Integrated Health Homes (IHH) Program Sunset Frequently Asked Questions (FAQ)

General Questions

This FAQ will be updated weekly by Iowa Medicaid.
July 2, 2025

About the Integrated Health Home Program

The Iowa Medicaid Integrated Health Home (IHH) program was designed to provide coordinated, patient-centered care for adults with serious mental illness and children with serious emotional disturbances. The IHH is not a physical location but a team of professionals, including family and peer support services, working together to ensure comprehensive care. This program is administered by the Iowa Medicaid agency.

Why is Iowa Health and Human Services sunsetting the Integrated Health Home (IHH) program?

Over the past two years, Iowa Health and Human Services (HHS) has been working to align all Behavioral Health Service state plan services and systems to make it easier for mental health and substance abuse treatment providers to connect Iowans with the care they need—no matter where they seek help.

For the last year HHS, has been working across divisions to develop a comprehensive range of behavioral health services including behavioral health services and care coordination through a new demonstration project called Certified Community Behavioral Health Clinics (CCBHC).

The CCBHC demonstration begins July 1, 2025, with the implementation of this service Iowa HHS is committed to focusing on and increasing the quality and oversight of case management services in the state.

For some Medicaid members it is confusing and challenging to understand how to access services and assistance for behavioral health and substance use, including case management. There are many entry points into case management especially with the addition of CCBHC.

The services of case management and care coordination through the IHH will transition to the CCBHC. Based on provider recommendations, some members may need more intensive services through the Iowa Medicaid Managed Care Organizations (MCO) case management and care coordination services or Targeted Case Management (TCM).

These streamlined efforts will address service duplication to reduce confusion and improve access to services for Medicaid members. As part of this shift, we will standardize case management training expectations, establish additional reporting and quality expectations and decrease member to case manager ratios for caseloads.

What is the CCBHC Demonstration?

CCBHCs are specially designed clinics that provide a comprehensive range of mental health and substance use services including care coordination. CCBHCs provide an enhanced rate to providers.

CCBHCs are required to provide nine (9) core services and have specific standards related to:

- Getting people into care quickly.
- Ensuring access to 24/7 crisis services.
- Serving anyone who walks through the doors, regardless of diagnosis or insurance status.
- Providing care coordination to help people navigate behavioral health care, physical health care, social services, and other needs.

More information about the CCBHC model can be found at: www.hhs.iowa.gov/CCBHC

Will IHH members be transitioned to other care coordination entities?

Members will be transitioned to other case management services (CCBHC or TCM or MCOs) in phases.

Iowa HHS will meet with the IHH providers on a biweekly basis to provide transition assistance to the IHHs in collaboration with HHS, TCM and the MCOs.

A detailed timeline for members and providers will be shared by HHS during biweekly IHH provider meetings.

How does the IHH sunset impact case management?

Case Management transitions will occur in phases. Starting July 15 transition meetings will begin with HHS, TCM and MCOs to begin discussions regarding the adult population and members who are on Habilitation. The members impacted will be triaged on an individual basis to identify the best option for the member.

For members who are Fee for Service (FFS) they will be transferred either to HHS, TCM or CCBHC. For members who have an MCO and are on Habilitation Services funding, they will be referred to the MCO Case management.

The goal is to have all adult members transitioned, or in the process of transitioning, by September 30, 2025.

Starting August 1st, transition meetings for children will begin. Children who are FFS and on CMHW will be referred to HHS TCM. Children who have an MCO and who are on the CMHW will transfer to the MCO. A child who has an MCO and does not currently receive waiver services may either receive case management through the MCO or the CCBHC.

All transitions will be completed by December 31, 2025, when the program will sunset.

What communications will occur moving forward?

To ensure transparent and ongoing communication, there will be several opportunities for engagement and information sharing including:

- Townhalls
- Medicaid Open Office Hours
- Public Comment Period
- Rule Changes

Written comments may be sent to the address below.

Quality/Innovation and Medical Policy Bureau
Department of Health and Human Services, Iowa Medicaid
321 East 12th St.
Des Moines, IA 50319-0114.

Comments may also be sent via electronic mail to:
QIMP_Public_Comment@hhs.Iowa.gov through July 30, 2025, at 4:30 P.M.

Please indicate SPA IA-25-0030 in the subject line of the email.

All written and emailed comments must be received no later than July 30, 2025, by 4:30 p.m.

When will members transition?

7.15.25 – Habilitation and adult case management transition begin

8.1.25 – Adult IHH enrollments will no longer be accepted

8.1.25 – Children's Mental Health Waiver (CMHW) and child case management transition begins

12.31.25 – All members to be transitioned from the IHH program

Please send all questions to: Healthhomes@hhs.iowa.gov