

Meeting Notes

Division: Department of Health and Human Services, Iowa Medicaid

Meeting Topic: REACH Implementation Team: Consumer Steering Committee

Facilitator: Dex Walker, HHS

Date: 07/10/2025

Time: 4:00 PM

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

- Dex Walker
- William Linder
- Alissa Tschetter-Siedschlaw
- Esther Huston
- Jennifer Pommerehn
- Ryan Adams
- Addie Kimber
- Gretchen Hammer

Agenda Topic and Items

- Introduction
 - Today we will review the findings from Statewide Access and Provider Capacity Assessment (SAPCA)
 - The SAPCA was created as part of the implementation plan from the settlement agreement. For brevity, we have removed sections on adults with ID (intellectual disability) and school-based services from this
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presentation. These materials will be available in the final SAPCA report.

- Findings
 - Based on claims data, about 46% of Medicaid enrollees access community-based services, compared to 89% of enrollees with an ID diagnosis.
 - Members shared that people with intellectual disabilities may access services more frequently because they have an adult advocate who is helping them get access to services.
 - Members shared that many families do not know what services are available or how to access them and feel that there is no support to help them receive services.
 - Members also raised that there is also stigmatization for youth with SED, whereas ID and brain injury may be more legitimized. This may contribute to more service access in these populations.
 - Presenters also shared that the ID waiver is Iowa's largest waiver and the children's mental health waiver is much smaller. Since many services are received through the waiver, a smaller proportion of youth can access services.
 - Members noted that claims data does not capture information about the need of folks who are on a waitlist for waiver services but who are not enrolled. Not everyone has the opportunity to access services.
 - The SAPCA also found that use of community-based services was much lower for those not enrolled in a waiver.
 - The SPACA also identified that 16% of children enrolled in the waiver did not access community-based services during the year, which may reflect challenges in accessing services.
 - The SAPCA also showed service gaps for BIPOC and LGBTQIA+ youth
 - Members shared that the best way to address gaps is through recruiting a diverse workforce. This can reduce subtle implicit bias that impacts diagnoses and the level of support offered.
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- Members also felt that online training would not be sufficient. Trainings should be interactive and led by people with lived experience.
 - Discussion
 - Members shared concern about the lack of funding for changes to meet the settlement agreement. There is concern that the state will need to do more with fewer funds.
 - HHS shared that there is opportunity to reduce administrative costs and conserve funding while addressing gaps by changing how we recruit, train, and support providers.
 - Members noted significant limitations in the current system, including:
 - Peer-to-peer services are not adequately funded, leading to unqualified and overwhelmed family and youth peer-support providers just to check off that peer supports exist.
 - Misleading waiver application processes, including a denial notice after 30-days for people who have been added to the waitlist.
 - Redundancy in paperwork, including regular recertification that enrollees have permanent medical conditions
 - A lack of system coordination, leading to parents and youth repeating themselves across providers. Providers are also not prepared for individual cases, which can contribute to high turnover. One member shared that they have had 80 providers over the years, and that it is very difficult for families to build trust with strangers over and over again.
 - Public Comment
 - None.
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