Iowa REACH Intensive Care Coordination Subcommittee Meeting

March 2025



Intensive Care Coordination Subcommittee

Key Implementation Plan Strategy:

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

Responsibilities:

- Recommend an Intensive Care Coordination (ICC) service model, consistent with the Relevant Services defined in Appendix A of the Interim Agreement.
- Develop proposed care pathways for youth to access ICC based on results from the chosen assessment tool.
- Propose the ideal business processes and technology systems for the lowa HHS to implement a single point of accountability for ensuring that medically necessary Relevant Services are accessed, coordinated, and delivered.
- Provide recommendations on trainings and support for providers.



Illinois - Pathways to Success



Pathways to Success - Big Picture

► The initial Implementation Plan indicated that the Illinois Integrated Health Homes would provide key care coordination components. However, the state eventually changed direction to develop two tiers of care coordination provided by newly developed Care Coordination and Support Organizations (CSSOs).

► The CSSOs are regional and have designated service areas. The state issued a Request for Qualification for the new entities.



Process For Getting Connected To Care

▶ Identification: Youth or their parent, legal guardian or authorized representative can request that the Department of Healthcare and Family Services review their eligibility for IL Pathways to Success.

► Eligibility:

Young people must be:

- Illinois Medicaid-eligible
- under the age of 21
- have a behavioral health diagnosis
- have a demonstrated need based on the Illinois Medicaid
 Comprehensive Assessment of Needs and Strengths (IM-CANS)
- ► Assessment: Licensed practitioners of the healing arts complete the IM-CANS

Pathways To Success – Care Coordination

Two tiers of care coordination and support services are provided by Care Coordination and Support Organizations (CSSOs)

High Fidelity Wraparound

Youth accesses crisis services regularly and is often involved in multiple child-serving systems.

Caseload: 1:10

Intensive Care Coordination

Youth would benefit from additional community services.

Caseload: 1:25



Pathways to Success – Care Coordination

	High Fidelity Wraparound	Intensive Care Coordination
Care Coordinator Caseload	1:10	1:25
Supervisor Caseload	1:8	1:8
In-Person Contacts	2 x month	1 x month
Telephonic Contacts	2 x month	3 x month
Child & Family Team Meeting Frequency	30 days	60 days
IM+CANS Review	30 days	60 days
Crisis Prevention & Safety Plan Review	30 days	60 days



Washington - Wraparound with Intensive Services (WISe) Program



WISe - Big Picture

- ► The WISe model is anchored within the community behavioral health system.
- ► Approved WISe agencies contract with Managed Care Organizations or have a contract with the Washington State Health Care Authority and bill as a fee-for-service provider.
- ► A WISe provider agency assigns teams to children and youth who are eligible for the program and that team coordinates all care.
- ► Intensive care coordination is part of Wraparound Intensive Services (which also include intensive services, crisis intervention and stabilization services, and peer support).



WISe – Process For Getting Connected To Care

- ▶ Identification: Child serving systems help identify youth who might benefit from WISe, and anyone can make a referral. Parents and youth older than 13 can also request a screening.
- ► Eligibility: WISe is available to young people who are:
 - Washington-Medicaid eligible
 - Under 21 years old
 - Have complex behavioral health needs
 - Have demonstrated needs based on an assessment
- ► Assessment: A WISe practitioner completes the Washington Child Adolescent Needs and Strengths (CANS)



WISe Care Coordination

- ► Washington uses a wraparound team-based approach to providing intensive care coordination.
- ► A care coordinator (employed by the WISe provider agency) facilitates, and coordinates services and supports.
- ► Care coordinator caseload: 10 or fewer participants with a maximum of 15.
- Service intensity averages must be at least 10.5 hours monthly at the agency level (including care coordination).

Idaho - Youth Empowerment Services (YES)



YES - Big Picture

Youth receive different forms of care planning depending on the intensity of their needs.

- Those with the most significant needs receive a form of intensive care coordination called wraparound.
- Wraparound eligibility requires youth to have:
 - A need for intensive care coordination or have not experienced improvements with current care coordination activities.
 - o An overall CANS level of a three.
 - Involvement in multiple systems.
 - A desire, along with their family, for the Wraparound care planning process as Wraparound is voluntary.
 - A need for a higher level of care such as partial hospitalization, hospitalization, residential care, or the youth needs to be returning from a higher level of care to the community of their choice.



Process For Getting Connected To Care

- ▶ Identification: Families can contact a Medicaid behavioral health provider to request an assessment. Youth who do not have Medicaid can contact the ID Behavioral Health Managed Care Organization.
- ► **Eligibility**: Available to Idaho youth who are:
 - ► 18 years old and under
 - have or are at risk for a diagnosis of Serious Emotional Disturbance (SED).
- ► **Assessment**: After a screener, a mental health provider conducts a Child Adolescent Needs and Strengths (CANS) assessment.

YES Care Coordination

► Youth and family select a **Child and Family Team** of people such as mental health providers, family, friends, individuals from child serving agencies and community members.

► They works together to create a **coordinated care plan**, which identifies services, supports, and goals.

A care coordinator coordinates and monitors service delivery.



YES Wraparound Intensive Services

- ► Children who need more intense or restrictive services can receive a form of intensive care coordination called Wraparound Intensive Services (WIns).
- ► Wraparound is a team-based, family-driven, and youth-guided care planning process to create a coordinated care plan.
- ► A Wraparound Coordinator is responsible for engaging families, facilitating meetings, and tracking progress. They lead a Wraparound Team of youth, family, natural and informal supports.
- ► Most families participate in Wraparound for 12-14 months, depending on their goals and progress.

<u>Source</u>



Discussion

- ► What are your general impressions of these approaches?
- ► What components of the peer state examples could be a good model for Iowa's intensive care coordination?
- ► Are there other details about the care coordination models that we should look into to inform the development of services in Iowa?

More Information

► Washington WISe:

https://www.hca.wa.gov/billers-providerspartners/program-informationproviders/wraparound-intensive-services-wise

► Illinois Pathways to Success:

https://hfs.illinois.gov/medicalproviders/behavioral/pathways.html

► Idaho YES: https://yes.idaho.gov/



Public Comment