

## MEETING MINUTES

DIVISION	Department of Health and Human Services, Iowa Medicaid		
MEETING TITLE	REACH Implementation Team: Assessment Tool Subcommittee		
FACILITATOR	Carol Mau		
DATE	5/06/25	TIME	4:00 PM CT
LOCATION	Virtual		

## MEETING OBJECTIVES

Implementation Team meetings create the opportunity for key stakeholders to facilitate and support the adherence to the Iowa REACH Initiative Implementation Plan objectives and activities and to provide coordinated oversight and recommendations to ensure the success of the Iowa REACH Initiative.

## MEETING PARTICIPANTS

- Carol Mau
- William Linder
- Gretchen Hammer
- Addie Kimber
- Catherine Turvey
- Alissa Tschetter-Siedschlaw
- Laura Larkin
- Melissa Arons

## AGENDA TOPICS

## KEY DISCUSSION POINTS

### Timeline

- Iowa reviewed the timeline for choosing and implementation an assessment tool
- Iowa will choose an assessment tool with input from the subcommittee
- Our proposal is for the subcommittee to submit a memo to the state with recommendations
- Iowa will develop processes and prepare for implementation
- Iowa will implement an assessment tool in 2027

### Content of tool

- CAFAS may be too inflexible and limited in scope to cover Iowa's needs
  - The CAFAS does not cover physical health topics, it's not customizable
  - MI does not use the CAFAS with kids with IDD

	<ul style="list-style-type: none"> <li>○ Participant noted that children's capabilities can change over time and assessment scores/treatment needs may not be linear</li> <li>• The assessment should also cover: <ul style="list-style-type: none"> <li>○ Family dynamics</li> <li>○ Social determinants of health</li> <li>○ Brain injury</li> </ul> </li> </ul>
<b>Strengths-Based</b>	<ul style="list-style-type: none"> <li>• The lawsuit requires us to use a strength-based assessment and the subcommittee supported this</li> <li>• The subcommittee gave input on how strengths-based each tool is in their experience <ul style="list-style-type: none"> <li>○ CANS gives a story of strengths and needs as opposed to a score like CAFAS</li> </ul> </li> <li>• Sometimes MCOs use strengths-based assessments to show there isn't a need for services. We want to avoid using strengths to deny services, and instead include strengths in the care plan to address patient needs effectively. It is helpful that the CANS assesses strengths separately from needs.</li> </ul>
<b>Usefulness for Care Planning</b>	<ul style="list-style-type: none"> <li>• MI shared that they are early in implementing the CANS and assessing how helpful it is for care planning <ul style="list-style-type: none"> <li>○ CANS provides a story of strengths and needs</li> <li>○ Items prepopulate into a care plan that the provider then develops</li> <li>○ Providers needed a lot of support and training to decide how to use the assessment</li> <li>○ MI created decision support tools to standardize the process and how to use results (clinicians can override the decision support tools and use their own discretion)</li> <li>○ They developed extensive training and support for providers</li> <li>○ They had providers pilot using the assessment</li> </ul> </li> <li>• Issues without standardized action <ul style="list-style-type: none"> <li>○ Room for provider discretion is important, but providers should have supervision and decision support tools to reduce discrimination</li> </ul> </li> <li>• Issues with scores <ul style="list-style-type: none"> <li>○ Scores can stifle creativity or willingness to try something that might be more community-based. For instance, the tool might recommend residential treatment when the family has tried residential treatment multiple times without success.</li> <li>○ One participant shared that the CALOCUS can feel prescriptive. The committee did not want to depend on scores to tell the whole story of a patient.</li> </ul> </li> <li>• Assessment should be used for a person-centered plan that aligns with youth and family goals.</li> <li>• One participant shared that they have more experience using them for outcome monitoring than care planning. People would need training and expectations on how to use it for care planning.</li> </ul>

<b>Incorporation of family and child voice</b>	<ul style="list-style-type: none"> <li>The consumer steering committee strongly encouraged actively working with families and youth on assessment.</li> </ul>
<b>Usefulness of Data</b>	<ul style="list-style-type: none"> <li>A participant shared that the CAFAS reports are very helpful, but you pay for the system and the data is in the CAFAS system instead of integrated in the state system.</li> <li>Participants expressed interest in a data management system to look at trends across the system. Without a management system, the assessments may just be in paper files which would prevent care coordination and accurate assessment over time. However, building this system would take time, effort, and expertise.</li> <li>A participant wondered if it's more secure to own and store data on a state system rather than within an external management system.</li> </ul>
<b>Public Comments</b>	None

VOTES				
ITEM #	DESCRIPTION	MOTION	SECOND	VOTE
NA	NA	NA	NA	NA