

MEETING AGENDA

DIVISION	Department of Health and Human Services, Iowa Medicaid		
MEETING TITLE	REACH Implementation Team: Intensive Care Coordination		
FACILITATOR	Jenny Erdman		
DATE	2/19/25	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

- Jenny Erdman
- Katie Fuller
- Ginger Kozak
- Crystal Hall
- Nicki Enderle
- Nikki Thompson
- Amy Berg-Theisen
- Casey Morgan
- Gretchen Hammer
- Kelsey Ruane

AGENDA TOPIC KEY DISCUSSION POINTS

REACH update	<ul style="list-style-type: none"> • On Friday 1/24 a federal court preliminary approved the settlement agreement to ensure that children with mental health disabilities receive legally required care. • Final approval is set for early May. • A key requirement of the agreement is to develop intensive care coordination, in-home mental health services and mobile crisis services.
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Relevant Services Definitions Review	<ul style="list-style-type: none">• The group reviewed the definitions for intensive care coordination in the REACH Implementation Plan: https://hhs.iowa.gov/media/15466/download<ul style="list-style-type: none">▪ Participants clarified that the REACH initiative will consider all existing case management and explore other models and services that Iowa could consider. This type of care coordination is different than managed care organization case management.▪ The Implementation Team and subcommittees can consider other states' approaches to implementing similar components.▪ The subcommittee discussed that these intensive services are meant to be interventions that support youth to stay in the least restrictive setting. The subcommittee can review how long other states offer intensive care coordination and their exit criteria for ending services.▪ Participants noted that looking at caseloads will be imperative for doing crisis planning. Some Integrated Health Home caseloads are about 80-100 children which makes crisis care challenging.○ Participants discussed that the care team's role will be to know how to respond to a crisis, but one person will not be solely responsible for the response.
General Discussion	<ul style="list-style-type: none">• Participants discussed what is important to consider as Iowa works to build the intensive care coordination services<ul style="list-style-type: none">○ Participants discussed the need for available services in order to have services to coordinate. Participants also described challenges when providers don't feel comfortable treating patients with more severe behaviors, such as violent outbursts.○ Participants discussed the importance of reasonable rates to support providers ability to deliver the care.○ Participants discussed the importance of clear definitions. For example, there should be clarity about who is involved in the care plan including foster family and biological family for example.○ Participants suggested advocating for an exception for kids in detention to avoid unnecessary gaps in care.• Participants shared that communication delays and/or gaps in service continue to be a barrier for transition aged youth. Participants stressed the importance of families receiving



	explanations of the process and how services will change when children transition to adulthood. They also shared that relationship building with parents is important. Families are more likely to answer phone calls and talk to people who they feel have been helpful and supportive in the past.
Public Comment	None were received.

VOTES

ITEM #	DESCRIPTION	MOTION	SECOND	VOTE
N/A	NA	N/A	N/A	N/A