

MEDICAID HEALTH HOME CORE SET ANNUAL REVIEW WORKGROUP NOMINATION FORM

Thank you for your interest in participating in the Medicaid Health Home Core Set Annual Review Workgroup. The call for nominations will close at 8 pm EST on March 5, 2021. If you have any questions, please contact MHHCoreSetReview@mathematica-mpr.com.

Nominee information			
First a	nd last name		
Title			
Organi	Organization		
State			
Email a	address		
Phone number			
Is the n	ominator information different from above?		
O	Yes		
O	No		

	nd last name
Title	
Organi	zation
State	
Email a	address
Phone	number
ackno	wledge that the nominee has been contacted and is willing to participate.
0	Yes
O	No
Nomi	nee areas of expertise
	Home Program Focus Areas
2-1-1	Il that apply
seiect a	Individuals with multiple chronic conditions
	Substance use disorder
	Substance use disorder Serious mental illness/serious emotional disturbance
	Substance use disorder
	Substance use disorder Serious mental illness/serious emotional disturbance
	Substance use disorder Serious mental illness/serious emotional disturbance Intellectual/developmental disabilities

Nominator information

enet	all that apply
	Children and adolescents (ages 0 to 18)
	Adults (ages 19 to 64)
	Older adults (age 65 and older)
	Other:
	ods and Data Sources
	Medicaid data sources (such as claims or encounters, electronic health records, surveys other)
	Data linkage (such as linking Medicaid claims and vital records, clinical registries, or immunization information systems)
	State-level quality measure reporting
	Use of quality measures for quality improvement
	Measure development
	Measure testing
	meacare teering
	Measure reliability and validity
□ omi ief d	Measure reliability and validity Other: nee interest and availability escription of nominee interest, knowledge, and experience
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Disclosure of interest				
Please disclose any involvement as a measure steward or measure developer in the past 3 years, particularly as it relates to the measures currently on the Health Home Core Set.				
I agree to submit a Disclosure of Interest form upon selection.*				
O Yes				
O No				
Availability to participate*				
Please indicate the virtual meetings in which you are able to participate. If the form is submitted by a nominator, we will ask the nominee to attest to their availability to participate upon selection.				
☐ Orientation meeting: April 27, 2021, 1 – 2:30 pm EST				
☐ Meeting to prepare for the voting meeting:August 3, 2021, 1 – 2:30 pm EST				
□ Voting meeting: August 17 – 19, 2021, 11am – 4 pm EST each day				

* If the form is submitted by a nominator, we will ask the nominee to attest to the disclosure of interest and the availability to participate upon selection. Nominees with conflicts of interest will be asked not to participate in discussions or recommendations for which they have a personal financial interest.

Please submit your resume or curriculum vitae with relevant experience and publications along with this form to MHHCoreSetReview@mathematica-mpr.com. The call for nominations will close at 8 pm EST on March 5, 2021.