS Personal Safety and Respect; HCBS CAHPS Physical Safety; NCI-AD People Who Feel Safe Around Their Support Staff; NCI-IDD Respect for Personal Space; POM People Are Free From Abuse and Neglect	Whether people feel safe and respected, including around staff	Check privately. Train on boundaries and respect. Make it easy and safe to report. Act quickly on concerns.	Client Voice Check-In; Incident Forms; Professional Boundaries Guide; Scams Guide
Assessment and care planning LTSS-1 Comprehensive Assessment and Update; LTSS-2 Comprehensive Person-Centered Plan and Update	Case-management records showing assessments and plans are complete and updated	Share changes with the case manager promptly. Keep your plan matched to the current authorization.	Client Risk Assessment Guide; Action Plan

Topic and proposed measures	What people or records may show	What your agency can do	Tools
Staying in the community LTSS-6 Admission to a Facility from the Community; LTSS-7 Minimizing Facility Length of Stay; LTSS-8 Successful Transition after Long-Term Facility Stay	Whether people enter or stay in facilities, and whether transitions home succeed	Report early warning signs. Prepare for hospital and facility returns. Ask what would help someone stay home safely.	Post-Hospital Review; Readmission Prevention Guide; Hospital-to-Home Checklist
Transportation HCBS CAHPS Transportation to Medical Appointments; NCI-AD transportation measures; NCI-IDD Transportation Availability Scale	Whether people can get to appointments and activities	Ask about transportation in every plan review. Track missed appointments. Connect people to local options.	Client Voice Check-In; Paying for Care and Finding Help
Community life NCI-AD People Who Are as Active in Their Community as They Would Like; NCI-IDD Satisfaction with Community Inclusion; NCI-IDD Social Connectedness; POM People Participate in the Life of the Community	Whether people have the connections and activities they want	Ask what the person misses doing. Add it to the plan where the service allows, or make a referral.	Client Voice Check-In
Voluntary measures LTSS-4 Reassessment and Person-Centered Plan Update after Inpatient Discharge; MLTSS-5 Screening, Risk Assessment, and Plan of Care to Prevent Future Falls	Whether plans change after a hospital stay, and whether falls risk is addressed	Use a post-hospital review and a falls screen, even where these are not required.	Post-Hospital Review; Falls Screen; Fall Prevention Home Assessment

Readiness Self-Assessment

Complete this honestly with input from caregivers and supervisors. Check one box for each item. **0** = Not in place. **1** = Partly in place. **2** = In place and working, with evidence.

Practice	0	1	2	Evidence or next step
Leadership and quality system				
A named person is responsible for quality.	☐	☐	☐	
Leaders review quality data at least quarterly.	☐	☐	☐	
Written policies cover incidents, complaints, and corrective action.	☐	☐	☐	
Staff know how to raise a concern without fear of retaliation.	☐	☐	☐	
The agency tracks state and payer rule changes.	☐	☐	☐	
Person-centered care				
Each service plan records the person's goals and preferences in their own words.	☐	☐	☐	
The person takes part in plan meetings as they wish.	☐	☐	☐	
People can ask to change staff, schedules, or services.	☐	☐	☐	
Plans are updated when needs or goals change.	☐	☐	☐	
Staff can describe each client's preferences.	☐	☐	☐	
Safety, respect, and rights				
Staff are screened and trained as required.	☐	☐	☐	
Staff are trained to recognize and report abuse, neglect, and exploitation.	☐	☐	☐	
Clients know how to report a concern, including a concern about staff.	☐	☐	☐	
Supervisors ask clients privately whether they feel safe and respected.	☐	☐	☐	
Respect for privacy and personal space is part of supervision.	☐	☐	☐	
Incident management				
Staff can name reportable incidents and state timelines.	☐	☐	☐	
Every incident is logged the same day it is known.	☐	☐	☐	
Serious incidents are reported to the right agency on time.	☐	☐	☐	
Each incident has a follow-up owner and due date.	☐	☐	☐	
Incidents are reviewed for patterns.	☐	☐	☐	

Practice	0	1	2	Evidence or next step
Health, transitions, and falls				
Staff report changes in condition the same day.	☐	☐	☐	
Falls risk is screened at intake and at least annually.	☐	☐	☐	
A fall or near fall leads to a plan review.	☐	☐	☐	
After a hospital stay, the plan is reviewed before or at the first return visit.	☐	☐	☐	
Medicine-related concerns reach a nurse, prescriber, or pharmacist promptly.	☐	☐	☐	
Community life and transportation				
Plans address how the person gets to medical appointments.	☐	☐	☐	
Missed appointments and transportation gaps are reviewed.	☐	☐	☐	
Plans address activities and connections that matter to the person.	☐	☐	☐	
Staff know local aging and disability resources.	☐	☐	☐	
Backup plans exist for missed visits and staffing gaps.	☐	☐	☐	

Domain	Score (out of 10)	Priority (rank 1 to 6)
Leadership and quality system		
Person-centered care		
Safety, respect, and rights		
Incident management		
Health, transitions, and falls		
Community life and transportation		

Using the score: The score has not been validated and is not a grade. Use it to choose priorities. Start with items that affect safety, then items scored 0.

Action Plan

Choose no more than three priorities at a time. Safety items come first.

Priority	Action	Owner	Due date	How we will know it worked	Status

Incident management

Federal minimum list of critical incidents

Your state may add incidents or use different definitions. Follow the state list.

Category	Examples	First actions
Abuse	Verbal, physical, sexual, psychological, or emotional abuse	Make the person safe. Call 911 if in danger. Remove the accused worker from the case as your policy requires. Report.
Neglect	Failure to provide needed care; missed visits that leave someone without essential help	Meet the immediate need. Notify the supervisor. Report.
Exploitation	Taking money or property; misuse of cards, checks, or authority	Protect the person and the evidence. Report. Do not investigate alone.
Restrictive interventions or seclusion	Misuse or unauthorized use of restraint or seclusion	End the unauthorized practice safely. Get clinical help. Report.
Serious medication error	An error that leads to contact with poison control, an emergency department, or urgent care, or that leads to hospitalization or death	Get medical advice right away. Keep labels and records. Report.
Unexplained or unanticipated death	Including death caused by abuse or neglect	Call 911 as needed. Do not move anything unless told. Report at once.

The seven steps

1. **Protect.** Make the person safe and get help.
2. **Tell.** Staff tell the supervisor right away. Any person may report directly to the state.
3. **Report.** Report to the agencies your state requires, within the required time.
4. **Record.** Write facts, not opinions. Start the log.
5. **Review.** Find out what happened. Use the right person, and avoid conflicts of interest.
6. **Fix.** Assign corrective action, with a due date.
7. **Learn.** Track patterns and bring them to the quality review.

Critical Incident Report

Use the state form where required. This sample is for internal records. Write only what was seen, heard, or known. Limit client information to what is needed.

Incident ID	Client ID (not name, if used outside the file)	Program or payer
Date and time of incident	Date and time agency learned of it	Location
Person reporting	Role	Phone

Type (check all that apply)

- ☐ Abuse
- ☐ Exploitation
- ☐ Serious medication error
- ☐ State-listed incident:
- ☐ Neglect
- ☐ Restrictive intervention or seclusion
- ☐ Unexplained or unanticipated death
- ☐ Other:

What happened? Use facts, in order.

Immediate actions taken

Notification	Name or agency	Date and time	By whom
Supervisor			
Family or representative (as permitted)			
Case manager or plan			
State agency			
Adult Protective Services			
Law enforcement or 911			
Clinician			

Report completed by: signature	Printed name and title	Date
Supervisor: signature	Printed name and title	Date

Investigation and Corrective Action

Incident ID	Investigator	Date started
State deadline to begin	State deadline to finish	Date finished

Records reviewed and people interviewed

What we found

Why it happened (for example: training, staffing, plan, communication, supervision)

Outcome

- ☐ Confirmed
- ☐ Not confirmed
- ☐ Unable to determine
- ☐ Referred to another agency

Corrective action	Owner	Due date	Done	Checked by

Did the action work? How do we know?

Incident Log

Enter every incident. Use client IDs, not names. Enter Yes or No in the last four columns.

ID	Date	Type	Reported to state on time?	Investigation began on time?	Finished on time?	Corrective action on time?

Client Voice Check-In

Rules for this conversation. This is an internal conversation, not a CMS, CAHPS, NCI, or POM survey. Never coach someone on how to answer an official survey, and never pressure anyone to give a positive answer. A supervisor should have this talk in private, without the assigned caregiver present. Offer interpretation and communication support as needed. If the person discloses harm, follow your reporting duties. Do not promise secrecy.

Client ID Date Staff member completing

Ask in your own words	Yes	Sometimes	No	Comments
Do you feel safe with the people who help you?	☐	☐	☐	
Do staff treat you with respect?	☐	☐	☐	
Do staff respect your privacy and personal space?	☐	☐	☐	
Has anyone taken or pressured you for money or belongings?	☐	☐	☐	
Do you get a say in your care and your schedule?	☐	☐	☐	
Could you ask to change something without fear?	☐	☐	☐	
Do you know who to call with a concern?	☐	☐	☐	
Have you missed care you needed?	☐	☐	☐	
Can you get to medical appointments?	☐	☐	☐	
Can you do the things outside your home that matter to you?	☐	☐	☐	
Are you reaching the goals you care about?	☐	☐	☐	

What is one thing we could do better?

Follow-up needed, owner, and due date

Post-Hospital Review

Complete this after any inpatient stay or emergency visit. Follow state, plan, and clinician timelines. Aides do not change orders. Send care changes to the nurse, case manager, or prescriber.

Client ID	Discharge date	Date of review
Reviewed by	Reason for stay	First return visit date

Check	Yes	No	Notes or action
Discharge papers received	☐	☐	
Current medicine list received and reconciled by a qualified person	☐	☐	
Follow-up appointments scheduled, with transportation	☐	☐	
Diet, activity, and equipment needs reviewed	☐	☐	
New warning signs and who to call explained	☐	☐	
Falls risk reviewed again	☐	☐	
Caregiver knows any new tasks and can do them	☐	☐	
Person's goals and preferences reviewed with them	☐	☐	
Case manager or plan told of changes	☐	☐	
Care plan updated and shared with staff	☐	☐	

Falls Screen

These are the three key questions in CDC STEADI. Screening does not replace a clinical assessment. A "yes" should lead to follow-up with a clinician and a home-safety review.

Client ID	Date	Screened by

Question	Yes	No
Have you fallen in the past year?	☐	☐
Do you feel unsteady when standing or walking?	☐	☐
Do you worry about falling?	☐	☐

Plan and referral (for example: clinician, therapy, medicine review, home safety)

Complaint and Grievance Log

Any person may make a complaint without retaliation. Tell the person how to contact outside agencies. Follow your state and plan process.

Date	Client ID	Concern	Owner	Response and date	Closed

Quarterly Quality Review

Quarter Date Attendees

Measure	Number met	Total	Percent	Target	Last quarter
Critical incidents reported on time				100%	
Investigations begun on time				Set by you	
Investigations finished on time				Set by you	
Corrective actions finished on time				Set by you	
Client Voice Check-Ins completed				Set by you	
Post-hospital reviews completed on time				Set by you	
Falls screens current				Set by you	
Staff trained on abuse and incident reporting				100%	

Federal rules set a 90 percent minimum for **states** on starting investigations, finishing them, and completing required corrective actions, each within state timeframes. Ask your state what it expects of providers.

Patterns by staff, client group, location, time, or language

What will we change next quarter?

Sources and further reading

Federal Register: 2028 Medicaid HCBS Quality Measure Set (April 28, 2026) (federalregister.gov)

42 CFR 441.302: Incident management requirements (law.cornell.edu)

Medicaid.gov: HCBS Quality Measure Set (medicaid.gov)

CDC: STEADI patient and caregiver resources (cdc.gov)

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