

## MEETING MINUTES

DIVISION	Department of Health and Human Services, Iowa Medicaid		
MEETING TITLE	REACH Implementation Team: Services and Providers Subcommittee		
FACILITATOR	Carol Mau, HHS		
DATE	3/11/25	TIME	4:00 PM CST
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

- Amy Berg Tison
- Catherine Turvey
- Dave Beaman
- Gretchen Hammer
- Nikki Thompson
- Jen Royer
- Carol Mau
- Laura Leise
- Will Linder

## AGENDA TOPICS

## KEY DISCUSSION POINTS

### State Examples

- Recap: Last month, the subcommittee discussed the definition of the in-home and community-based supportive and therapeutic services and how they compared to BHIS.
- The subcommittee looked at examples of how other states (IL, ID, OH) have outlined these services
  - IL and ID faced similar legal action with similar legal obligations as IA
  - ID does not have managed care, so they have a different approach to services
  - Though OH did not face the same legal action, it provides an example of similar services

## Discussion

- The subcommittee discussed design considerations and decisions IA will have to make about their services
- Care setting
  - WA provided services through certified community mental health centers while IL's services were provided across various care settings.
  - IA can consider certifying a type of provider or provider agency or providing service through a variety of provider types in a variety of settings.
- Providers
  - Participants discussed the challenge of provider shortages, and ruralness of the state.
  - Requiring too many qualifications can exacerbate provider shortage challenges.
  - Participants discussed the importance of considering how to motivate providers to participate. One participant commented that community mental health centers have a motivation to provide these types of services.
  - Participants noted that the state will need to decide the role of managed care organizations in getting providers qualified to offer services.
- Training
  - One participant shared that it can be helpful for continuity and fidelity to have state-led direction on what training is required.
  - One participant shared that having a centralized and standardized training approach across the MCOs would be very helpful (instead of each MCO having its own training). It would be helpful if providers who change MCOs did not need a new training.
- Caseload
  - Participants noted the importance of manageable caseloads.
- Team-based approach
  - Participants discussed the benefits of having a multidisciplinary team provide services.
  - One participant noted that the team-based approach can be helpful for families, so they have multiple people they can reach out to for help.
- Peer role and family role
  - A participant shared that it could be helpful to have a family peer role (which is a different service than a youth peer).
  - Several participants noted the importance of a strong family component and training for supporting families.
  - A participant noted that IA will have to decide if both children and their families are considered the client

	<p>because it influences who can receive services and direction.</p> <ul style="list-style-type: none"> <li>• Financing <ul style="list-style-type: none"> <li>○ IA will need to determine financing mechanisms, costs to providers, rates, and costs to being certified</li> <li>○ Participants noted that if it's too costly, there won't be adequate participation from providers</li> </ul> </li> <li>• Other considerations <ul style="list-style-type: none"> <li>○ IA will need to make decisions around the length of services.</li> <li>○ Subcommittee members would like to consider potential unintended consequences of any changes. They would also like any info on implementation challenges other states have faced.</li> <li>○ Participants discussed that the legal actions in IL, WA, and IA focus on the responsibilities of the state agency to provide services to the Medicaid population. They do not apply to children on private insurance.</li> <li>○ One participant commented that IL has an explicit therapeutic role and a separate supportive role. A potential implementation approach could be providing BHIS as the supportive role and then adding a more therapeutic role.</li> </ul> </li> </ul>
Public Comment	None

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