

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

Provider/Member Specific Questions

This FAQ will be updated as needed by Iowa Medicaid.

Program Changes & Transition Timeline

Why is a State Plan Amendment (SPA) being submitted to sunset IHH?

To submit changes to a State Amendment Plan (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 obtain any feedback or questions. The Public Notice was required to be posted by June 30, 2025, since all new IHH enrollments end on August 1, 2025. After the public comment period ends all comments are compiled, evaluated for any changes and then submitted to CMS along with the updated SPA.

What were the main issues with the IHH program that led to the decision to end it, and how were these concerns shared with providers?

While the IHH program had a strong foundation, it faced ongoing challenges, including:

- Delays in completing assessments and service plans
- Difficulty hiring and keeping qualified staff
- Not consistently meeting quality standards, as noted in a recent CMS review

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

There is no specific transition date required for a member. The timing depends on several factors, including the member's preference, staff availability, and coordination of a scheduled warm hand-off to support continuity of care. All transitions must be completed by December 31, 2025.

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

Yes. Starting August 1, 2025, the State and MCOs will no longer accept enrollments and renewals.

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 will receive payment after December 31, 2025.

When will chart reviews end?

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

Do the IHHs still need to submit reports to the MCOs?

Yes, if the IHH program includes CMHW and/or Habilitation enrolled members, the IHH is still required as a delegate to the MCO, to submit reports to the MCOs.

Is the IHH still eligible for the Quality Improvement Plan (QIP)/ Pay for Performance (P4P) through MCOs?

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

Will System of Care (SOC) be impacted?

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. For more information about our SOC in the link on page 14.

<https://hhs.iowa.gov/media/16510/download?inline>

Member Transition & Case Management

How will a member transition from the Integrated Health Home to the MCO for non-intensive case management (NICM)?

The State and MCOs will follow the normal transition process using the Transition Tracker. The transition tracker is used to track individual members through the transition process ensuring a warm hand-off from one case manager to another.

For members not enrolled in a Health Home use the contact information below:

Molina Healthcare of Iowa IA_CM@molinahealthcare.com;

HealthHomesIowa@MolinaHealthCare.com

Wellpoint Iowa iahealthhome@elevancehealth.com

Iowa Total Care ITC_LTSS@IowaTotalCare.com

How will an Integrated Health Home member receiving non-intensive case management (NICM) approved for Children's Mental Health Waiver (CMHW) or Habilitation transition?

If a member is NICM and is approved for a waiver, the member will be transitioned at the time of approval to a Managed Care Organization (MCO) Community Based Case Manager (CBCM) or Health Human Services (HHS) Targeted Case Management (TCM).

How will a member that already has a Community Based Case Manager or Case Management through the MCO transition?

The IHH will send the most up to date assessment and care plan to the Case Manager and complete a warm transfer.

Who would provide care coordination to NICM members if there is not a CCBHC in the county of residence?

Iowa HHS and its MCOs will utilize established transition processes for all IHH members, including using a Transition Tracker to ensure coordination of each individual IHH member transition. CCBHCs are a new integrated behavioral healthcare option that offers far more clinical breadth and depth than IHH. IHH and MCO teams will work together to triage each individual IHH member to identify the best possible options available.

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 will request to close HAB.

If an IHH has closed and the member hasn't been contacted by a new case manager, how can they find out who their case manager is?

A warm hand-off is required during the transition to ensure continuity of care. If the member's IHH has closed and a member has not been referred to a new case manager, the member can contact their MCO or Iowa HHS for help.

Certified Community Behavioral Health Clinics (CCBHC)

How does the Integrated Health Home make a referral to Certified Community Behavioral Health Clinics (CCBHC) for Non-Intensive Case Management (NICM)?

IHH and MCO teams will work together to identify members whose needs are aligned to transitioning care coordination or case management functions to their local CCBHC. IHHs will contact and work closely with CCBHCs for referrals and transition planning for members. [Click here to view the State Certified CCBHC Service Map](#) or by visiting our website at hhs.iowa.gov/CCBHC.

Can a CCBHC support NICM members?

CCBHCs are specially designed, comprehensive behavioral health clinics that provide a range of mental health and substance use services. Unlike IHH, in the CCBHC model, care coordination and case management are not designed as standalone services.

For NICM members, CCBHCs may be able to provide more comprehensive behavioral health services that include coordination of care alongside integrated behavioral and physical healthcare.

Do CCBHCs provide services for children?

Yes. Children and families are identified as specialty population of focus in Iowa's CCBHC demonstration. Based on stakeholder feedback around lack of access to key evidence-based clinical care, each CCBHC participating in Iowa's demonstration is required to directly provide or partner to implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) plus at least one additional child-focused evidence-based practice:

- (1) Functional Family Therapy (FFT);
- (2) Multidimensional Family Therapy (MDFT);
- (3) Multi-systemic Therapy (MST).

What will happen to IHH clients who are served by CCBHC-E programs?

The member may seek services where they choose and meet the member's needs.

How can clients without a phone, transportation, or internet access receive care coordination if they live in a county without a CCBHC?

The design of CCBHC offers services to anyone regardless of where they live. However, CCBHCs are bricks and mortar clinic locations and, as such, may not be a viable option for members located a significant distance from their nearest CCBHC clinic. Over the course of the Medicaid demonstration, Iowa HHS plans to increase the presence of CCBHCs statewide. The IHH and MCO teams will work with each individual IHH member to identify the coordination options available that are best suited to their needs.

MCO Responsibilities & Capacity

How are MCOs going to be able to handle the influx of IHH participants into Case Management?

A transition process for IHHs that chose to end their program, has been in place since 2019. This transition process includes proactive hiring and onboarding of case managers. It is currently being used to support the smooth transfer of members from IHH to Community-Based Case Management (CBCM), Case/Care Management, and Certified Community Behavioral Health Clinics (CCBHC)

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

Managed Care Organization (MCOs) are actively expanding their network of Peer Support Providers across the state. In addition, in the CCBHC model, peer services are defined as a threshold service. This means that peer services are billable within the model and part of the array of core services available through CCBHCs.

Resources & Support

Is there a list of CBCM contacts by county for our conversations with our members about transition planning?

No. The CBCM/TCM will be assigned by the State or MCO and noted in the IHH transition document so that the IHH can complete a warm hand-off with the new case manager.

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?

Iowa Medicaid recently released an Informational Letter on B3 services. That letter can be found here: <https://hhs.iowa.gov/media/16497/download?inline>

For planning related to specific transitional needs for IHH members, please work with the member's MCO directly for more information on B3 service options.