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

Provider/Member Specific Questions

This FAQ will be updated weekly by Iowa Medicaid.

What is the State Plan Amendment (SPA) Process?

A State Plan is a contract between a state and the Federal Government describing how that state administers its Medicaid program. It gives an assurance that a state abides by Federal rules and may claim Federal matching funds for its Medicaid program activities. The state plan sets out groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative requirements that States must meet to participate. States frequently send a state plan amendment, otherwise referred to as a SPA, to the Centers for Medicare and Medicaid Services (CMS) for review and approval. There are many reasons why a state might want to amend the state plan. For example, the state may wish to implement changes required by Federal or state law, federal or state regulations, or court orders. States also have the flexibility to request permissible program changes, make corrections, or update the plan with new information.

To submit changes to a SPA the state is required to post the intent to make an amendment for public comment and tribal notice. The Public Comment period is open for 30 days. Iowa HHS also schedules a Tribal Consultation to get any feedback or questions. After the public comment period ends all comments are compiled, evaluated for any changes and then submitted to CMS along with the updated SPA.
The Public Notice was required to be posted by June 30, 2025, since all new IHH enrollments end on August 1, 2025
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What is the transition if the Integrated Health Home has a member who has non-intensive case management (NICM) that is approved for Children's Mental Health Waiver (CMHW) or Habilitation?

The member will be transitioned at the time of approval to an MCO CBCM or HHS TCM. At the time of the transition the members' assessment and plan must be up to date to help ensure continuity of care.

What is the referral process for the Integrated Health Home provider for a member to a MCO for non-intensive case management (NICM)?

We will follow our normal transition process using the Transition Tracker. However, if you receive a referral from another provider for NICM not requiring Habilitation, please reach out to the MCO Health Home Inbox. We are developing a referral process for after December 31, 2025, and will post on the Medicaid Website and share in the Open office hours. This process could change as we move forward.

- Molina Healthcare of Iowa IA_CM@molinahealthcare.com; HealthHomesIowa@MolinaHealthCare.Com
- Wellpoint Iowa iahealthhome@elevancehealth.com
- Iowa Total Care ITC_LTSS@IowaTotalCare.com

What is the transition process when a member already has a CBCM or Case Management through the MCO?

Send the most up to date assessment and care plan to the Case Manager for a warm transfer. Use the Transition document to track.

How does the Integrated Health Home refer to CCBHC for NICM?

- IHHs are required to contact and work closely with the local CCBHC for possible referrals.
- You can find a service map here or by visiting our website at hhs.iowa.gov/CCBHC
- If there is not a CCBHC in the county in which the member lives, each MCO has a care or case management line. Work with your MCO to determine the next steps.
- Providers should also help connect members to the MCOs for ongoing care coordination. In addition, providers should give members information on how to reach crisis services (988) and get support through Your Life Iowa or Disability Access Points, depending on the member's needs.

Does the IHH still need to submit reports to the MCOs?

Yes, if your IHH program includes CMHW and/or Habilitation members, you are still required to submit reports to the MCOs.

If your program only includes NICM members, then reporting to the MCOs is not required.

When will chart reviews end?

The last group reviewed will be Group 1. Effective July 1, 2025. We will not complete group 2.

Am I still eligible for the QIP/P4P through MCOs?

If your program ends before the close of the year, you would not be eligible. Please refer to your MCO QIP/P4P contract for guidance.

Will an IHH still be able to bill after the program has terminated?

If the provider is billing for the dates of service that occurred prior to the program being terminated, the IHH should be able to get paid even if the IHHs are billing after the term date.

What if the Habilitation enrolled member has not utilized a service in the last 6 months?

If a member has not utilized a Habilitation service and the IHH is not actively seeking a service/provider for 6 months or more, the IHH should request to close HAB.

Will there be any coordinated effort with MCO's if we have staff looking to transition to Case Management?

Please work with the MCOs as you have more information or questions.

Isn’t CCBHC care coordination meant to be short-term care coordination?

MCOs and TCM provide Care or Case Management if longer-term care coordination is needed.

If we are a CCBHC, can we continue to support NICM members?

If your organization is CCBHC, you can choose to provide care coordination services for a longer period, if it is determined to be appropriate. It is not a billable service on its own, but if the individual receives services through the CCBHC it could be appropriate. It would be part of our case reviews as well to determine how care coordination is being utilized by the CCBHC.

If a member may be more appropriate for CSS, Peer Support or ACT that is also an option within the CCBHC.

Is there a list from Iowa Medicaid and/or the MCO's of local CBCM contacts by county for our conversations with our members about transition planning?

The CBCM/TCM will be assigned, noted in the transition document, and the CBCM/TCM will reach out to the IHH.

Will peers and family support be employed by MCO or provider?

Peer and family support services are both billable through CCBHC as allowable services. Managed Care Organizations (MCOs) are actively expanding the network of Peer Support Providers across the state.

Behavioral Health Safety Net funds are being invested in a range of peer-led organizations, and the statewide Behavioral Health System Plan emphasizes a more intentional definition and development of Recovery Services—including peer support.

Where do we go for more information on peer support training?

For peer support training - Iowa Peer Workforce Collaborative

kellee-mccrory@uiowa.edu

Where do we go to get information on B3 services?

- INFORMATIONAL LETTER NO. 2348-MC
- The MCOs are currently working on developing more comprehensive materials on B3 Services that will be available to providers.
- Please contact the MCOs directly for more information on B3 Services.

Who would provide care coordination to non-intensive members where there is no CCBHC?

CCBHCs can serve anyone, regardless of where members live. Each case should be triaged with the MCO on an individual basis.

Are all enrollment requests and renewals stopping August 1, 2025?

Yes, on 8.1.2025, we will no longer accept enrollments and renewals. The Transition Tracker is used to communicate the status of enrolled members.

Is there a specific date that a member must transition from IHH?

There are several factors that are considered when transferring a member. Member's choice, staffing, and scheduled warm hand off. This is documented in the Transition Tracker.

What should we do before transitioning a NICM member?

Member example:

Member is a 42-year-old male with current non-ICM IHH. The member has mental health needs that are monitored by his therapist and psychiatrist, but he also needs some additional care coordination support at times. There is another local agency nearby that also provides CSS. The IHH would want to discuss with the member, the options in his area that would include CSS. This would include a brief explanation of the service and what it would look like for the member. The IHH would contact the CSS Provider to ensure that CSS has the capacity to accept a new referral.

If the member chooses, the member could transition to the local CSS provider. If the member chooses to decline but would like continued case management support, please refer to the MCO case management team.

Will System of Care be impacted?

Currently, no impacts to the System of Care are anticipated. However, ongoing work and collaboration in this area will continue to ensure alignment and support for youth and families.