Amended Iowa REACH Initiative

The Implementation Plan for Responsive and Excellent Care for Healthy youth

June 2024; Amended January, 2025

Introduction

Purpose and vision of the Implementation Plan

This Implementation Plan is intended to fulfill the obligations of the Interim Settlement Agreement reached on October 2, 2023, in C.A. v. Garcia, case number 4:23-cv-00009-SHL-HCA. The plan is designed to serve as a single, integrated implementation plan that outlines the approach the Iowa Department of Health and Human Services (Iowa HHS) will take to improve the delivery of intensive home and community-based behavioral health services to the members of the Defined Class.

Class Members as defined in the Interim Settlement Agreement are:

> All Medicaid-eligible children in the State of Iowa under the age of twenty-one, (i) who have been determined by a licensed practitioner of the healing arts as having a serious emotional disturbance, not attributable to an intellectual or developmental disability, and (ii) for whom there is an assessment that intensive home and community-based services are needed to correct or ameliorate their condition.

The intensive home and community-based behavioral health services covered by the Interim Settlement Agreement include (1) Intensive Care Coordination (ICC), (2) Intensive In-Home and Community Therapeutic Services (IHCTS), (3) Mobile Crisis Intervention and Stabilization Services (MCIS), and (4) Waiver Services to ensure placement in least restrictive setting. This comprehensive intensive service array is referred to as the "Relevant Services." The four services that make up the Relevant Services are defined in detail in Appendix A of the Interim Agreement.

The Iowa HHS mission is to provide high quality programs and services that protect and improve the health and resiliency of individuals, families, and communities.

The Iowa HHS vision and mission are in alignment with the goals of the Interim Settlement Agreement to maximize the success and development of Medicaid-eligible children and adolescents with behavioral health disorders into healthy and independent adults through the delivery of medically necessary community-based behavioral health services.

Overview of the Implementation Plan

The Implementation Plan provides a blueprint for improving and strengthening the delivery of intensive home and community-based behavioral health services and implementing quality management and accountability structure that ensures ongoing quality assurance and systems improvement for the Defined Class.

The Implementation Plan is focused on two core goals:

Goal 1: Develop, improve and strengthen the Relevant Services for the Defined Class to effectively meet their individual needs and maximize their success and development in the least restrictive setting.

Goal 2: Develop a quality management and accountability structure that ensures ongoing quality assurance and systems improvement for the Defined Class.

The collection of efforts outlined in the Implementation Plan will be called the Iowa REACH (Responsive and Excellent Care for Healthy youth) Initiative. Iowa HHS will establish the Iowa REACH Implementation Team to provide governance and accountability for the Implementation Plan.

The Implementation Plan is not a detailed work plan. It presents the high-level goals, objectives, strategies, and planned activities for each aspect of the Iowa REACH Initiative in sufficient detail so the Court can determine if the Implementation Plan is reasonably capable of achieving the terms of the Interim Agreement. The strategies will occur in a phased approach over four years leveraging implementation of other state system improvements and Iowa HHS's targeted focus on improving behavioral health services for the Defined Class.

Iowa HHS, while empowered to enter and implement this Interim Agreement, does not have the legal authority to bind the Iowa General Assembly, which has the authority under the Iowa Constitution and laws to appropriate funds for, and amend laws pertaining to, the State's system of services for the Defined Class. In addition, Iowa HHS may need to seek federal approval of some Medicaid program changes and cannot commit to timelines on behalf of the federal government. Iowa HHS shall make all reasonable efforts to obtain funding and resources to fulfill the terms of this Interim Agreement and will visit with legislators when they are in session to ensure awareness of these tentative agreements.

Governance Structure

In this implementation plan, Iowa HHS commits to the creation of an implementation team, with subcommittees on communications, identification of an assessment tool, care coordination, service development and provider capacity, and quality improvement and accountability. The implementation team will be responsible for overseeing the implementation of this plan's commitments. The implementation team will meet monthly to share progress, risks and issues.

The implementation team will include professionals from the Iowa HHS divisions of Medicaid, Behavioral Health, Aging and Disability Services and Family Wellbeing and Protection. Iowa HHS will continue to work with the experts referenced in the Interim Settlement Agreement Requirement 8(a)(iv), along with other experts or consultants as needed. Iowa HHS staff will provide agendas and relevant materials to the implementation team prior to its monthly meeting.

In addition to the Iowa HHS team and its vendors assigned to this project, Iowa HHS will request participation from providers, stakeholders, youth and their families on the implementation team.

Implementation Plan

Goal 1: Develop, improve and strengthen the Relevant Services for the Defined Class to effectively meet their individual needs and maximize their success and development in the least restrictive setting.

Objective 1. Engage and communicate with families to inform, educate, and involve youth and their families, providers and child serving agencies in the Iowa REACH Initiative.[1]

The strategies and activities described in this part of the Implementation Plan demonstrate the commitment of Iowa HHS to engage youth and their families, providers and partners from child serving agencies in the design and implementation of the Iowa REACH Initiative. This section also describes how the State will improve and strengthen educational materials to support the effective identification and engagement of the Defined Class and those who support them.

Strategy 1. Engage families and providers through targeted engagement and education activities to design and implement the Relevant Services in order to improve and strengthen services as part of the Iowa REACH Initiative.

1. Ongoing Activities.
    a. Create formal opportunities for youth and families to engage in the design and implementation of the Iowa REACH Initiative.
        i. Continue to present updates and opportunities for feedback at Iowa HHS public provider and member townhalls.
        ii. Ensure individuals with lived experience supporting youth with serious emotional disturbances are engaged through the creation of a Consumer Steering Committee.
        iii. Create and advertise public comment opportunities on key program design and implementation plans.
        iv. Engage youth with serious emotional disturbances and their families in structured research and feedback activities including, but not limited to the Needs on Waitlist (NOW) survey, Provider Capacity Assessment being conducted by Mathematica in 2024, as well as leveraging feedback already received and the ongoing feedback from individuals and families with lived experience via Iowa's certified community behavioral health clinic (CCBHC) planning and implementation process and the crisis system evaluation conducted in collaboration with Health Management Associates (HMA).

Strategy 2. Develop accessible information about the obligations of this settlement and the plan to provide Relevant Services within the Iowa REACH continuum of care for youth, providers, and child-serving agencies.

1. Short-term activities (2025)
    a. Develop a communication plan for pre-implementation activities. This plan will include stakeholder engagement to recruit for Iowa REACH Initiative committees and how Iowa HHS will provide the public with updates.
    b. Engage a Communications subcommittee as part of the Iowa REACH Implementation Team. This subcommittee will create a communication plan by working with stakeholders to identify needs and necessary information including but not limited to:
        i. who is intended to be served,
        ii. what services are available,
        iii. how to make a referral or self-referral for a screening,

[1] Interim Settlement Agreement Requirement, Section B. Implementation Plan 8. b. Beneficiary Information and Service Array, i.

iv. how medical necessity is determined, and
v. how youth and family can be involved in governance and due process.

c. Engage youth in their own behavioral health and well-being by providing accessible screening and behavioral health resources.
d. Ensure information about the Iowa REACH Initiative is accessible and helpful to the public.

2. Ongoing Activities
   a. Implement the comprehensive communications plan to ensure clear communications about systems improvements and changes being implemented in 2026 including, but not limited to, the implementation of the Relevant Services, implementation of the redesigned home and community-based services waiver and the implementation of the Behavioral Health Services System.
   b. Develop a holistic end-to-end toolkit to support case managers and care coordinators in navigating eligibility for the Relevant Services, referral sources and other important information.
   c. Create an online training on Medicaid eligibility and update the training annually, or when any significant eligibility change occurs.

Strategy 3. Engage child serving individuals and organizations to ensure they are aware of currently available services and supports and upcoming changes and development and implementation of Relevant Services and supports for the Defined Class.

1. Short-term Activities (2025)
   a. Develop an action plan to engage and educate child-serving individuals and agencies including health navigators, school professionals, Iowa HHS staff and juvenile justice program staff.
2. Ongoing Activities (2025-2028)
   a. Conduct ongoing trainings and engagement to ensure clear communications about systems improvements and changes being implemented in 2026 and beyond.
   b. Work collaboratively with youth, providers, and child-serving agencies to gather feedback on communications materials and identify gaps and opportunities for improvement.

Strategy 4. Strengthen cultural competency and accessibility through engagement with culturally appropriate organizations in the development and review of materials.

1. Short-term Activities (2025)
   a. Develop trainings on cultural competency and accessibility with the Health Equity Office to make available on staff SharePoint sites.
   b. Use results from the Iowa HHS Health Equity Assessment to inform internal cultural competency training needs.
   c. Engage the Iowa REACH Communication Subcommittee with researching best practices from other states surrounding culturally competent communications.

Anticipated Outcomes of Objective 1

1. Youth, families, providers, and public child-serving agencies are fully informed about the Relevant Services and how to access them.
2. Communications are culturally competent and accessible.
3. Communications are reviewed and improved where necessary on a regular basis.

Objective 2. Effectively identify and determine eligibility for the Relevant Services through a standardized and appropriate assessment tool.[2]

To meet the goal of the Interim Agreement of establishing consistent statewide screening, assessment and referral procedures that will facilitate access to medically necessary services for the Defined Class Iowa HHS

[2] Interim Settlement Agreement Requirement, Section B. Implementation Plan 8. a. Relevant Services, iii.

will implement a uniform comprehensive diagnostic assessment process to determine eligibility for Relevant Services.

Strategy 1. Engage stakeholders through the Iowa REACH Implementation Team to develop a public engagement and decision-making process to decide on the new uniform assessment tool that will be used for Iowa REACH Initiative pathways to care.

1. Short-term Activities (2025)
    a. Create an Assessment Tool Subcommittee of the Iowa REACH Implementation Team and task them with:
        i. Evaluating assessment tool options informed by research conducted by Mathematica.
        ii. Developing proposed care pathways to the Relevant Services for youth based on results from the chosen assessment tool.
        iii. Proposing the ideal business processes and technology systems for the state to implement to ensure all necessary parties have access to the results from the screening tool.
        iv. Providing recommendations on trainings and support for providers.
2. Mid to Long-term Activities (2027-2028)
    a. Implement new screening tool with early adopter providers in 2027.
    b. Fully implement the new screening tools and processes prior to roll-out of the Relevant Services (2027-2028).

Strategy 2. Ensure consistency and accuracy in screenings and assessments.[3]

1. Short-term Activities (2025)
    a. Engage youth, families, providers, managed care organizations (MCOs) and child-serving agencies to develop a consistent approach to identifying and engaging the Defined Class using evidence-informed screening tools.
    b. Develop a training plan to ensure each provider and system partner has received training based on the chosen assessment tool.
2. Mid-term Activities (2026)
    a. Update the appropriate contracts, service and billing manuals with the chosen assessment tool.
    b. Develop and implement universal training for providers.
    c. Develop and implement quality assurance and accountability structures to ensure consistency and accuracy in assessments.
3. Ongoing Activities
    a. Complete annual review of training plan and ensure that training is kept up to date including a way to disseminate changes and updates.
    b. Provide refresher training annually and when there are changes or updates made.

Anticipated Outcomes of Objective 2

1. Consistent statewide screening, assessment and referral processes will facilitate access to the Relevant Services for the Defined Class.
2. Providers and system partners have a thorough and consistent understanding of the assessment tool and necessary training and support to ensure consistency and accuracy in screenings.

[3] Interim Settlement Agreement Requirement, Section B. Implementation Plan 8. c. Eligibility and Access to Behavioral Health, i.

Objective 3. Ensure the Relevant Services are available to effectively meet the individualized needs of the Defined Class in the least restrictive and most appropriate setting, prioritizing youth and family voice and choice.[4]

This section of the Implementation Plan describes the approach Iowa HHS will take to improve, develop, and strengthen the Relevant Services available to support the Defined Class in the least restrictive setting.

Strategy 1. Improve and strengthen educational materials about EPSDT and processes to access the Relevant Services for the Defined Class.

1. Short-Term Activities (2025)
    a. Publish EPSDT requirements in an updated pediatric provider manual.
    b. Engage MCOs, child welfare social workers, providers including schools and associations to improve access to, and billing of services provided in Iowa.
    c. Pursue changes to school-based health services to maximize support for the Defined Class.
2. Mid-term Activities (2026)
    a. Clarify and strengthen program oversight and supporting business processes to ensure compliance with EPSDT requirements outlined in contracts and EPSDT requirements of the pediatric provider manual.
    b. Evaluate and improve public education materials for youth, families, providers and child-serving agencies about EPSDT and Medicaid services, as well as prior authorizations for those services.

Strategy 2. Implement an improved and strengthened care coordination service array that effectively meets the individualized needs of the Defined Class.

1. Short-term Activities (2025)
    a. Improve and develop case management and care coordination services available to the Defined Class.
        i. Engage stakeholders to evaluate Integrated Health Home performance and leverage recommendations to further strengthen care coordination and case management for the Defined Class.
        ii. Take stakeholder recommendations from the review of the IHH evaluation to create a new approach to intensive care coordination for the Defined Class, consistent with the defined Relevant Services.
        iii. Develop and begin to implement trainings through the newly procured Learning Management System.
    b. Create an Intensive Care Coordination (ICC) Subcommittee of Iowa REACH Implementation Team that will:
        i. Design the ICC service model, consistent with the Relevant Services defined in Appendix A of the Interim Agreement.
        ii. Develop proposed care pathways for youth to access ICC based on results from the chosen assessment tool.
        iii. Propose the ideal business processes and technology systems for the Iowa HHS to implement a single point of accountability for ensuring that medically necessary Relevant Services are accessed, coordinated, and delivered. Specifically, describe how intensive care coordination will be provided to the Defined Class as well as when available through the 1915c home and community-based service waiver.
        iv. Provide recommendations on trainings and support for providers.
2. Mid-term activities (2026)

[4] Interim Settlement Agreement Requirement, Section B. Implementation Plan 8. a. Relevant Services, i and ii.

a. Establish and make publicly available statewide ICC service standards by July 1, 2026, including the following core components:
    i. **Referral and assessment procedures** that describe how the strengths-based, needs driven, comprehensive assessment is used to organize and guide the development of a family-driven, child-focused, person-centered plan (PCP). The PCP will be developed by a care planning team (CPT) made up of a child and family team that brings together individuals selected by the child and family who are committed to them through informal, formal, and community support and service relationships.
    ii. **Eligibility criteria and procedures** for how a youth will receive ICC from a qualified provider when it is determined to be medically necessary based on the outcome of the assessment process, utilizing an appropriate assessment tool, that determines the needs of the child for medical, educational, social, behavioral health, or other services.
    iii. **Intensive care coordination to youth staffing ratio** (i.e., caseload sizes), the frequency and cadence of face-to-face meetings, and the frequency of CPT meetings to ensure high-quality services can be provided to children and families and prevent turnover and burnout of staff.
    iv. **Expectations for crisis and safety plans** based on the child's history and needs, including a sample structure of a crisis and safety plan to ensure consistency of plan elements across the state.
    v. **Quality and accountability expectations** for how care coordinators will work directly with the child and family to implement elements of the PCP and continually prepare, monitor, and modify the PCP in concert with the CPT.
        1. For youth discharged from residential or institutional settings, or other out-of-home placements, the CPT will identify individualized strategies within the PCP to enable the youth to remain at home and in the community and to prevent readmissions to these institutions or residential settings.[5]
        2. For youth ready to transition out of the Iowa REACH Continuum of Care, expectations for how the care coordinator will work with the child and family and CPT to develop a transition plan once it is determined that the child has achieved the goals of the PCP.

3. Long-Term Activities (2027 and beyond)
    a. Implement the Iowa REACH Initiative ICC model with early adopter providers in 2027.
        i. Review results of early adopter implementation and add support and oversight as needed.
    b. Implement statewide coverage of ICC services by July 1, 2028, through the following activities:
        i. Develop standardized protocols and procedures for provision of services.
        ii. Secure funding to support ICC implementation, as needed.
        iii. Procure necessary services from credentialed trainers to provide training and technical assistance on ICC service standards to ensure consistent, standardized, and high-quality service delivery throughout the state.
        iv. Clarify roles and responsibilities for accessing ICC services in appropriate contracts, provider service and billing manuals.
            1. Train MCOs and fee for service on service access requirement.

[5] Interim Settlement Agreement Requirement, Section B. Implementation Plan 8. e. Service Delivery in the Least Restrictive Setting, iii.

2. Ensure documentation and processes to ensure services authorized are timely provided, high quality, medically necessary, appropriate for the child's needs, and within the least restrictive setting.
3. Make the authorization process review criteria public to ensure transparency, clarity, and efficiency, and compliance with the CMS Interoperability and Prior Authorization Final Rule.

c. Monitor network adequacy for the Relevant Services.

Strategy 3. Develop and strengthen the In-Home and Community-Based Services service array that is individualized and strengths-based aimed to correct or ameliorate behavioral health conditions that interfere with a child's functioning.[6]

1. Short-term Activities (2025)
    a. Create a Services and Providers Subcommittee of Iowa REACH Implementation Team and task them to:
        i. By December 31, 2025, design an intensive in-home and community-based service delivery system composed of In-Home and Community-based Supportive and Therapeutic Services (IHCSTS) consistent with best practices and the Relevant Services defined in Appendix A of the Interim Agreement which are aimed to enable the Defined Class to build skills necessary for successful functioning in the home and community and improve the family's or caregiver's ability to help the child successfully function in the home and community.
        ii. Develop proposed care pathways for youth to access IHCSTS based on results from the chosen assessment tool.
        iii. Propose requirements to support furthering the principal of unconditional care.
        iv. Propose the ideal business processes and technology systems for the state to implement these IHCSTS for youth for whom they are determined to be medically necessary.
        v. Provide recommendations on trainings and support for providers.
    b. Create a legislative budget proposal for HCBS waiver redesign that includes alignment of service definitions and limitations and increased access to Respite services.
    c. Increase Respite rates for SFY 2025 with the aim of increasing access.
    d. Identify service gaps to support maintaining the Defined Class in the least restrictive setting.
2. Mid-term Activities (2026)
    a. Establish and make publicly available statewide Intensive In-Home and Community-Based Support and Therapeutic Service standards by July 1, 2026, that:
        i. **Define eligibility criteria and referral processes** for accessing IHCSTS.
        ii. **Identify services that meet IHCSTS** consistent with the Relevant Services defined in Appendix A of the Interim Agreement. This includes identification of the evidence-based practice and corresponding provider qualifications, target population, duration and structure of the services.
        iii. **Describe how IHCSTS services will be delivered** according to the care plan developed by the CPT.
            1. The care plan will identify goals and objectives for all life domains in which the child's behavioral health condition causes impaired functioning, including family life, community life, education, vocation, and independent living, and identifies

[6] Interim Settlement Agreement Requirement, Appendix A, Section A, 2. Intensive In-Home and Community-Based Therapeutic Services

the specific interventions that will be implemented to meet those goals and objectives.

iv. **Describe how IHCSTS will be adapted**, in accordance with best practices, to specific populations having specialized needs, which include, but are not limited to, BIPOC (Black, Indigenous, and people of color) and LGBTQIA+ populations.
    1. Adaptations may include consultation with evidence-based practice model developers on protocol modifications to accommodate and be attuned to populations having specialized needs.
v. **Detail how youth who are discharged** from residential or institutional settings, or other out-of-home placements, receive IHCSTS needed to remain at home and in the community and to prevent readmissions to these institutions or residential settings.
vi. **Identify the youth to IHCSTS provider capacity requirements** to allow staff to work with children and family with appropriate intensity based on medical necessity.

3. Long-Term Activities (2027 and beyond)
    a. Implement the Iowa REACH IHCSTS model with early adopter providers in 2027.
        i. Start by conducting outreach to providers who can serve geographic areas with the highest population of children in the Defined Class.
    b. Implement statewide coverage of IHCSTS by July 1, 2028, through the following activities:
        i. Develop standardized protocols and procedures for provision of services.
        ii. Provide training and ongoing supervision for IHCSTS staff to ensure adherence to established protocols and best practices.
        iii. Develop and deliver specialized training programs focused on transitional care for both members and their families transitioning from institutional settings to IHCSTS. These training sessions should equip providers with the necessary skills and resources to support successful transitions and ongoing care management.
        iv. Implement practice changes and procedural updates to streamline authorization processes for IHCSTS, allowing for greater flexibility in approving and accessing services in a timely manner based on need.
        v. Streamline administrative processes by eliminating prior authorizations for services that are consistently approved or deemed medically necessary based on evidence-based guidelines. This reduces administrative burden, expedites access to care, and enhances the efficiency of service delivery for the Defined Class.
    c. Monitor network adequacy for the Relevant Services.

Strategy 4. Provide services through a Home and Community Based Services 1915 (c) waiver to provide support to the Defined Class in their homes and communities.[7]

As part of the HOME project and class action brought by the Defined Class, Iowa HHS is currently planning to develop two new Medicaid waivers—one serving children and youth ages 0 to 20, and one serving adults ages 21 and older that will replace the current seven existing Medicaid waivers. This age-based waiver model will work in conjunction with covered state plan and EPSDT services to support the Defined Class to help them live successfully in the community, including through providing the waiver services defined in in Appendix A of the Interim Agreement.

1. Short-term Activities (2025)
    a. Engage the public to provide input on waiver redesign to ensure waiver services are designed to meet the needs of members of the Defined Class by September 30, 2024.

[7] Interim Settlement Agreement Requirement, Appendix A. Section B. Waiver Services to Ensure Placement in the Least Restrictive Setting.

i. Conduct tailored outreach to members of the Defined Class, families and caregivers, providers, and advocates as part of waiver redesign communications and public comment processes, including a public comment session specifically on waiver services for the Defined Class.

b. Prepare redesigned waiver service packages and submit waiver applications to the Center for Medicare and Medicaid Services (CMS) by December 31, 2025.

2. Mid-term Activities (2026, pending approval from the Centers on Medicare & Medicaid (CMS))
   a. Work collaboratively with CMS to gain approval of new home and community-based services waiver services and processes including comprehensive assessment, person-centered planning, service delivery and quality monitoring.
   b. Conduct a public outreach campaign to educate youth, families, and caregivers about the redesigned home and community-based waivers using plain language to describe waivers, the services offered, eligibility requirements and how to apply for the waiver.
   c. Engage service providers and provide technical assistance to optimize enrollment of current providers in redesigned waivers.
   d. Monitor network adequacy for services in redesigned waivers.
   e. Implement operational changes to support transition to the new waiver system in 2025.
   f. Increase priority waiver access for individuals with greatest risk of segregated placements (e.g., psychiatric hospitals, emergency rooms, and psychiatric residential treatment facilities).
      i. Develop and implement needs-based waitlist prioritization algorithm based on assessed need.
      ii. Create reserved capacity slots to ensure timely waiver access for members of the Defined Class with highest need.

Strategy 5. Improve, develop and strengthen mobile crisis intervention and stabilization services continuum of care to ensure services are available 24 hours a day, seven days a week, 365 days a year to all children and youth throughout the State at the location where the crisis is occurring.[8]

1. Short-term Activities (2025)
   a. Strengthen and improve current crisis services offered through the implementation of Certified Community Behavioral Health Clinic model of care (demonstration application pending with federal partners) and Crisis Response Services including Mobile Crisis, Crisis Evaluation, Crisis Stabilization Community-Based Services and Crisis Stabilization Residential Services based on findings from the current mobile crisis intervention services evaluation efforts conducted by Health Management Associates (HMA).
   b. Iowa Medicaid will engage in and support the transition planning for the Behavioral Health Services System to ensure the needs of the Defined Class are addressed in the enhancement of the existing array of crisis services.
   c. Identify opportunities to improve Medicaid payment processes for crisis services.
2. Long-term Activities (2026)
   a. Ensure new or updated crisis services conform to the Relevant Services defined in Appendix A of the Interim Agreement for the Defined Class.
   b. Implement and monitor Medicaid payment process improvements for crisis services.

Anticipated Outcomes for Objective 3

1. Establish a foundation for statewide provision of behavioral health services consistent with the Principles under the Interim Settlement Agreement.

[8] Interim Settlement Agreement Requirement, Appendix A. Section A. 3. Mobile Crisis Intervention and Stabilization Services.

2. Develop, establish and maintain a comprehensive service array for each of the Relevant Services in order to provide members of the class with timely access to medically necessary and other home and community-based behavioral health services.
3. Ensure that Medicaid-eligible children receive behavioral health services in the most integrated and least restrictive setting appropriate to their needs and prevent inappropriate and segregated placements.[9]
4. Improve clarity about roles, responsibilities, and processes for ensuring access to the Relevant Services for the Defined Class.

Objective 4. Improve and develop provider capacity to ensure access to all necessary Relevant Services for all youth in the Defined Class, including those with specialized needs.[10]

Iowa HHS is committed to improving the capacity of providers to serve youth with a diagnosed serious emotional disturbance. This section of the Implementation Plan outlines the strategies and activities the state will pursue to improve provider capacity to provide all necessary Relevant Services to the Defined Class. Moving forward efforts to improve provider capacity will include alignment between the Iowa Medicaid Managed Care Organizations, Integrated Health Homes, Certified Community Behavioral Health Clinics and the Behavioral Health Services System.

Strategy 1. Implement new policies and innovations to increase provider capacity and meet the needs of youth with specialized needs.

1. Short-term Activities (2025)
    a. Conduct a Service Access and Provider Capacity Needs Assessment to be completed on October 1, 2025, to thoroughly investigate the Relevant Service needs of the Defined Class with specialized needs, including, but not limited to BIPOC (Black, Indigenous and people of color) and LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and more) populations.
    b. Conduct comprehensive internal Health Equity Assessment. This may include document review, key informant interviews, focus groups, and surveys.
    c. Implement new rates identified through the rate review process and approved by the Iowa Legislature and the Center for Medicare & Medicaid services.
    d. Implement new case management ratios and training for Community Based Case Managers with Managed Care Organizations on July 1, 2025.
    e. Evaluate opportunities to change School Health Services Policies to increase the ability for school-based providers to provide services to Medicaid enrolled youth.
2. Mid-term Activities (2026)
    a. Engage Stakeholders around the Needs Assessment Findings in the first quarter of calendar year 2026 to gather recommendations for new policies and innovations to build network capacity for the Relevant Services.
    b. Evaluate opportunities to maximize the use of peer support and community health workers, especially with youth with specialized needs.
    c. Conduct planned rate review no less than annually.
    d. Evaluate tiering or alternative compensation for providers of individuals with higher level of care needs.
3. Long-term Activities (2027 and beyond)
    a. Develop a strategy to do regular needs assessments.

[9] Interim Settlement Agreement Requirement, Section B. Implementation Plan 8. e. Service Delivery in the Least Restrictive Setting, i and ii.
[10] Interim Settlement Agreement Requirement, Section B. Implementation Plan 8. d. Service Delivery and Quality Improvement, iii.

b. Develop interim goals and numerical benchmarks for service utilization and provider capacity rates.
c. Continue stakeholder engagement to evaluate the impact of rate increases, payment tiers and other policy or process changes.

Strategy 2: Improve available support and trainings for providers.

1. Short-term Activities (2025)
    a. Conduct Service Access and Provider Capacity Needs Assessment to be completed on October 1, 2025, to thoroughly investigate the service needs, use and access of the Defined Class with specialized needs, including, but not limited to BIPOC (Black, Indigenous and people of color) and LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and more) populations.
    b. Engage with providers through standing workgroups to identify support and training needs and explore new ideas for increase provider capacity.
2. Mid-term Activities (2026)
    a. Develop Learning Management System trainings for providers that includes options for trainings that support provider knowledge, skills, and abilities to serve the Defined Class with specialized needs.
    b. Engage providers to assess the effectiveness of provider training efforts.
3. Long-term Activities (2027 and beyond)
    a. Provide ongoing trainings for providers through the Learning Management System.
    b. Engage providers to assess the effectiveness of provider training efforts.

Strategy 3. Assess access to care and network adequacy standards.

1. Short-term Activities (2025)
    a. Implement a new reporting template or data feed to better capture and monitor network adequacy for Medicaid Managed Care Organizations and fee-for-service, which will allow Iowa Medicaid to identify gaps in coverage and providers accepting members.
    b. Work collaboratively with Iowa Medicaid vendors and providers to improve data quality and specificity to include adequate information to ensure compliance with access to care and network adequacy standards.
    c. Evaluate compliance and oversight strategies to ensure access to Relevant Services in compliance with federal/state regulation.
    d. Complete EPSDT review to ensure compliance with Federal guidelines.
2. Mid-term activities (2026)
    a. Modify Managed Care Network Geographic Access requirements to align with final Federal Access Rule.
    b. As part of the External Quality Review, include a review of managed care plan compliance with provider directory requirements.
    c. Evaluate potential options to identify providers with skills and experience serving specialized populations.

Strategy 4. Improve and streamline provider enrollment, contracting, authorization and payment processes.

1. Short-term Activities (2025)
    a. Engage the Services and Providers Subcommittee of Iowa REACH Implementation Team to evaluate opportunities to streamline provider enrollment, credentialing and contracting requirements and processes including, but not limited to
        i. Provider enrollment processes.

ii. Provider screening requirements, including background checks by reliance on Medicare, other state Medicaid and state licensing boards.
iii. Prior authorization requirements and processes.
iv. Maintaining provider information on the use of evidence-based practices.

b. Improve communications and educational materials to support providers and communicate about any changes to provider enrollment, credentialing, and contracting requirements.

2. Mid-term Activities (2026)
   a. Implement changes identified by the Providers and Services subcommittee to facilitate provider enrollment and contracting process to reduce administrative burden and streamline processes.
   b. Determine sufficient provider capacity to provide Relevant Services to the Defined Class, as medically necessary, statewide.
3. Long-term Activities (2027 and beyond)
   a. Implement a new Provider Enrollment Portal.
   b. Ongoing development of sufficient provider capacity to provide Relevant Services to the Defined Class, as medically necessary, statewide.

Anticipated Outcomes for Objective 4

1. Implemented systemic changes to ensure the services and supports that are necessary to maximize the success and development of Medicaid-eligible youth are timely provided. Sufficient qualified provider capacity to meet the Relevant Service needs of the Defined Class.
2. Stronger support and engagement with providers through streamlined administration and trainings.
3. Identify and develop plans to address the needs of populations with specialized needs.

Objective 5. Ensure due process and transparency for Medicaid-eligible youth with behavioral health disorders.[11]

Iowa HHS is committed to ensuring due process and transparency related to services available for the Defined Class. This part of the Implementation Plan describes how the eligibility criteria, assessment tool(s), and utilization review criteria will be disclosed, including the processes, strategies, evidentiary standards, and other factors used to determine eligibility for or limitation of behavioral health services.

Strategy 1. Improve and strengthen current educational materials and requirements related to transparency and due process.

1. Short-Term Activities (2025)
   a. Review and improve information currently available for members on eligibility and services available through the state plan, EPSDT benefit, HCBS waiver via welcome packets, and fee-for-service (FFS) and MCO handbooks.
   b. Work with stakeholders to ensure notices of action (NOA) and other service decision documents clearly communicate meaning of the decision and next steps for members, providers, and case managers.
   c. Review Notice of Adverse Benefit Determination (NOADB), grievance and appeal procedures to ensure notice and appeal rights exist when services are denied, terminated or delayed.
   d. Improve current information about eligibility and utilization review criteria and due process requirements for existing services for the Defined Class through clear contract requirements, provider, and service manuals.

[11] Interim Settlement Agreement Requirement, Section B. Implementation Plan 8. c. Eligibility and Access to Behavioral Health, ii.

Strategy 2. Create structured opportunities for stakeholder engagement to inform the design and implementation of the Iowa REACH Initiative.

1. Short-Term Activities (2025)
    a. Engage youth, families, providers, and child-serving agencies in the work of the Assessment Tool subcommittee to ensure transparency and engagement in the process to choose a uniform assessment tool and develop care pathways for the Defined Class.
    b. Engage youth, families, providers, and child-serving agencies in the work of the Services and Provider Subcommittee to ensure transparency and engagement in the design and implementation of services through the Iowa REACH Initiative.

Strategy 3. Ensure compliance with all legally appropriate, federal and state due process rules and requirements.

1. Short-Term Activities (2025)
    a. Review and ensure the state has all required due process and transparency requirements in contracts and provider manuals.
2. Ongoing Activities
    a. Review and update due process and transparency requirements as federal and state rules and regulations change.
    b. Monitor contractors and providers for compliance with due process and transparency requirements.

Anticipated Outcomes from Objective 5

1. Increase transparency and understanding of Medicaid eligibility and service authorization policies and procedures.
2. Medicaid beneficiaries (including Defined Class members) are aware of their due process rights and the due process policies and procedures so they can exercise their rights.

Goal 2: Develop a quality management and accountability structure that ensures ongoing quality assurance and systems improvement for the Defined Class.

This section of the Implementation Plan describes the strategies and activities that Iowa HHS will undertake to ensure ongoing quality assurance and systems improvement on behalf of members of the Defined Class and their families.

Monitoring the impact of the systems changes and ensuring ongoing continuous improvement in the system will require Iowa HHS to identify and develop quality management tools and measures to monitor, provide, and improve the quality of care and to provide transparency and accountability to, and the involvement of families, children and invested stakeholders.

Strategy 1. Develop and implement an Iowa REACH Initiative Quality Improvement and Accountability (QIA) framework and plan that establishes the approach and elements of performance the state will monitor to determine the quality of the Relevant Services and evaluate whether the Defined Class are achieving improved outcomes.[12]

1. Short-term Activities (2025)
    a. Establish a subcommittee as part of the Iowa REACH Implementation Team with representatives from child-serving agencies, state agencies, counties and providers that deliver care to the Defined Class.
    b. Review and compare quality assurance and accountability approaches and measures among workgroup participants.

[12] Interim Settlement Agreement Requirement, Section B. Implementation Plan 8. d. Service Delivery and Quality Improvement, ii.

c. Develop a collaborative QIA Plan that establishes the approach and expectations for continuous quality improvement and accountability and identifies key performance measures for the Iowa REACH Initiative by December 31, 2025.

2. Mid-term Activities (2026)
    a. Work collaboratively with child-serving agencies, state agencies, counties and providers to prepare for the formal launch of the QIA Plan on July 1, 2026, in alignment with the launch of the Behavioral Health Services System and the redesigned Medicaid HCBS waiver structure.
3. Long-term Activities (2027).
    a. Annually review and update the QIA Plan to align the key performance indicators for strengthened and improved services as they are implemented.

Strategy 2. Strengthen and improve data collection capacity and processes to support successful implementation of the Quality Improvement and Accountability Plan.[13]

Improving data collection capacity and process will be key to ensuring Relevant Services are provided to the Defined Class Consistent with the requirements of the Interim Agreement, the below strategies will support Iowa HHS to improve the collecting, tracking, analyzing, and using claims and encounter data, utilization data, and expenditure data to determine how well the system is performing.

1. Short-term Activities (2025)
    a. Evaluate the current data collection capacities and processes for data elements identified in the QIA Plan to determine what data is missing or not available and needed.
        i. Develop consistent definitions and terms for all elements identified in the Quality Improvement and Accountability Plan.
        ii. Define baseline infrastructure for collecting all needed data elements.
2. Mid-term Activities (2026)
    a. Make changes to key data collection activities to build capacity and improve data quality.
    b. Define and execute new contract requirements among child serving providers and relevant contractors who will provide data elements included in the QIA Plan.
    c. Develop new internal processes for cleaning, managing and analyzing the data elements in the QIA.
    d. Develop data governance rules and data dictionaries in alignment with the launch of the Behavioral Health Services System and the redesigned Medicaid HCBS waiver structure.
3. Long-term activities (2027)
    a. Build any new required systems infrastructure to support the ongoing collection and management of data elements in the QIA Plan.

Strategy 3: Develop public reporting mechanisms to demonstrate statewide performance concerning children's behavioral health measures and outcomes for members of the Defined Class.[14]

Iowa HHS has developed and will continue to maintain a publicly available data dashboard, updated quarterly. As systems changes are implemented the dashboard will be updated to show statewide performance concerning children's behavioral health measures, including the utilization of the Relevant Services. As required by the Interim Settlement Agreement data made available to the public will include:

- The characteristics of children screened/assessed and determined eligible for Relevant Services, the specific behavioral health services children are receiving, how much of each service they are receiving, who is receiving these services (e.g., child welfare involved children, et al.),

[13] Interim Settlement Agreement Requirement, Section B. Implementation Plan 8 f. Data Collection, I and g. Reporting and Monitoring of Implementation Plan, i.
[14] Interim Settlement Agreement Requirement, Section B. Implementation Plan 8 f. Data Collection, ii and g. Reporting and Monitoring of Implementation Plan, ii.

- The timeliness with which children receive each service, the locations in which children receive behavioral health services, the availability of behavioral health services in the least restrictive setting appropriate to children's needs, the scope and intensity (e.g., how many hours per month and how long) of each of the services,
- The outcomes for children and families, average monthly cost per child, and average monthly service utilization per child.

The following activities will support quality improvement and accountability.

1. Short-term Activities (2025)
    a. Evaluate current data dashboards for gaps based on public reporting requirements of settlement agreement.
    b. Engage individuals with lived experience, families, providers and other stakeholders to provide feedback on important data for public dashboard reporting.
    c. Develop templates for quarterly reporting on data elements required by the Interim Settlement Agreement and within the Quality Improvement and Accountability Plan.
    d. Develop strategies for sharing public reports with all interested stakeholders.
2. Mid-term activities (2026)
    a. Publish new dashboards and reports.
    b. Align public reporting plans with the new Behavioral Health Services System and the redesigned Medicaid HCBS waiver structure.

Conclusion

Iowa HHS anticipates that it will successfully execute on the Goals and Objectives outlined in this Implementation Plan, and any other requirements outlined in a final Settlement Agreement, and through successful execution will demonstrate the state has substantially complied with the requirements to improve the delivery of intensive home and community-based behavioral health services for the Defined Class.

Appendix.

CURRENT AND PROPOSED WAIVER SERVICES FOR THE DEFINED CLASS, IN ADDITION TO EPSDT COVERED RELEVANT SERVICES FOR THE DEFINED CLASS

Existing waiver services (Children's Mental Health waiver)

- Respite: Services provided to the member that give temporary relief to the usual caregiver and provide all the necessary care that the usual caregiver would provide during that period.
- Environmental Modifications and Adaptive Devices: Items installed or used within the member's home that address specific, documented health, mental health, or safety concerns. Limited to additional services not otherwise covered under the state plan, including EPSDT.
- In-Home Family Therapy: Skilled therapeutic services to the member and family that will increase their ability to cope with the effects of serious emotional disturbance on the family unit and the familial relationships.
- Family and Community Support Service: Services provided in the home with the family or in the community with the child; practicing and implementing coping strategies identified by mental health therapists, including through In-home Family Therapy. Practical application of the skills and interventions that will allow the family and child to function more appropriately.
- Medical Day Care for Children: Supervision and support of children (aged 0-18) residing in their family home who, because of their complex medical or complex behavioral needs, require specialized exceptional care that cannot be served in traditional childcare settings.

Proposed future waiver services (Children and Youth Waiver)[15]

- Daily Activities and Care
  - Home-Delivered Meals
  - Medical Day Care for Children
  - Respite
  - Supported Community Living
  - Transportation
- Help with Health Needs
  - Positive Behavioral Support and Consultation
  - Family and Community Support Service
  - Interim Medical Monitoring and Treatment
  - In-Home Family Therapy
- Equipment and Modifications
  - Assistive Devices
  - Enabling Technology for Remote Support
  - Home and Vehicle Modifications
  - Personal Emergency Response System
- Day Services
  - Day Habilitation
  - Prevocational Services and Supported Employment
- Residential-Based Supported Community Living
- Self-Direction Supports

[15] Note: the proposed future child and youth waiver would serve children with a range of disabilities/diagnoses, including SED. A child with SED would not necessarily be eligible for ALL services listed here—services would be approved as part of the individual's care plan, based on their need for the service.

  - Financial Management Service
  - Independent Support Broker
  - Independent Directed Goods and Services
- Other Services
  - Community Transition Services
  - Crisis Planning and Support
  - Peer Mentoring