

MEETING MINUTES

DIVISION	Department of Health and Human Services, Iowa Medicaid		
MEETING TITLE	REACH Implementation Team: Assessment Tool Subcommittee		
FACILITATOR	Dex Walker		
DATE	2/4/25	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

- Will Linder
- Laura Larkin
- Matt Haynes
- Laura Leise
- Sue Gehling
- Catherine Turvey
- Gretchen Hammer
- Alissa Tschetter-Siedschlaw

AGENDA TOPICS

KEY DISCUSSION POINTS

Presentation on potential assessment tools

- Mathematica identified options for an assessment tool to determine eligibility for REACH Initiative relevant services.
- Relevant services include:
 - Intensive Care Coordination
 - Intensive Home and Community-Based Support and Therapeutic Services
 - Mobile Crisis Intervention and Stabilization Services
- Note that a separate assessment would be used to determine eligibility for home and community-based waiver services
- To identify options, Mathematica reviewed assessment tools used in other states and their processes for connecting youth to services.
- Assumptions about the tool include:
 - The tool would be used in a clinical setting by a licensed practitioner.
 - The tool would be used for both entry and exit to determine eligibility for REACH Initiative relevant services.
- Optional tools include:

	<ul style="list-style-type: none"> ○ Child and Adolescent Needs and Strengths (CANS) ○ Child and Adolescent Functional Assessment Scale (CAFAS) ○ Child and Adolescent Service Intensity Instrument (CASII) ○ Youth Daily Living Activities -20 (DLA-20) ● Meeting participants reviewed details on each assessment.
Discussion on potential assessment tools	<ul style="list-style-type: none"> ● Participants noted that many families are over assessed and endure redundant assessments. ● Assessments do not always provide a picture of the wholistic needs of children with multiple physical and behavioral health care needs. ● In some cases, the person who scores and assessment is different than the person who administers the assessment. ● Assessments that must be administered by someone with Masters level training can have more cost barriers.
Care pathways	<ul style="list-style-type: none"> ● Iowa HHS will need to determine a care pathway for connecting youth to services after an assessment. For example, could juvenile justice and child welfare conduct an assessment and then refer people to behavioral health? Could private mental health agencies administer the assessment? ● Participants discussed care pathways that other states use <ul style="list-style-type: none"> ○ Some states allow youth to self-assess to identify need for a formal assessment. ○ In Washington state, community mental health providers conduct assessments. Participants noted this would be a challenging approach in IA. ○ In IL, localized case management agencies conduct assessment and then connect people to services.
Additional considerations	<ul style="list-style-type: none"> ● Participants noted that paid Medicaid assessment must be completed by enrolled Medicaid providers. ● Meeting participants would like to know which tools screen for intellectual disability or substance use. ● A benefit of the CANS is that multiple systems can use it, helping to avoid repeat assessment. ● Using a portal to store the results of assessment could help communicate information across providers and protect information from getting lost in paper files.
Next Steps	<p>In March, the subcommittee will review detailed information on two tools.</p>



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