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# **Medicaid Health Home Core Sets Annual Review Workgroup:**

Meeting to Review Measures for the 2026 Core Sets  
Day 1

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**June 25, 2024**

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# Technical Instructions

- If you are experiencing technical issues during the webinar, please send a message through the **Q&A** function to **All Panelists**.

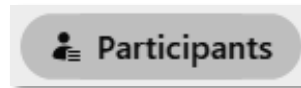


- If you are having issues speaking during Workgroup or public comments, ensure you are not also muted on your headset or phone. Connecting to audio using the “call me” feature in WebEx is the most reliable option.
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# Technical Instructions *(continued)*

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- To enable closed captioning, click on the “CC” icon in the lower-left corner of the screen. You can also click “Ctrl, Shift, A” on your keyboard.



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# Welcome and Meeting Objectives

# Mathematica Project Team

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- **Project director: Rosemary Borck**
- **Research, analytics, and logistics team: Patricia Rowan, Maria Dobinick, Talia Parker, Madeleine Spiering, Emily Costello, Kalidas Shanti**
- **Communications support: Christal Stone Valenzano and Derek Mitchell**
- **Writing support: Aurrera Health Group team, led by Megan Thomas and Jenneil Johansen**

# Meeting Objectives

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- **Review the measures suggested for addition to the Medicaid Health Home Core Sets**
- **Recommend updates to the Medicaid Health Home Core Sets**
- **Discuss gap areas and areas for future measure development**
- **Provide an opportunity for public comment**

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# Co-Chair Welcome Remarks

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# **Introduction of Workgroup Members and Disclosure of Interests**



# Disclosure of Interest

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- **All Workgroup members were required to submit a Disclosure of Interest Form that discloses any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest related to the current Medicaid Health Home Core Sets measures or measures reviewed during the Workgroup process.**
- **Members deemed to have an interest in a measure suggested for consideration will be recused from voting on that measure.**
- **During introductions, Workgroup members are asked to disclose any interests, though such disclosure may not indicate that a conflict exists.**

# Workgroup Roll Call

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- **Please use the “Raise Hand” feature to be unmuted during introductions**
- **Please mute yourself after speaking**
- **If a Workgroup member exits and re-enters the WebEx platform, they must again use the raise hand feature to be unmuted**
- **When your name is called, please indicate whether you have anything to disclose and, as an icebreaker, please mention one thing you are looking forward to during the meeting**

# 2026 Health Home Core Sets Review Workgroup

## Voting Members

<b>Co-Chair:</b> Kim Elliot, PhD, CPHQ, CHCA	Health Services Advisory Group
<b>Co-Chair:</b> Jeff Schiff, MD, MBA	AcademyHealth
David Basel, MD <i>Nominated by South Dakota Department of Social Services</i>	Avera Medical Group
Macy Daly, MPA	Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
Ari Houser, PhD	AARP Public Policy Institute
Amy Houtrow, MD, PhD, MPH, FAAP <i>Nominated by American Academy of Pediatrics</i>	University of Pittsburgh School of Medicine
Pamela Lester, RN, BSN, MSHS	Iowa Medicaid Enterprise

# 2026 Health Home Core Sets Review Workgroup *(continued)*

## Voting Members

Elizabeth Nichols, PhD, MS	New York State Department of Health
Kayla Romero, MPH	New Mexico Department of Health
Pamela Tew, LSW	ZERO TO THREE
Sara Toomey, MD, MPhil, MPH, MSc <i>Nominated by Children's Hospital Association</i>	Boston Children's Hospital
Laura Vegas, MPS <i>Nominated by National Association of State Directors of Developmental Disability Services</i>	National Association of State Directors of Developmental Disability Services
Jeannie Wigglesworth, MS	Connecticut HUSKY Health Behavioral Health Administrative Services Organization

# 2026 Health Home Core Sets Review Workgroup: Federal Liaisons

## Federal Liaisons (Non-voting)

Administration for Community Living, DHHS

Agency for Healthcare Research and Quality, DHHS

Center for Clinical Standards and Quality, CMS, DHHS

Department of Veterans Affairs, VA

Health Resources and Services Administration, DHHS

Office of Disease Prevention and Health Promotion, DHHS

Office of Minority Health, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

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## **CMCS Remarks**

**Sara Rhoades, Technical Director, Health Homes,  
Medicaid Benefits and Health Programs Group  
Center for Medicaid and CHIP Services**

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# Overview of the Health Home Core Sets

# 1945 Health Homes

- **The Medicaid Health Home State Plan Option, authorized under the Affordable Care Act (§1945 of the Social Security Act), allows states to design Medicaid health homes to provide comprehensive care coordination for Medicaid beneficiaries with complex needs**
  - 1945 health homes integrate physical and behavioral health and long-term services and supports
- **States must submit a Medicaid state plan amendment (SPA) to CMS to create a 1945 health home program**
  - States can target 1945 health home enrollment by condition and geography, but not age, delivery system or dual eligibility status
  - Each health home program requires a separate SPA. Publicly reported documents present performance at the health home program level



# Populations Served by 1945 Health Homes

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- **To qualify for 1945 health home services, beneficiaries must be diagnosed with the following:**
  - Two chronic conditions;
  - One chronic condition and risk for a second; or
  - A serious mental illness
- **Section 1945(h)(2) of the Social Security Act defined “chronic condition” to include mental health conditions, substance use disorder, asthma, diabetes, heart disease, and being overweight (body mass index over 25). Additional chronic conditions, such as HIV/AIDS, may be considered by CMS for approval**

Source: <https://www.medicaid.gov/medicaid/long-term-services-supports/health-homes/index.html>

# 1945A Health Homes

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- **The Accountability Act of 2019 (P. L. 116-16) authorized states to cover an optional health home state plan benefit for Medicaid-eligible children with medically complex conditions and enacted section 1945A of the Social Security Act (Act)**
- **Under section 1945A, beginning October 1, 2022, states have the option to cover health home services for Medicaid-eligible children with medically complex conditions as defined in section 1945A(i) of the Act**
- **A State Medicaid Director letter regarding the 1945A health home benefit was released on August 1, 2022 and can be found at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22004.pdf>**

# Goals of 1945A Health Home Program

- **Coordinate prompt care for children with medically complex conditions, including access to pediatric emergency services at all times**
- **Develop an individualized comprehensive pediatric family-centered care plan for children with medically complex conditions that accommodates patient preferences**
- **Work in a culturally and linguistically appropriate manner with the family of a child with medically complex conditions to develop and incorporate into such child's care plan, in a manner consistent with the needs of the child and the choices of the child's family**
- **Coordinate access to:**
  - **Sub-specialized pediatric services and programs for children with medically complex conditions, including the most intensive diagnostic, treatment, and critical care levels as medically necessary**
  - **Palliative services if the state provides Medicaid coverage for such services**
- **Coordinate care for children with medically complex conditions to out-of-state providers furnishing care to the maximum extent practicable for the families of such children and where medically necessary, in accordance with guidance issued under subsection (e)(1) and section 431.52 of title 42, Code of Federal Regulations**

# 1945A Health Home Eligibility Criteria

- Under section 1945A(i)(1) of the Act, a “child with medically complex conditions” must be under 21 years of age and eligible for medical assistance under the state plan (or under a waiver of the state plan, which CMS interprets to include eligibility under a section 1115 demonstration)
- Under section 1945A(i)(1)(A)(ii), a “child with medically complex conditions” must have at least:
  - One or more chronic conditions that cumulatively affect three or more organ systems and severely reduces cognitive or physical functioning (such as the ability to eat, drink, or breathe independently) and that also requires the use of medication, durable medical equipment, therapy, surgery, or other treatments; or
  - One life-limiting illness or rare pediatric disease (as defined in section 529(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(a)(3)).

# Core Services Provided by Health Home Programs

## 1945 Health Home Programs

1945 Health Home Programs must provide the following core services to enrollees:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
- Individual and family support services
- Referral to community and social support services
- Use of health information technology to link services, as feasible and appropriate

## 1945A Health Home Programs

1945A Health Home Programs must provide the following core services to enrollees:

- Comprehensive care management
- Care coordination, health promotion, and the provision of access to the full range of pediatric specialty and subspecialty medical services, including services from out-of-state providers, as medically necessary
- Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings
- Patient and family support (including authorized representatives)
- Referrals to community and social support services, if relevant
- Use of health information technology to link services, as feasible and appropriate

# Preparing for Mandatory Reporting and Measure Stratification

- **States with approved health home SPAs that have been in effect for at least six months of the reporting period must report on all Health Home Core Set measures for FFY 2024 reporting and annually thereafter**
  - States must adhere to reporting guidance in the resource manuals and TA briefs issued by CMS
  - For more information on the mandatory reporting requirements, see <https://www.medicaid.gov/federal-policy-guidance/downloads/smd24002.pdf>
- **Feasibility and viability of program-level reporting of current and future Health Home Core Sets measures are key considerations as mandatory reporting begins**
- **Another key consideration is the ability to stratify measures by factors such as race, ethnicity, sex, geography, age, disability, and language**
  - States will be required to report data stratified by race and ethnicity, sex, and geography for a subset of mandatory measures beginning with FFY 2025 Core Set reporting
- **Workgroup recommendations for the 2026 Health Home Core Sets should consider the feasibility for all states with approved health home programs to report a measure for all beneficiaries enrolled in the health home program within two years of the measure being added to the Core Sets**

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# **Questions from Workgroup Members on Overview of the Health Home Core Sets**

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# Approach to Measure Review and Voting



# 2026 Medicaid Health Home Core Sets Annual Review Workgroup Charge

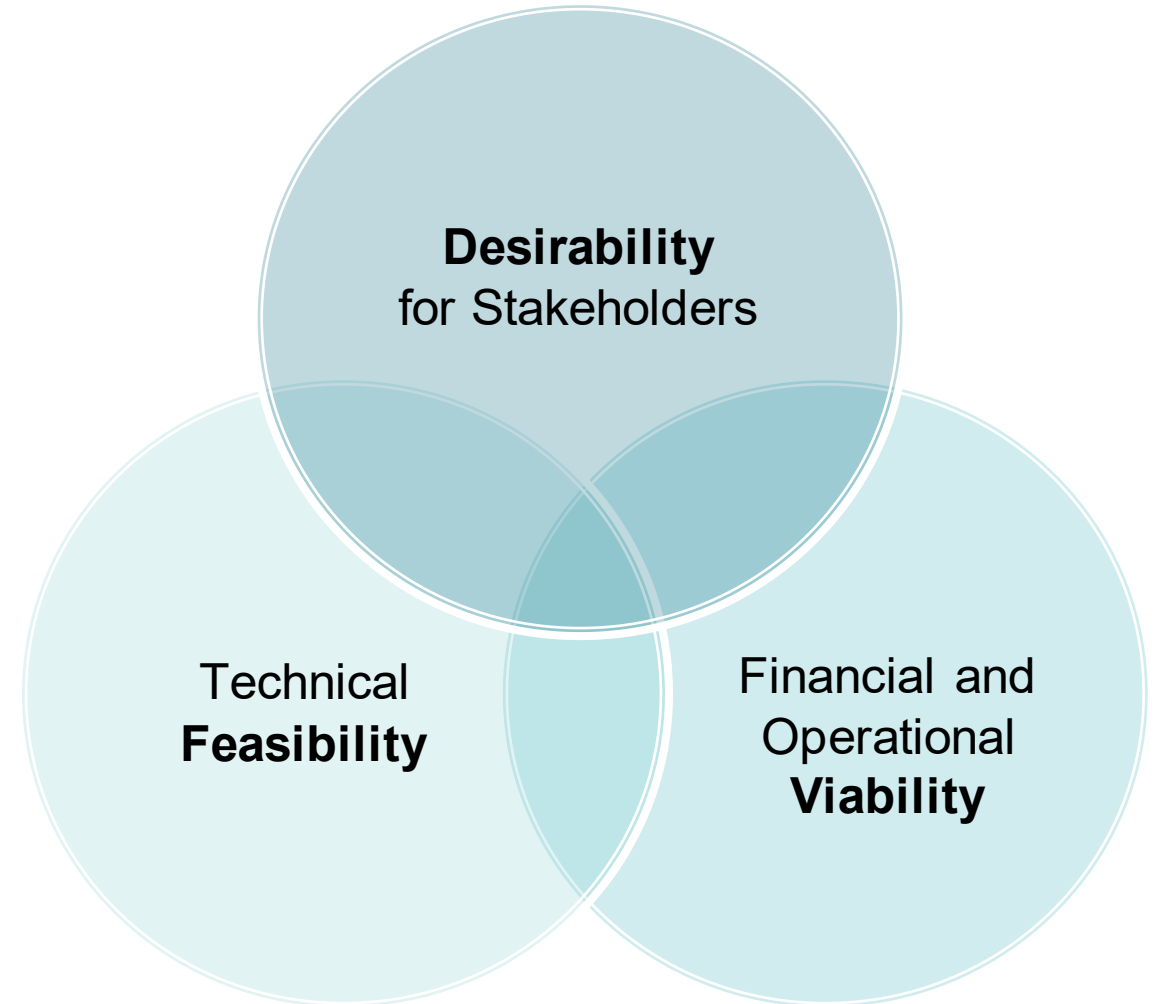
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**The Medicaid Health Home Core Sets Workgroup for the 2026 Annual Review is charged with assessing the 2025 Medicaid Health Home Core Sets and recommending measures for addition or removal in order to strengthen and improve the Medicaid Health Home Core Sets.**

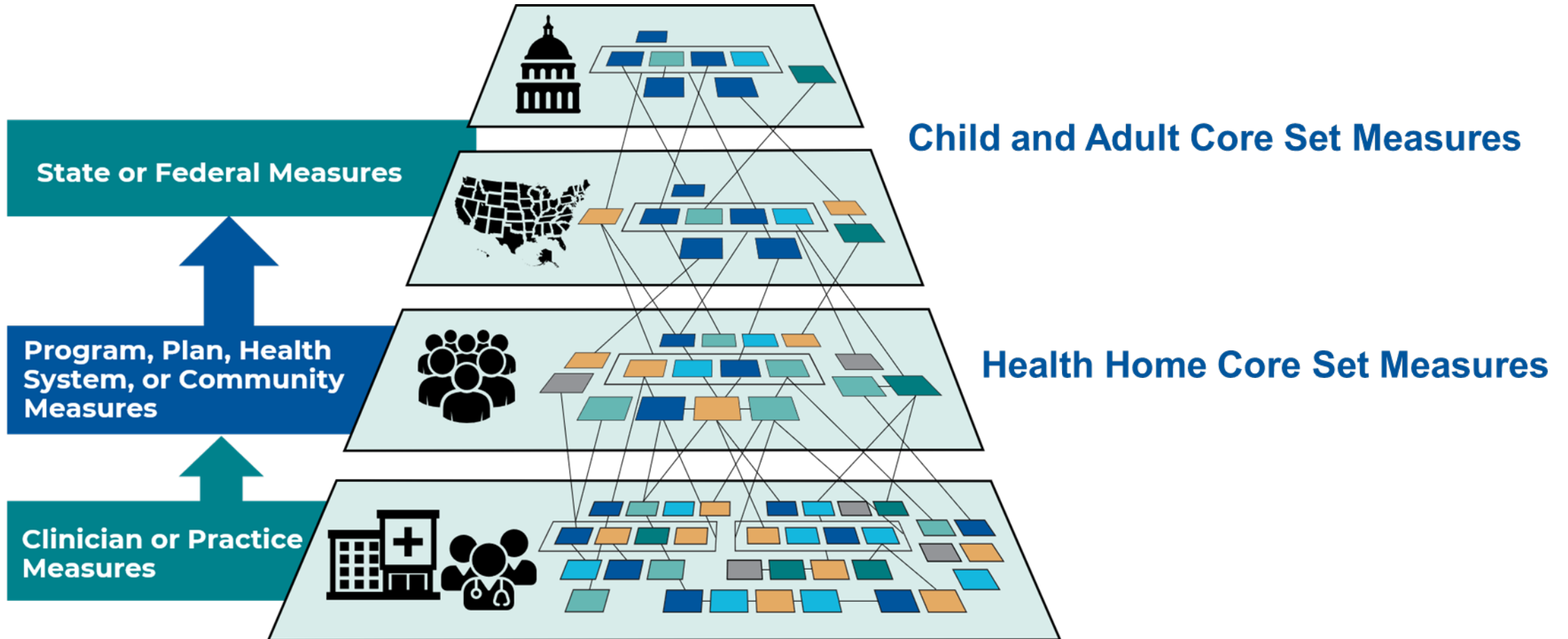
**The Workgroup should focus on recommending measures that are actionable, aligned, and appropriate for program-level reporting, to ensure the measures can meaningfully drive improvement in quality of care and outcomes for Medicaid health home program enrollees.**

# Role of the Workgroup in Strengthening the 2026 Health Home Core Sets

- The annual Workgroup process is designed to identify gaps in the existing Medicaid Health Home Core Sets and suggest updates to strengthen and improve the Core Sets
- The Workgroup discussion must balance the desirability, feasibility, and viability of measures from the perspective of program-level quality measurement and improvement
  - Example: Quality measures that reflect health outcomes may be more desirable than process measures, but they may be more challenging to report based on data availability and resource intensity



# Alignment Across Multiple Levels to Facilitate Quality Improvement



# Level-Setting about the 1945 Health Home Core Set

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- **The 2025 1945 Health Home Core Set contains 11 measures**
  - There is no target number of measures (maximum or minimum) for the Health Home Core Sets
- **38 Health Home Programs were expected to report Health Home Core Set measures for FFY 2022; 34 reported at least 1 measure**
  - States reported a median of 10.5 measures for FFY 2022
  - Reporting remained consistent or increased for 23 of the 30 approved Health Home Programs that reported for all three years from FFY 2020 to FFY 2022
  - 11 of the 13 FFY 2022 Health Home Core Set measures were reported for at least 20 of the approved Health Home Programs

# Level-Setting about the 1945A Health Home Core Set

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- **The 2025 1945A Health Home Core Set contains 6 measures**
  - There is no target number of measures (maximum or minimum) for the Health Home Core Sets
- **To date, there are no approved state plan amendments for the 1945A Health Home state plan option**
  - There is one approved planning grant
  - One state has passed legislation which mandates the submission of a state plan amendment by January 1, 2025

# Level-Setting about the Health Home Core Sets

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- **Measure stewards update quality measures annually, including data sources, code sets, denominator and numerator definitions and calculations, exclusions, and measure names**
  - Changes may reflect new clinical guidance, coding updates, emerging data sources, and technical corrections
- **The measure information sheets for the measures under consideration by the Workgroup are based on publicly available information and information from measure stewards as of May 2024**
  - Measures may undergo updates and the measure information sheets may not reflect the measure specifications for 2025 reporting
- **This reflects the evolving nature of quality measurement in health care**

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# Criteria for Measure Review

# Recap of Criteria for the 2026 Medicaid Health Home Core Sets Annual Review

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- **To assess measures for inclusion in the 2026 Medicaid Health Home Core Sets, Workgroup members will use criteria in three areas:**
  - **Minimum Technical Feasibility Requirements**
  - **Actionability and Strategic Priority**
  - **Other Considerations**
- **To be considered for the 2026 Medicaid Health Home Core Sets, all measures must meet minimum technical feasibility requirements**



# Criteria for Assessing Measures for Addition: Minimum Technical Feasibility Requirements

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- 1. The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets)**
- 2. The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs**
- 3. An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier)**
- 4. The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness)**
- 5. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Sets**

# Criteria for Assessing Measures for Addition: Actionability and Strategic Priority

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1. Taken together with other Core Set measures, the measure can be used to estimate the overall national quality of health care in Medicaid and CHIP
2. The measure should be suitable for comparative analyses of disparities among Medicaid and CHIP beneficiaries by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language
3. The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP
4. The measure can be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid and CHIP programs/providers)

# Criteria for Assessing Measures for Addition: Other Considerations

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- 1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics**
- 2. The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program)**
- 3. All states should be able to produce the measure for Core Set reporting within two years of the measure being added to the Core Sets and be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems)**

# Criteria for Suggesting Measures for Removal

## Technical Feasibility

- ✓ The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the program level (e.g., numerator, denominator, and value sets)
- ✓ States report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries (or the ability to link to an identifier)
- ✓ The specifications and data source do not allow for consistent calculations across health home programs (e.g., there is variation in coding or data completeness across states)
- ✓ The measure is being retired by the measure steward and will no longer be updated or maintained

## Actionability and Strategic Priority

- ✓ Taken together with other Core Set measures, the measure does not contribute to estimating the overall national quality of health care in Medicaid health home programs
- ✓ The measure is not suitable for comparative analyses of disparities by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language
- ✓ The measure does not address a strategic priority for improving health care delivery and outcomes in Medicaid health home programs (e.g., it does not promote effective care delivery, does not address the unique and complex needs of Medicaid beneficiaries, or there is a lack of evidence that this measure will lead to quality improvement)
- ✓ The measure cannot be used to assess progress in improving health care delivery and outcomes in Medicaid health home programs (e.g., the measure is topped out, trending is not possible, or improvement is outside the direct influence of Medicaid health home programs/providers)

## Other Considerations

- ✓ The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful results across health home programs, taking into account Medicaid population sizes and demographics
- ✓ The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement
- ✓ All health home programs may not be able to produce the measure within two years of the reporting cycle under review or may not be able to include all Medicaid health home populations (e.g., all age groups, eligibility categories, and delivery systems)

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# **Questions from Workgroup Members on Criteria for Measure Review**

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# Practice Voting

# Voting Process

- **Voting will take place by measure after Workgroup discussion and public comment**
  - Measures that were suggested for addition to both the 1945 and 1945A Health Home Core Sets will be voted on separately for each Core Set
- **Voting is open to Workgroup members only**
- **Workgroup members will vote on each measure in its specified form**
  - **Measures for addition:**
    - Yes, I recommend adding this measure to the Core Set
    - No, I do not recommend adding this measure to the Core Set
- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote “yes”**

# Practice Vote #1

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**Do you prefer dogs over cats?**

- **Yes, I prefer dogs**
- **No, I prefer cats**



# Practice Vote #2

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**Are you right-handed?**

- **Yes, I am right-handed**
- **No, I am left-handed**

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# Break

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# Measures Suggested for Addition

# Addition: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

<b>Description</b>	The percentage of members 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>Measure Type</b>	Process
<b>Addition of measure to which Core Set(s)?</b>	1945 Health Home Core Set
<b>Is the measure on the Child or Adult Core Sets?</b>	Yes- Adult Core Set
<b>Recommended to replace current measure?</b>	No
<b>Data collection method</b>	Administrative

# Addition: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) *(continued 1)*

## Denominator

Identify members with schizophrenia or bipolar disorder as those who met at least one of the following criteria during the measurement year.

- At least one acute inpatient encounter with any diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder. Either of the following code combinations meet criteria:
  - Behavioral Health (BH) Stand Alone Acute Inpatient Value Set with (Schizophrenia Value Set, Bipolar Disorder Value Set, Other Bipolar Disorder Value Set).
  - Visit Setting Unspecified Value Set with Acute Inpatient POS Value Set with Schizophrenia Value Set, Bipolar Disorder Value Set, Other Bipolar Disorder Value Set.
- At least two of the following, on different dates of service, where both encounters have any diagnosis of schizophrenia or schizoaffective disorder (Schizophrenia Value Set) or both encounters have any diagnosis of bipolar disorder (Bipolar Value Set).
  - An outpatient visit.
  - An intensive outpatient encounter or partial hospitalization.
  - A community mental health center visit.
  - Electroconvulsive therapy.
  - An Emergency Department (ED) visit.
  - A nonacute inpatient encounter.
  - A telehealth visit.
  - An e-visit or virtual check-in.

# Addition: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) *(continued 2)*

<b>Numerator</b>	A glucose test or an HbA1c test performed during the measurement year. Do not include codes with a modifier or from laboratory claims.
<b>Stratifications</b>	<p>HEDIS MY 2024 Vol. 2 contains general guidelines about how to categorize Medicaid members by race and ethnicity; however, the current technical specifications for SSD does not include guidelines for any stratifications.</p> <p>The measure steward notes that there are no specific planned or proposed changes pending for SSD stratification at this time.</p> <p>This measure has not been identified for mandatory stratification for FFY 2025 Adult Core Set Reporting.</p>
<b>Other</b>	During the FFY 2025 Health Home Core Sets Annual Review, the Workgroup discussed diabetes management as a gap area and identified an opportunity to align with the Adult Core Set by considering measures of diabetes management for enrollees with chronic conditions in future Workgroups.

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# Workgroup Member Discussion: SSD

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# Opportunity for Public Comment: SSD



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## **Vote on Measure: SSD**

# **Addition Vote #1: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)**

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**Should the Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) measure be added to the 2026 1945 Health Home Core Set?**

- Yes, I recommend adding this measure to the 2026 1945 Health Home Core Set**
- No, I do not recommend adding this measure to the 2026 1945 Health Home Core Set**

# Addition: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

<b>Description</b>	<p>The percentage of children and adolescents ages 1 to 17 with two or more antipsychotic prescriptions who had metabolic testing. Three rates are reported:</p> <ul style="list-style-type: none"> <li>• Percentage of children and adolescents on antipsychotics who received blood glucose testing;</li> <li>• Percentage of children and adolescents on antipsychotics who received cholesterol testing;</li> <li>• Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.</li> </ul>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>Measure type</b>	Process
<b>Addition of measure to which Core Set(s)?</b>	Both 1945 and 1945A Health Home Core Sets
<b>Is the measure on the Child or Adult Core Sets?</b>	Yes- Child Core Set
<b>Recommended to replace current measure?</b>	No
<b>Data collection method</b>	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: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) *(continued)*

<b>Denominator</b>	Beneficiaries with at least two antipsychotic medication dispensing events of the same or different medications, on different dates of service during the measurement year.
<b>Numerator</b>	<p>Beneficiaries who received at least one test for blood glucose or HbA1c during the measurement year.</p> <p>Beneficiaries who received at least one test for LDL-C or cholesterol during the measurement year.</p> <p>Beneficiaries who received both the following during the measurement year on the same or different dates of service:</p> <ul style="list-style-type: none"> <li>• At least one test for blood glucose or HbA1c.</li> <li>• At least one test for LDL-C or cholesterol.</li> </ul>
<b>Stratifications</b>	<p>HEDIS MY 2024 Vol. 2 contains general guidelines about how to categorize Medicaid members by race and ethnicity; however, the current technical specifications for the APM measure include only stratifications by age and product line.</p> <p>The measure steward notes that this measure is under review for potential race/ethnicity stratification for MY 2026 which corresponds to FFY 2027 Core Set reporting.</p> <p>This measure has not been identified for mandatory stratification for FFY 2025 Child Core Set Reporting.</p>
<b>Other</b>	The measure steward changed this measure to an ECDS only measure for HEDIS MY2024 (Core Set FFY 2025). Previous versions of the measure allowed for data collection via Administrative or ECDS methods.

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# Workgroup Member Discussion: APM

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# **Opportunity for Public Comment: APM**

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# **Vote on Measure: APM**

## **Addition Vote #2: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)**

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**Should the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure be added to the 2026 1945 Health Home Core Set?**

- Yes, I recommend adding this measure to the 2026 1945 Health Home Core Set**
- No, I do not recommend adding this measure to the 2026 1945 Health Home Core Set**



## **Addition Vote #3: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)**

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**Should the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure be added to the 2026 1945A Health Home Core Set?**

- Yes, I recommend adding this measure to the 2026 1945A Health Home Core Set**
- No, I do not recommend adding this measure to the 2026 1945A Health Home Core Set**

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# Preview of Day 2 and Wrap-Up

# Agenda for Day 2

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- **Measure suggested for addition, Part 2**
- **Priority gap areas and criteria for the Public Call for Measures for the 2027 Health Home Core Sets**
- **Workgroup reflections and future directions**
- **Public comment**

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**Thank you!**