

Iowa REACH Services and Providers

June 2025

Recap

► In May, we discussed which services should be included

► Takeaways

- BHIS services are a good starting point, but may not be sufficient for those with severe needs
- The program needs to adequately engage families
- Collaboration among agencies is needed
- We need to explore how to increase provider availability

Agenda

- Access to Services
 - Identification
 - Eligibility
 - Assessment
 - Transitions
- Discussion
- Public comment

Access to Services: Identification

How will youth and families learn about REACH?

BHIS	Settlement Agreement Requirement
No specific requirements	<p><i>The communications subcommittee will discuss how to circulate information about REACH</i></p> <p>Communications subcommittee will create a communication plan by working with stakeholders to identify needs and necessary information including but not limited to:</p> <ul style="list-style-type: none">i. who is intended to be served,ii. what services are available,iii. how to make a referral or self-referral for a screening,iv. how medical necessity is determined, andv. how youth and family can be involved in governance and due process.

How will youth and families access REACH?

BHIS	Settlement Agreement Requirement
No specific requirements	<p>Develop an action plan to engage and educate child-serving individuals and agencies including health navigators, school professionals, Iowa HHS staff and juvenile justice program staff</p> <p>Engage youth in their own behavioral health and well-being by providing accessible screening and behavioral health resources.</p>

Access to Services: Eligibility

Who is eligible for REACH IHCSTS?

BHIS

- MBHIS are available to
 - **Medicaid members** who have been diagnosed with a
 - **psychological disorder** and who
 - have a **need for behavioral health intervention services** related to the member's psychological disorders

Settlement Agreement Requirement

Members of the defined class - children and young adults in Iowa who:

- Are **under the age of twenty-one**, and **Medicaid-eligible**;
- Have been determined by a licensed practitioner of the healing arts to have a **serious emotional disturbance not attributable to an intellectual or developmental disability**;
- Have had an assessment that **intensive home and community-based services are needed** to correct or ameliorate their condition.

Additional eligibility criteria may be established through the Assessment Tool and Care Pathways

Who determines eligibility?

BHIS	Settlement Agreement Requirement
<ul style="list-style-type: none">• Licensed practitioner who is<ul style="list-style-type: none">○ Enrolled in Iowa Medicaid and the member's MCO○ Qualified to perform clinical assessment• Can be physician, advanced registered nurse practitioners, psychologists, social workers, marital and family therapists, and mental health counselors	<ul style="list-style-type: none">• No specific provider requirement• The state must develop a holistic end-to-end toolkit to support case managers and care coordinators in navigating eligibility for the Relevant Services, referral sources and other important information.

How are eligibility determinations communicated?

BHIS	Settlement Agreement Requirement
No specific requirements	Improve current information about eligibility and utilization review criteria and due process requirements for existing services for the Defined Class through clear contract requirements, provider, and service manuals.

Access to Services: Assessment

What will be the assessment process?

BHIS	Settlement Agreement Requirement
<ul style="list-style-type: none">• A licensed practitioner will<ul style="list-style-type: none">○ Assess the member and develop a comprehensive treatment plan including required services and member goals○ Complete a standardized outcome tool assessment and reassessment○ Provide assessment results to the intervention provider○ Re-examine at least every 6 months through a formal assessment and review of the diagnosis and treatment plan	<p><i>The assessment subcommittee is discussing the assessment tool, and will then discuss implementation questions such as</i></p> <ul style="list-style-type: none">• <i>How often will the assessment be provided?</i>• <i>Will the assessment be used to monitor progress?</i>• <i>What types of decision support and training will providers need?</i>• <i>How will data be used for systems monitoring?</i>• <i>How will data be integrated among providers?</i>

Access to Services: Transitions

What is the process for reassessment and changing tiers/service intensity when needs change?

BHIS	Settlement Agreement Requirement
<ul style="list-style-type: none">• Re-examine the member at least every six months (or more frequently if conditions warrant) to:<ul style="list-style-type: none">○ Review the original diagnosis and treatment plan, and○ Evaluate the member's progress, including a formal assessment.	<p>Develop and deliver specialized training programs focused on transitional care for both members and their families transitioning from institutional settings to IHCSTS. These training sessions should equip providers with the necessary skills and resources to support successful transitions and ongoing care management</p>

What are the steps to transition from REACH? What would the youth transition to?

BHIS	Settlement Agreement Requirement
No specific requirements	<ul style="list-style-type: none">• Care coordinators will develop a transition plan with the CPT, and implement such plan when the child has achieved the goals of the PCP• Care coordinators will collaborate with the other service providers and agencies on behalf of the child and family

Discussion

Public Comment