

**The National Center for Excellence in Assisted Living (CEAL@UNC)**

Re: 2028 Medicaid Home and Community-Based Services Quality Measure Set (CMS-2453-NC)

Docket ID: CMS-2026-0332

May 28, 2026

The national Center for Excellence in Assisted Living (CEAL) was [established in 2003](#) in response to the U.S. Senate Special Committee on Aging’s Assisted Living Workgroup [Report](#), as a unique national collaborative of diverse organizations working together to promote excellence in assisted living. In 2023, CEAL joined with the University of North Carolina at Chapel Hill (UNC) to create a closer partnership with research and provide more capacity to advance the well-being of the people who live and work in assisted living through research, practice, and policy. Information about CEAL@UNC is available at its [website](#).

The national Center for Excellence in Assisted Living at the University of North Carolina at Chapel Hill (CEAL@UNC) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services’ (CMS) proposed 2028 Home and Community-Based Services (HCBS) Quality Measure Set. CEAL@UNC supports the underlying goal of advancing transparency, accountability, and quality improvement within HCBS programs and recognizes the use of research quality and person-centered measures as important to ensuring quality for those who access long-term services and supports.

The following comments reflect the diverse perspectives of the CEAL@UNC [Advisory Board](#) and participating [Strategic Advisors](#), representing more than 40 organizations dedicated to advancing the well-being of those who live and work in assisted living. Our comments are specific to the potential impact and relevance of the proposed measure set on assisted living communities, [defined](#) by CEAL@UNC as “licensed residential settings that provide housing; personal care; wellness, social, recreational, and health-related services such as nursing and dementia care; and 24-hour access to staff. These communities’ core principles include person-centered services and policies, as well as an adequate number of well-trained, supported staff. Person-centered services and policies promote quality of life, privacy, choice, dignity, inclusion and independence as defined by each individual and those who know them best.”

Our comments recognize the unique role of assisted living within the broader context of HCBS; they highlight observations and concerns in three areas and provide related recommendations.

- 1) Representativeness of data
- 2) Applicability of proposed measures to assisted living
- 3) Feasibility and unintended consequences

### **Representativeness of Data**

Observation and concern: A stated purpose of the Home and Community-Based Services (HCBS) Quality Measure Set is to provide CMS and states with “comparative quality data on HCBS programs” and “drive improvement in quality of care and outcomes for people receiving HCBS.” CEAL@UNC endorses the importance of comparative quality data and the goal of driving quality improvement; of concern in this measure set is the representativeness of the data in the context of the broader field of assisted living, given that [only 17%](#) of the one million assisted living residents currently use Medicaid as a payer source. Consequently, data obtained on a minority of residents will not reflect the overall field of assisted living, and in fact will represent a distinct subset given that assisted living residents receiving Medicaid differ from others, including by [having higher rates of serious mental illness](#). Also, small sample sizes within communities where a small percent of residents receive Medicaid funding will not accurately reflect the overall quality of care, which is an intention of the Quality Measure Set. Further, CEAL@UNC is concerned about inter-state comparability, given wide variation in state regulatory frameworks impacting both service provision and states’ use of Medicaid; not every state uses Medicaid to pay for assisted living services, and in those that do, [utilization ranges](#) from 6% to more than 40%.

Recommendation: CEAL@UNC recommends that prior to implementation, CMS explicitly recognize these limitations related to assisted living, and cautions against extrapolating findings from HCBS beneficiary populations to the broader assisted living sector; and asks CMS to provide clarification regarding how state variations in regulatory frameworks will be addressed when generating reliable “comparative quality data” related to the assisted living sector at a national scale.

## **Applicability of Proposed Measures to Assisted Living**

Observation and concern: Although measures such as the NCI-AD and Long-Term Services and Supports are broadly applicable to the older adult population and those using LTSS, there appears to have been limited assisted living expertise in the selection of measures for inclusion. Additionally, the proposed measurement set does not consistently nor sufficiently translate to populations residing in assisted living and does not include measures relating to the workforce. For example, while [more than 40%](#) of assisted living residents are diagnosed with Alzheimer’s disease or other dementias, the proposed measures do not sufficiently address this population. Also, some proposed mandatory measures are of less importance to assisted living given its residential nature, older population, and capacity of some assisted living communities (e.g., NCI-AD Percentage of People Who Have Transportation When They Want to Do Things outside of Their Home.)

Recommendation: CEAL@UNC appreciates that CMS is “not proposing to require that States conduct all four experience of care surveys to report on the proposed mandatory measures.” In an effort to generate relevant data, CEAL@UNC encourages CMS to consider developing or explicitly recommending measures with specific relevance to assisted living, and include experts and invested constituents from the assisted living sector to participate in and comment on their development and inclusion. Toward that end, CEAL@UNC previously published [“Measures and Instruments for Quality Improvement in Assisted Living”](#) that highlights recommended measures across the domains of person-centered care, medication management, care coordination/transitions, resident outcomes, and the workforce, with strong relevance to assisted living. Example measures from this review include the Person-Centered Practices in Assisted Living ([PC-PAL](#)) tool and the [CoreQ](#). The CoreQ has been endorsed by Batelle’s Partnership for Quality Measurement.

## **Feasibility and Unintended Consequences**

Observation and concern: The proposed measure set introduces administrative burden at both the state and individual provider/operator level without clearly identified or dedicated funding mechanisms. Based on experience with prior voluntary HCBS and other initiatives, CEAL@UNC is concerned that states and communities are at varying levels of readiness to implement large-scale data collection in assisted living, and that variation in survey administration will result in inconsistent and poor quality data. Also, at the provider/operator level, many communities face workforce and resource constraints, particularly those using HCBS Medicaid waiver programs. CEAL@UNC is concerned that if these communities are required to devote time and resources to data collection activities, some providers may cease to participate in HCBS waiver programs -- an ongoing trend reported to CEAL@UNC by numerous stakeholders -- thereby reducing access to needed residential supportive services for Medicaid beneficiaries. Relatedly, the concept of "performance metrics" may insinuate to some that providers will be penalized or otherwise have payments capped if they do not meet a threshold, which may further disincentivize participation in waivers.

Several states have already begun implementing assisted living quality related data collection efforts, such as the [Quality Measurement Program Report for Oregon Community-Based Care Facilities](#), the [Ohio Biennial Survey of Long-Term Care Facilities](#), and the [Minnesota Assisted Living Report Card](#); CEAL@UNC notes that the HCBS required measures may be duplicative of some of these efforts. Further, CEAL@UNC is concerned that if survey burden is high, it may reduce beneficiaries’ and communities’ willingness and ability to participate in future state or national data collection efforts.

Recommendation: CEAL@UNC appreciates CMS’s recognition of the “burden associated with quality measurement and reporting” and the consideration to “evaluate their value and reporting feasibility.” CEAL@UNC recommends that CMS (a) provide dedicated financial and technical support for measurement in assisted living communities; (b) conduct a formal assessment of burden; and (c) continue its efforts to reduce reporting burden through an examination of how existing state-based data collection efforts can inform the proposed data collection efforts prior to implementation.

## **Conclusion**

CEAL@UNC supports CMS’s commitment to advancing quality measurement across HCBS settings and within assisted living. We stand ready to collaborate with CMS to refine these measures to ensure their representativeness, applicability, and feasibility for assisted living, and to limit unintended consequences.

If you have questions regarding our comments or would like to discuss them, contact Sheryl Zimmerman, PhD, University Distinguished Professor and Director, CEAL@UNC at [CEAL@office.unc.edu](mailto:CEAL@office.unc.edu).