

Centers for Medicare & Medicaid Services (CMS) is making targeted updates, not a full overhaul: it is scaling back some survey-based measures and keeping the overall structure largely intact, while considering more measures focused on access, choice, complaints, and service responsiveness.

What States Need to Know

- ✓ **Key update: 26 measures** (23 mandatory, 3 voluntary).
- ✓ **Reporting begins July 9, 2028**, every other year; updates continue through 2032.
- ✓ **Stratification phases in over time:** 25% in 2028, 50% in 2030, 100% in 2032.
- ✓ **Geography is the starting point** for five measures; volume varies by state mix and survey approach.



What CMS is Signaling to States

Keep implementation feasible. CMS appears to be prioritizing a model that states can stand up without a full rebuild.

Preserve survey flexibility. CMS is not forcing a one-size-fits-all survey model across populations.

Protect comparability while allowing pragmatism. Aggregate reporting may remain the external standard but need more details to manage performance and future readiness.

Phase stratification carefully. CMS is signaling that clean data, clear rules, and privacy protection matter just as much as technical compliance.

Expect stronger operational visibility in managed care. Even where reporting is aggregate, states need to understand performance across Fee-For-Service (FFS) and managed care, and different populations, authorities, and individual plans.

Bottom Line: Near-term reporting may stay phased, but expectations are moving toward more granular performance management. States that clarify reporting rules and strengthen stratified reporting now will be better positioned as CMS expectations evolve.

What States Can Do In The Next 90 Days

States should use the next 90 days to move from rule interpretation to implementation design.

90-day focus: *organize governance, confirm survey strategy, narrow stratification, and design reporting to make 2028 reporting achievable*



Establish HCBS Quality Measure Set governance

- Designate one accountable executive lead
- Assign owners for measure rules, data, checks, and approvals
- Set cross-agency governance for aging, disability, behavioral health, brain injury, and managed care

Start from your state's current baseline

- Inventory existing survey, administrative, and case management data sources
- Separate usable data from gaps requiring build
- Prioritize existing CMS-aligned pathways, including surveys and the Transformed Medicaid Statistical Information System (T-MSIS)

Confirm the population survey approach

- Match survey strategy to major population groups
- Use validated instruments that fit the populations served
- Identify where existing survey operations can be expanded and where gaps remain

Build a targeted stratification set

- Define practical stratifications, data owners, and small-group combination rules
- Prioritize the cleanup of missing demographic and program data
- Conduct at a minimum one of the four experience-of-care surveys for each population served

Create a practical reporting design

- Plan for aggregate statewide reporting across applicable programs
- Be consistent
- Separate Fee-For-Service (FFS) and managed care reporting

A Practical 2026–2028 Design Prioritizing Comparison and Implementation



Experience-of-care surveys: practical starting point

- Use at least one validated survey for each major population group, where available
- Set baseline expectations for sampling, accessibility, quality checks, auditability, and timing
- Keep trends comparable within the state rather than forcing one survey across populations

Survey Options

- National Core Indicators–Intellectual and Developmental Disabilities ([NCI-IDD](#))
- National Core Indicators–Aging/Disabilities ([NCI-AD](#))
- Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems ([HCBS CAHPS](#))
- Personal Outcome Measures ([POM](#))

How Deloitte Can Help

Deloitte can help states translate the proposed rule into a practical readiness agenda across governance, survey strategy, data, stratification, and reporting design.

- **Readiness assessment:** confirm what the proposed rule means for the state’s current operating model, data, and reporting approach.
- **Governance and PMO support:** stand-up decision-making, ownership, and a working implementation cadence.
- **Survey strategy design:** align population groups to feasible, validated survey pathways.
- **Stratification and attribution design:** define practical rules that balance comparability, feasibility, and privacy.
- **Reporting and validation model:** design end-to-end reporting, Quality Assurance, and control processes for FFS and managed care environments.

Bottom Line: The states best positioned to move quickly will be the ones that assign clear ownership, make focused choices, and keep the approach workable.

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