

Medicaid Health Home Core Sets Annual Review Workgroup:

Meeting to Review Measures for the 2028 Core Sets

September 15, 2026

Technical Instructions (1/2)

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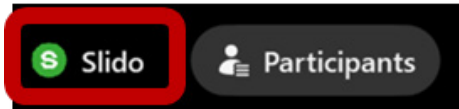
- During the webinar, there will be opportunities for Workgroup member comments or public comment.



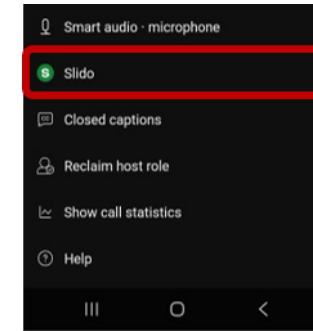
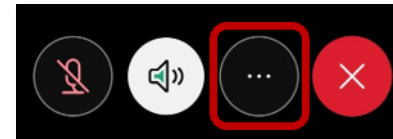
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- You will hear a tone when you are able to unmute. Please wait for your cue to speak, unmute and lower your hand when you have finished speaking.
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- If you are having issues speaking during Workgroup 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.
 - Audio settings can be accessed by selecting the arrow next to the unmute button.



- Call-in only users cannot make comments. Please ensure your audio is associated with your name in the platform.

Agenda

- **Welcome and Overview of Objectives for the Voting Meeting**
 - **Introduction of Workgroup Members and Disclosures of Interest**
 - **Overview of the Health Home Programs and Core Sets**
 - **Approach to Measure Review and Voting**
 - **Measure Suggested for Addition to the 1945 Health Home Core Sets: Adults' Access to Preventive/Ambulatory Health Services**
 - **Measure Suggested for Addition to the 1945 and 1945A Health Home Core Sets: Managed and Fee-For-Service LTSS Comprehensive Assessment and Update**
 - **Priority Gap Areas for the Public Call for Measure for 2029 Health Home Core Sets**
 - **Workgroup Reflections and Future Directions**
 - **Public Comment**
 - **Next Steps and Wrap-Up**
-

Welcome and Meeting Objectives

Meeting Objectives

- Review the measures suggested for addition to the 2028 1945 and 1945A Health Home Core Sets.
- Discuss future updates to the Health Home Core Sets.
- Discuss gap areas and areas for future measure development.
- Provide an opportunity for public comment.

Co-Chair Welcome Remarks

Introduction of Workgroup Members and Disclosure of Interests

Disclosure of Interest

- **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 being 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

- **Workgroup members can mute and unmute themselves.**
- **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.**

2028 Health Home Core Sets Review Workgroup (1/2)

Voting Members	Agency
Co-Chair: Kim Elliott, PhD, CPHQ, CHCA	Health Services Advisory Group
Co-Chair: Jeannie Wigglesworth, MS	Carelon Behavioral Health - Connecticut
Clarissa Barnes, MD <i>Nominated by South Dakota Medicaid</i>	South Dakota Department of Social Services, Division of Medical Services
James Brennan*	Rhode Island Executive Office of Health and Human Services
Ari Houser, PhD <i>Nominated by AARP</i>	AARP Public Policy Institute
Raina Josberger, MS* <i>Nominated by New York State Department of Health</i>	New York State Department of Health
Pamela Lester, RN, BSN, MSHS	Iowa Medicaid Enterprise

* New Workgroup member.

2028 Health Home Core Sets Review Workgroup (2/2)

Voting Members	Agency
Johnny Shults <i>Nominated by the Washington State Health Care Authority</i>	Washington State Health Care Authority
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
Janelle White, MD, MHCM, FAAAP <i>Nominated by AcademyHealth</i>	North Carolina Department of Health and Human Services

2028 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

Substance Abuse and Mental Health Services Administration, DHHS

Mathematica Project Team

- **Project director: Rosemary Borck**
- **Research, analytics, and logistics team: Emily Costello, Maria Dobinick, Nidaa Ekram, Kalidas Shanti, Madelaine Spiering, and Anna Synakh**
- **Technical meeting Support: Fiona Shapiro, Brice Overcash**
- **Writing support: Aurrera Health Group team, led by Megan Thomas**

Overview of the Medicaid Health Home Programs and Core Sets

1945 Health Home State Plan Option

- **The Medicaid Health Home State Plan Option, authorized under section 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 Medicaid Health Home Programs integrate physical and behavioral health and long-term services and supports.
 - States can target 1945 Health Home enrollment by condition and geography, but not age, delivery system or dual eligibility status.
- **States must submit a Medicaid state plan amendment (SPA) to CMS to create a 1945 health home program.**
 - Each Health Home Program requires a separate SPA.

Goals of 1945 Health Home Program

- **Improve integration and coordination of primary care, acute care, behavioral health (mental health and substance use), and long-term services and supports**
- **Support individuals with chronic conditions by addressing the “whole person” and avoiding fragmented care**
- **Enhance quality of care and outcomes for Medicaid enrollees with multiple or complex needs**
- **Reduce avoidable hospitalizations and emergency department use, lowering costs while improving health**
- **Promote use of health information technology to strengthen care coordination and accountability**

Eligibility Criteria for 1945 Health Homes

- **Section 1945(h)(1) of the Social Security Act says that to be eligible for 1945 health home services, beneficiaries must be diagnosed with the following:**
 - Two or more chronic conditions;
 - One chronic condition and at risk for a second; or
 - One serious and persistent mental health condition.
- **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

- **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>.**
- **At this time, there are no approved 1945A Health Home Programs.**

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, including the most intensive diagnostic, treatment, and critical care levels as medically necessary.**
 - **Palliative services if the state provides Medicaid coverage for such services.**
 - **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 (1) and section 431.53 of title 42, Code of Federal Regulations.**

Eligibility Criteria for 1945A Medicaid Health Homes

- **To qualify for 1945A health home services, beneficiaries must be under 21 years of age with medically complex conditions and eligible for medical assistance or under a waiver of the state plan which CMS interprets to include eligibility under a section 1115 demonstration.**
- **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

Must provide the following core services to enrollees:

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

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 services (including authorized representatives)
- Referrals to community and social support services, if relevant
- Use of health information technology to link services, as feasible and appropriate

Mandatory Reporting and Stratification (1/2)

- Measure reporting is mandatory for *all measures* for all approved 1945 and 1945A Health Home programs that began operation prior to July 1st of the measurement year.
- Feasibility and viability of program-level reporting of current and future Health Home Core Set measures are key considerations for mandatory reporting.
- Workgroup recommendations for the 2028 Health Home Core Sets should consider feasibility for *all* programs to report a measure for *all* health home enrollees within two years of the measure being added to the Health Home Core Sets.
- Beginning with 2025 Core Sets reporting, states must stratify a subset of mandatory measures by the required stratification categories included in the annual Core Sets guidance. Stratification will be required for all eligible mandatory measures beginning with 2028 Core Sets reporting.

Mandatory Reporting and Stratification (2/2)

- **NEW: CMS implemented new stratification standards in addition to the existing standards of race and ethnicity, sex, and geography for state quality measure reporting, adding Foster Care and the Medicaid adult expansion group as mandatory stratification standards.**
 - These standards are available for voluntary reporting in 2026 to prepare for mandatory reporting in 2027.¹

Group	Definition	Applicable Health Home Core Set(s)
Foster care population	Beneficiaries who were in foster care at any time during the measurement period using enrollment data to determine foster care status.	1945 and 1945A Health Home Core Sets
Medicaid adult expansion group	Beneficiaries enrolled in adult expansion (under section 1902(a)(10)(A)(i)(VIII) of the Act, and in regulation at 42 C.F.R. § 435.119) in the state plan or through a section 1115 demonstration that provides eligibility for the entire adult group population.	1945 Health Home Core Set

- **More information about the 2027 updates detailed in the May 2026 SMDL is available at <https://www.Medicaid.gov/federal-policy-guidance/downloads/smd26002.pdf>.**

¹ Stratified reporting requirements for the 2026 Health Home Core Sets were announced in a State Medicaid Director Letter: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd25002.pdf> and the Final Rule: <https://www.federalregister.gov/documents/2023/08/31/2023-18669/medicaid-program-and-chipmandatory-medicaid-and-childrens-health-insurance-program-chip-core-set>.

2027 Health Home Core Set Measures for Stratification

1945 Health Home Core Set Measures for Stratification *6 measures*

Colorectal Cancer Screening (COL-HH)

Follow-Up After Hospitalization for Mental Illness (FUH-HH)

Controlling High Blood Pressure (CBP-HH)

Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)

Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)

Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)

1945A Health Home Core Set Measures for Stratification *3 measures*

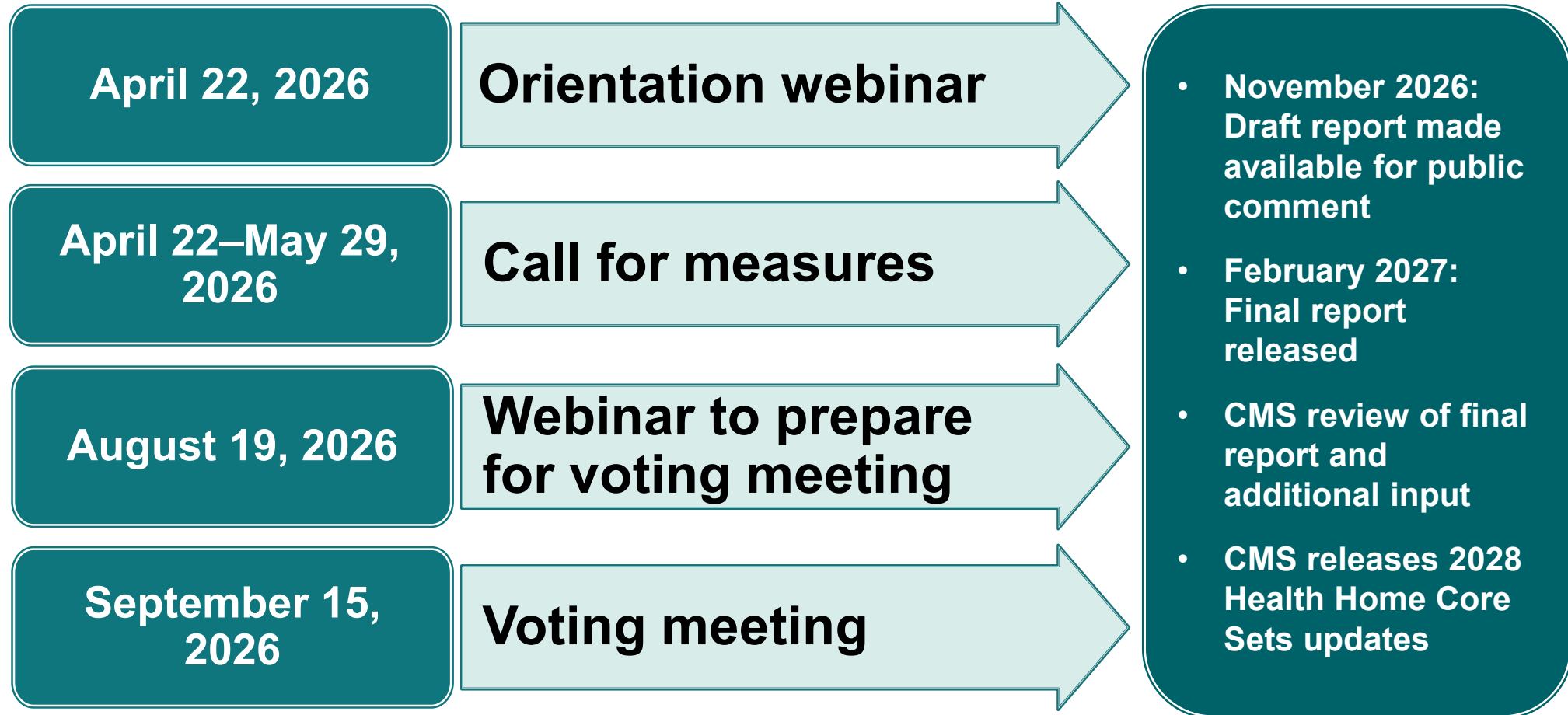
Child and Adolescent Well-Care Visits (WCV-HH)

Oral evaluation, dental services (OEV-HH)

Well-Child Visits in the First 30 Months of Life (W30-HH)

Approach to Measure Review and Voting

Planned Milestones for the 2028 Medicaid Health Home Core Sets Annual Review



Medicaid Health Home Core Sets Workgroup Charge

The Medicaid Health Home Core Sets Workgroup for the 2028 Annual Review is charged with assessing the 2027 Medicaid Health Home Core Sets and recommending measures for addition or removal to strengthen and improve the Medicaid Health Home Core Sets.

The Workgroup should recommend adding 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, and the variety of complex chronic conditions supported via Health Home Programs.

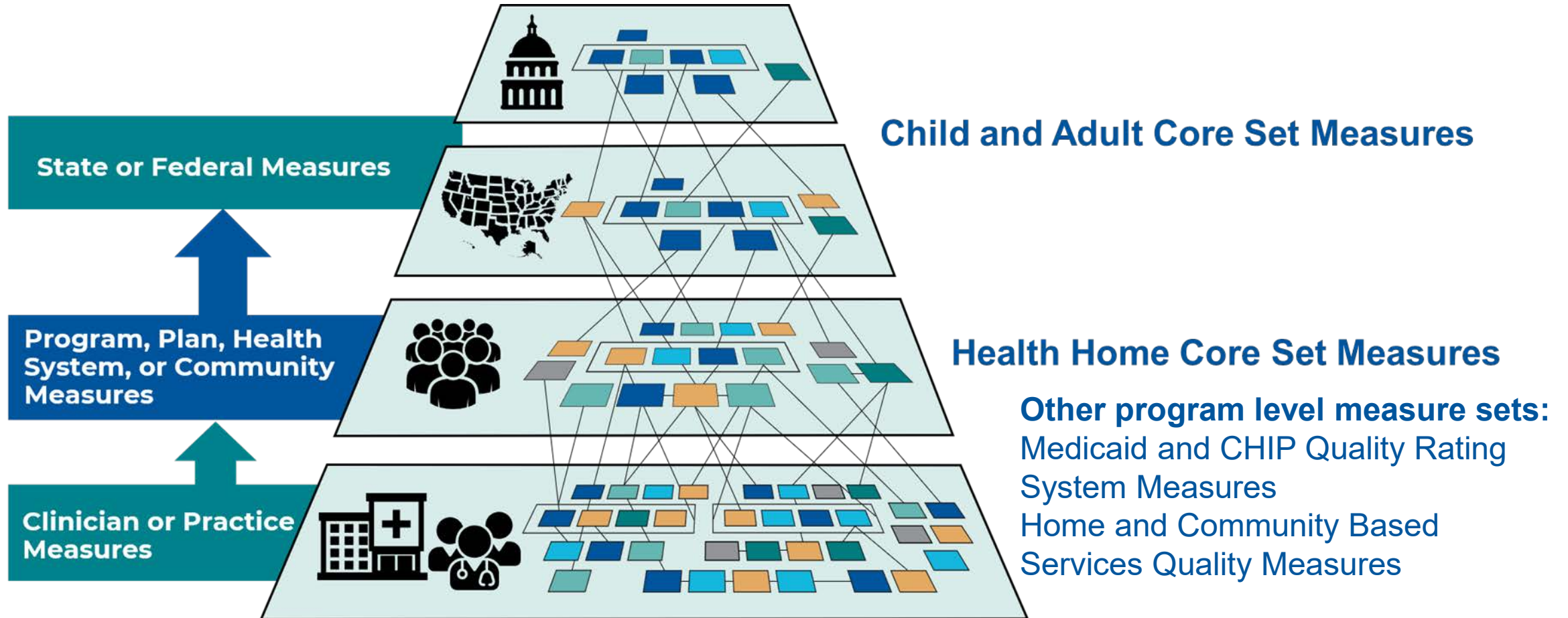
The Workgroup should recommend removing measures that do not provide states and CMS with meaningful and actionable information about quality of care.

Given mandatory reporting requirements, the Workgroup should focus on the feasibility of state reporting by *all* states for *all* Medicaid populations.

Role of the Workgroup in Strengthening the 2028 Medicaid 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 first determine whether a measure is feasible and then balance the desirability and viability of measures from the perspective of program-level quality measurement and improvement.
 - Keep in mind mandatory reporting requirements: Quality measures must be feasible for program-level reporting to be included on the Medicaid Health Home Core Sets.

Alignment Across Multiple Levels to Facilitate Quality Improvement



Level-Setting about the 1945 Health Home Core Set

- **The 2027 1945 Health Home Core Set contains 11 measures.**
 - There is no target number of measures (maximum or minimum) for the Health Home Core Sets.
- **All Health Home Programs that were expected to report Health Home Core Set measures for 2025 reported all measures.**

Level-Setting about the 1945A Health Home Core Set

- **The 2027 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.**

Level-Setting about the Medicaid Health Home Core Set Measures

- **Measure stewards update quality measures annually, including data sources, code sets, denominator and numerator definitions and calculations, exclusions, and measure names.**
- **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 August 2026.**
- **This reflects the evolving nature of quality measurement in health care.**

Criteria for Measure Review

Criteria for the 2028 Medicaid Health Home Core Sets Annual Review

- To assess measures for inclusion in the 2028 Medicaid Health Home Core Sets, Workgroup members will use criteria in three areas:
 - Minimum Technical Feasibility and Appropriateness Requirements
 - Actionability
 - Other Considerations
- To be considered for addition to the 2028 Medicaid Health Home Core Sets, measures must meet *a//* minimum technical feasibility and appropriateness requirements.

Criteria for Suggesting Measures for Addition (1/2)

All minimum technical feasibility and appropriateness criteria *must* be met for a measure to be considered by the Workgroup during the voting meeting.

Minimum Technical Feasibility and Appropriateness

- A1.** The measure must be fully developed and have detailed technical specifications that enable production of the measure at the program level (e.g., numerator, denominator, and value sets). (Specifications must be provided as part of the submission.)
- A2.** 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 according to measure specifications. (Documentation is required as part of the submission.)
- A3.** 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 beneficiaries (or the ability to link to an identifier). (Evidence about the reliability and validity of measures is required as part of the submission or explain why such information is not available.)
- A4.** The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness). (Documentation of data quality and consistency across states is required as part of the submission.)
- A5.** The measure aligns with current clinical guidance and/or positive health outcomes.
- A6.** The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Sets.

Criteria for Suggesting Measures for Addition (2/2)

Actionability

- B1.** The measure addresses a priority for improving health care delivery and outcomes in Medicaid Health Home Programs.
- B2.** The measure is able to be stratified by the required stratification categories included in the March 2024 State Medicaid Director Letter for the Medicaid Health Home population. Considerations could include adequate sample and population sizes and available data in the required data source(s).
- B3.** The measure can be used to assess progress in improving health care delivery and outcomes in Medicaid Health Home Programs (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid Health Home Programs or providers).
- B4.** The measure would fill a gap in the Health Home Core Sets or would add value to the existing measures in the Health Home Core Sets.

Other Considerations

- C1.** The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across Health Home Programs, taking into account program population sizes and demographics.
- C2.** The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
- C3.** Adding the measure to the Health Home Core Sets does not result in substantial additional data collection burden for providers or Medicaid Health Home enrollees.
- C4.** All Health Home Programs should be able to produce the measure for all Medicaid Health Home Program populations within two years of the measure being added to the Health Home Core Sets.
- C5.** The code sets and codes specified in the measure must be in use by Medicaid programs or otherwise be readily available to Medicaid and CHIP programs to support calculation of the measure.

Voting Process

- **Voting for each measure will take place after Workgroup discussion and public comment on the measure.**
- **Workgroup members will vote on the measures in their specified form.**
 - Yes = I recommend adding the measure to the Core Set.
 - No = I do not recommend adding the measure to the Core Set.
- **The measures will be recommended for addition if two-thirds of eligible Workgroup members vote “Yes.”**

Practice Voting

Practice Vote #1

Do you prefer dogs over cats?

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

Practice Vote #2

Are you right-handed?

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

Break

**Measure Suggested for Addition to the
1945 Medicaid Health Home Core Set:
Adults' Access to Preventive/Ambulatory Health Services**

Addition: Adults' Access to Preventive/Ambulatory Health Services (AAP) (1/2)

Description	The percentage of persons 20 years of age and older who had an ambulatory or preventive care visit during the measurement period.
Measure steward	National Committee for Quality Assurance (NCQA)
Measure Type	Process
Addition of measure to which Core Set(s)?	1945 Medicaid Health Home Core Set
Is the measure on the Child or Adult Core Sets?	No, however the Child and Adult Core Sets Annual Review Workgroup reviewed and recommended this measure for addition to the 2028 Adult Core Set.
Recommended to replace current measure?	No
Data collection method	Administrative
Denominator	Persons 20 years of age and older as of December 31 of the measurement period.
Numerator	One or more ambulatory or preventive visits during the measurement period.

Addition: Adults’ Access to Preventive/Ambulatory Health Services (AAP) (2/2)

Stratification	The HEDIS Measurement Year 2027 Technical Specifications include stratifications by age group for this measure.
Testing or use in state Medicaid and CHIP programs	NCQA, the measure steward, follows a comprehensive measure development process that includes an environmental scan, testing with implementation partners, and guidance from expert Measurement Advisory Panels. This measure was included in the original HEDIS set and is currently in use by state Medicaid programs. 27 states included the measure in performance measure validation in their External Quality Review (EQR) technical reports for 2024-2025, including 9 states that operate health home programs: DC, MI, MN, NJ, NV, RI, TN, VT, and WA. ¹

¹ An External Quality Review (EQR) is the analysis and evaluation by an External Quality Review Organization of aggregated information on quality, timeliness, and access to the health care services that a managed care plan or its contractors furnish to Medicaid and CHIP beneficiaries. The annual EQR results in the generation of an annual EQR technical report. The summary tables for the 2024-2025 EQR reporting cycle are available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-2025-chart-pack.zip>. See EQR Table 3 for a list of performance measures included in EQR technical reports.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measure

Suggested Measure Vote: Adults' Access to Preventive/Ambulatory Health Services (AAP)

Should the Adults' Access to Preventive/Ambulatory Health Services (AAP) measure be added to the 1945 Medicaid Health Home Core Set?

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

**Measure Suggested for Addition to the 1945 and 1945A
Health Home Core Sets:
Long-Term Services and Supports Comprehensive
Assessment and Update (MLTSS-1/LTSS-1)**

Addition: LTSS Comprehensive Assessment and Update (MLTSS-1 and LTSS-1) (1/4)

Description	MLTSS-1: The percentage of Medicaid MLTSS participants, aged 18 years and older, who have documentation of a comprehensive assessment, completed in a specified timeframe, which includes documentation of core and supplemental elements. LTSS-1: The percentage of participants receiving Medicaid FFS LTSS, aged 18 years and older, who have documentation of a comprehensive assessment, completed in a specified timeframe, which includes documentation of core and supplemental elements.
Measure steward	Centers for Medicare and Medicaid Services (CMS)
Measure Type	Process
Addition of measure to which Core Set(s)?	1945 Health Home Core Set and 1945A Health Home Core Set
Is the measure on the Child or Adult Core Sets?	No
Recommended to replace current measure?	No
Data collection method	Hybrid (Case Management Records and Administrative data)
Denominator	This measure is based on a review of Medicaid [MLTSS or FFS LTSS] participant case management records, selected via a systematic sample drawn from the eligible population.

Addition: LTSS Comprehensive Assessment and Update (MLTSS-1 and LTSS-1) (2/4)

Numerator

The measure reports two numerators: 1) assessment of core elements and 2) assessment of supplemental elements.

Rate 1: Assessment of Core Elements

The number of Medicaid MLTSS or FFS LTSS participants who had either of the following:

New participants. An LTSS comprehensive assessment, completed within 90 days of enrollment, with all 10 core elements documented; or

Established participants. An LTSS comprehensive assessment, completed at least once during the measurement year, with all 10 core elements documented.

Core Elements:

1. At least five of the following ADLs: bathing, dressing, eating, transferring (e.g., getting in and out of a chair), using the toilet, walking
2. Acute and chronic health conditions (may document condition names only)
3. Current medications (may document medication names only)
4. Cognitive function using a standardized tool
5. Mental health status using a standardized tool
6. Assessment of the participant's current alcohol, illicit substance use, or both alcohol and illicit substance use using a standardized tool
7. Assessment of home safety risks (e.g., home fall risks, bathroom safety, chemical hazards, food preparation safety, crime)
8. Confirmation of living arrangements (e.g., nursing facility, assisted living, adult foster care, general community, other setting).
9. Confirmation of current and future family or friend caregiver (or both family and friend caregiver) availability with name and contact information for caregivers (paid or unpaid)
10. Name and contact information for the participant's currently known providers (e.g., PCP; individual or company providing home health, personal aide assistance, physical therapy, occupational therapy, adult day care, respite care, meal delivery, transportation services, primary care, specialty care)

Addition: LTSS Comprehensive Assessment and Update (MLTSS-1 and LTSS-1) (3/4)

Numerator (continued)

Rate 2: Assessment of Supplemental Elements

The number of Medicaid MLTSS or FFS LTSS participants who had either of the following

New participants. An LTSS comprehensive assessment, completed within 90 days of enrollment, with all 10 core elements and at least 12 supplemental elements documented; or

Established participants. An LTSS comprehensive assessment, completed during the measurement year, with all 10 core elements and at least 12 supplemental elements documented.

Supplemental Elements:

1. Assessment of IADLs for at least four of the following activities: shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, doing housework, making home repairs, doing laundry, taking medications, and handling finances.
2. Current use of an assistive device or technology to maintain or improve mobility
3. Assessment of the participant's self-reported health status using a question or a standardized tool
4. Assessment of behavior abnormalities that can result from a cognitive or psychological condition
5. Assessment of the participant's self-reported levels of activation or self-efficacy behaviors using a standardized tool
6. Vision needs, including whether the participant has impaired vision and uses a device to address that need.
7. Hearing needs, including whether the participant has impaired hearing and uses a device to address that need.
8. Speech needs, including whether the participant has a speech impairment and uses a device to address that need.
9. Physical or occupational therapy needs or both, including whether the participant needs physical or occupational therapy.
10. Screen for falls risk, including whether the participant has a history of falls or a problem with balance or gait.
11. Smoking status, including whether the participant is currently a smoker or tobacco user.
12. Assessment of the participant's current or planned use of community, public, or managed care plan resources to address social risk factors.
13. Assessment of the participant's social support in the community.
14. Assessment of participant's self-reported social isolation or loneliness using a standardized tool.
15. Cultural and linguistic preferences (e.g., participant's culture, preferred language, need for interpreter services).

Addition: LTSS Comprehensive Assessment and Update (MLTSS-1 and LTSS-1) (4/4)

Numerator (continued)	For both rates, the assessment must be a discussion with the participant in the participant's home and must be performed face-to-face, via telephone, or via videoconference. Assessment in a location that is not the participant's home is not permitted, except in the following circumstances: The participant was offered and refused the in-home assessment (either refused to allow the care manager into the home or refused telephone or videoconference assessment); The participant is residing in an inpatient or institutional facility (e.g., hospital, skilled nursing facility, other post-acute-care facility) during the assessment period; or The state policy, regulation, or other state guidance (e.g., MLTSS plan contract language or state FFS LTSS policy guidance) excludes the participant from a requirement for in-home assessment.
Stratification	The 2024 LTSS Technical Specifications and Resource Manual include stratifications by age group for this measure.
Testing or use in state Medicaid and CHIP programs	The individual who suggested the measure noted it has been tested in state Medicaid and/or CHIP programs and is currently in use by at least one state. The individual noted that the testing of this measure included the Medicaid MLTSS and FFS LTSS subpopulations. This measure is included in the reporting requirements¹ for the 41 Money Follows the Person (MFP) grantees.

¹ <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22003.pdf>.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measure

Suggested Measure Vote: LTSS Comprehensive Assessment and Update (MLTSS-1 and LTSS-1) (1/2)

Should the LTSS Comprehensive Assessment and Update (MLTSS-1 and LTSS-1) measure be added to the 1945 Medicaid Health Home Core Set?

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

Suggested Measure Vote: LTSS Comprehensive Assessment and Update (MLTSS-1 and LTSS-1) (2/2)

Should the LTSS Comprehensive Assessment and Update (MLTSS-1 and LTSS-1) measure be added to the 1945A Medicaid Health Home Core Set?

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

Break

Discussion of the Medicaid Health Home Core Sets Measure Gaps

Approach to the Gaps Discussion – Informing the 2029 Call For Measures

- Each year, the Workgroup discusses measure gaps in the Medicaid Health Home Core Sets, to inform the Call for Measures for the subsequent annual review.
- Today, the Workgroup will discuss priority gap areas for the Medicaid Health Home Core Sets, to inform the 2029 Public Call for Measures.
- We will provide an opportunity for public comment at the end.

Workgroup Discussion of Priority Gap Areas

- What are the priority gap areas in the current Medicaid Health Home Core Sets that could be addressed by the public Call for Measures to *strengthen and improve* the Core Sets?
- Patient and family experiences of care
 - What are the features of patient experience that are unique to Health Home enrollees and their families that would be important to capture?

Workgroup Reflections and Future Directions

Workgroup Reflections and Future Directions

- In thinking about the 2028 Medicaid Health Home Core Sets, what technical assistance could support future state reporting?
- Based on the gaps discussion, are there additional needs to support the identification of measures to fill gaps in the Medicaid Health Home Core Sets?
 - Use of Technology and ECDS to support ease in data collection and reporting?

Opportunity for Public Comment

Questions

If you have questions about the 2028 Medicaid Health Home Core Sets Annual Review, please email the Mathematica Health Home Core Sets Review Team at MHHCoreSetReview@mathematica-mpr.com.

**Thank you for participating in the
2028 Annual Review Meeting of the Medicaid Health
Home Core Sets Workgroup!**