

Iowa REACH Implementation Team Meeting

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Quality, Innovation, and Medical
Policy

August 13, 2025



Subcommittee Updates

Services and Providers Subcommittee

July 8 Meeting

- Review Statewide Access and Provider Capacity Assessment (SAPCA)

August 12 Meeting

- Peer support services

Consumer Steering Committee

July 10 Meeting

- Review Statewide Access and Provider Capacity Assessment (SAPCA)
 - Overall system challenges
 - Barriers for youth with SED

August 14 Meeting

- Assessment Tool
- Review Statewide Access and Provider Capacity Assessment (SAPCA)
 - School-based services

Communications Subcommittee

July 15 Meeting

- Stakeholders to engage
- Outreach strategies
- Messaging strategies
- Communication best practices

August 19 Meeting

- Best practices for engaging stakeholders

Intensive Care Coordination Subcommittee

July Meeting	August 20 Meeting
<ul style="list-style-type: none">• Did not meet	<ul style="list-style-type: none">• Peer support services

Quality Improvement & Assurance Subcommittee

July Meeting	August Meeting
<ul style="list-style-type: none">Subcommittee paused	<ul style="list-style-type: none">Subcommittee paused (resumes next month)

Assessment Tool Subcommittee

August 5 Meeting	Next Steps
<ul style="list-style-type: none">Reviewed assessment tool recommendation	<ul style="list-style-type: none">Recommendation for uniform assessment tool will be deliveredSubcommittee closes and implementation discussions move to other subcommittees

Introduction to SAPCA

Motivation

- ▶ Two recent legal actions identified shortcomings in Iowa's community-based service (CBS) delivery for two populations:
 - Individuals with IDD
 - Children and youth under age 21 with SED
- ▶ Hope and Opportunity in Many Environments (HOME) project is working to improve and ensure that everyone has access to high-quality behavioral health, disability and aging services in their communities.
- ▶ Iowa Responsive and Excellent Care for Healthy Youth (REACH) Initiative is working to ensure that Medicaid-eligible children with SED can access intensive home and community-based services

Objective

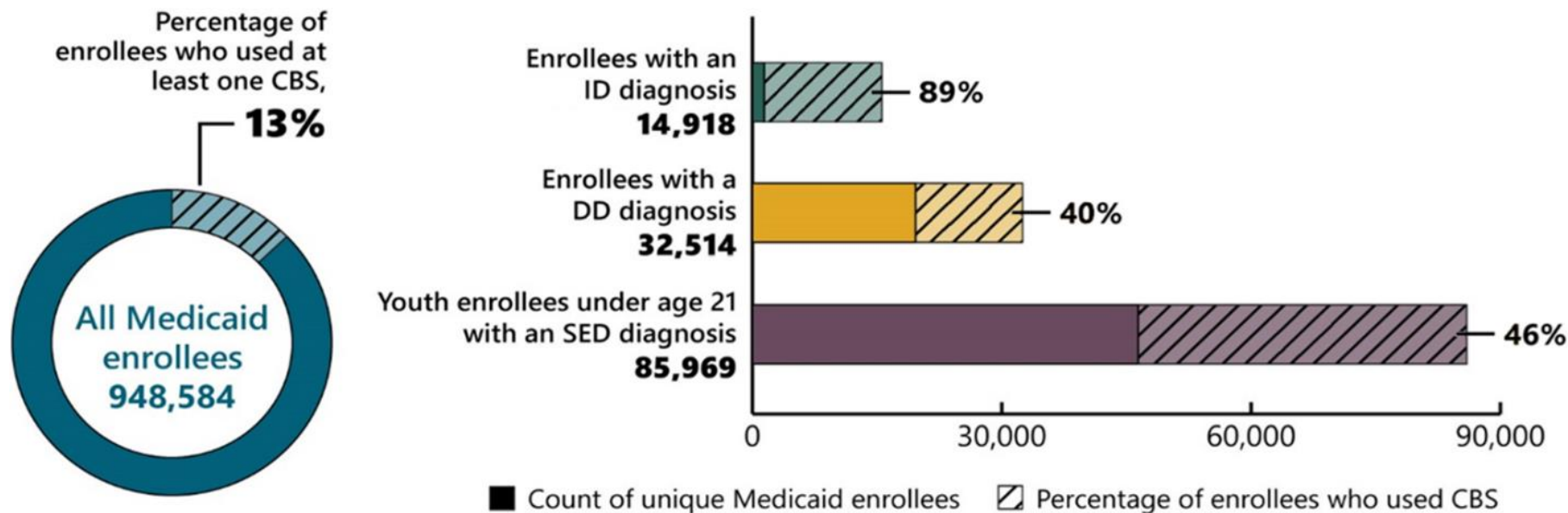
- ▶ Mathematica, together with the Harkin Institute, designed and carried out a Statewide Access and Provider Capacity Assessment (SAPCA) in 2024 to thoroughly investigate the needs for CBS, by addressing the following questions:
 - What type and amount of services and supports are needed and currently available for the specific populations with CBS needs, and how are they funded?
 - What gaps and challenges (for consumers and providers) exist in accessing/providing these services?
 - What strategies might Iowa HHS consider to address these gaps and barriers?

Methodology

- ▶ Using mixed methods to gather quantitative and qualitative data from:
 - A literature review
 - An analysis of Medicaid administrative data provided by Iowa HHS and T-MSIS Analytic Files (federal Medicaid data) from peer states
 - Eight focus group discussions among caregivers, advocates and providers
 - An online survey among CBS providers

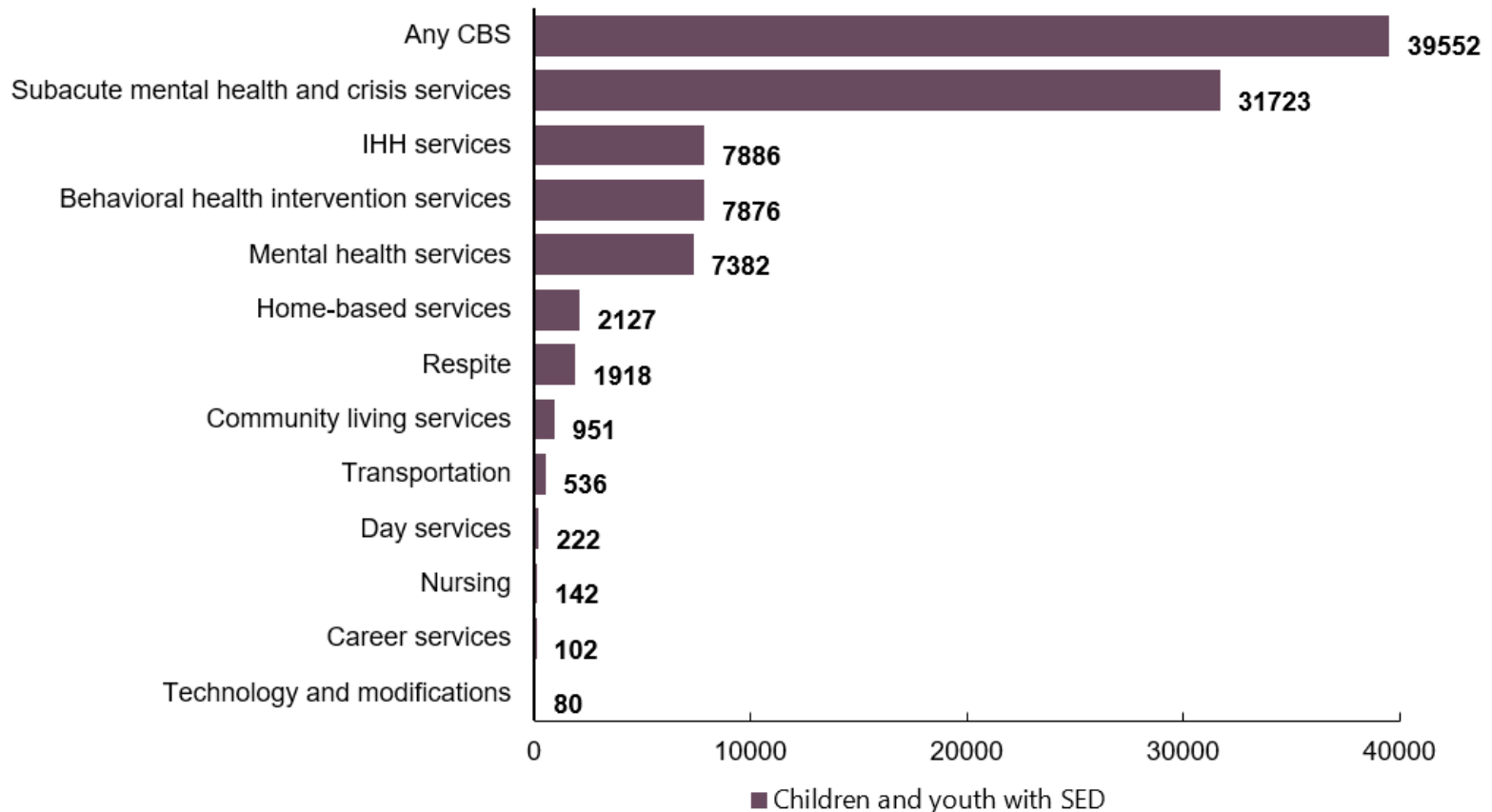
General Findings

CBS use among Medicaid enrollees, by populations of interest, SFY 2023



Source: Mathematica's analysis of Iowa Medicaid claims/encounter data from July 1, 2022, through June 30, 2023. CBS = community-based services; DD = developmental disability; ID = intellectual disability; SED = serious emotional disturbance; SFY = state fiscal year.

CBS users among children and youth with SED, SFY 2023



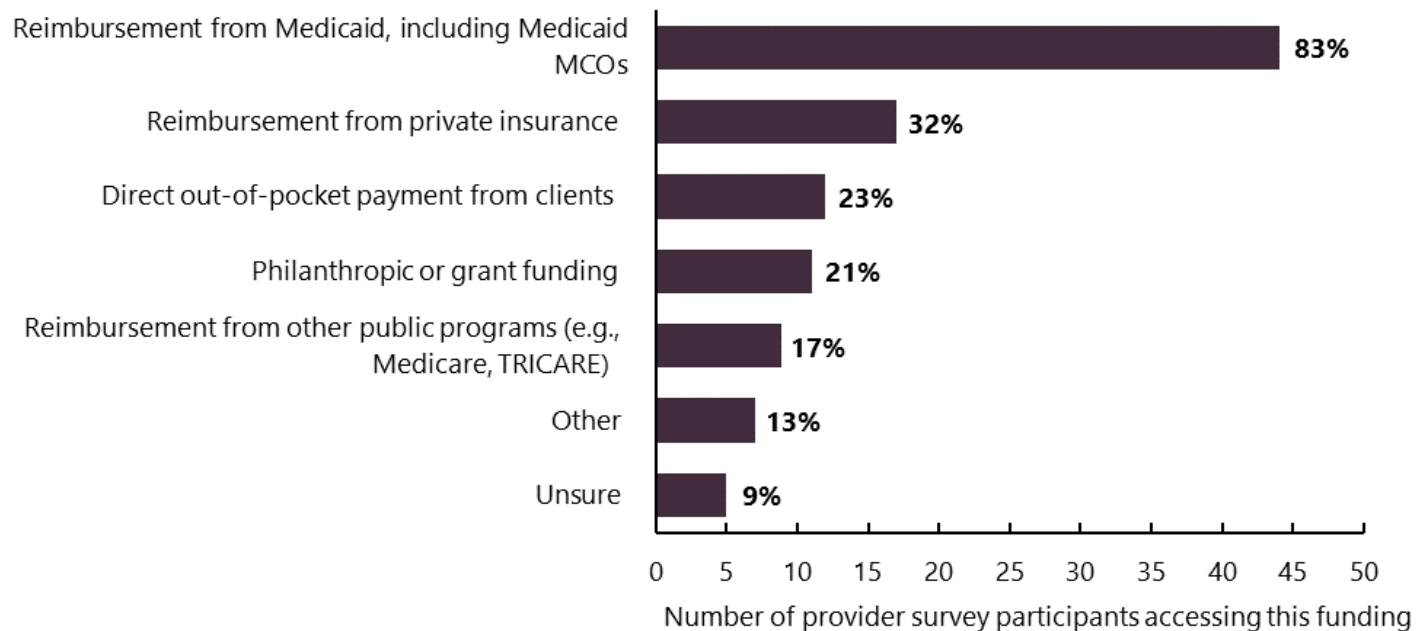
Source: Mathematica's analysis of Iowa Medicaid enrollment and claims/encounter data from July 1, 2022, through June 30, 2023.

Note: Case management is not included here, given that Iowa's contracted managed care plans receive administrative payments for providing community-based case management to all members enrolled in HCBS waivers, which is not captured in the claims/encounter data. In the available claims/encounter data, we only found 306 children/youth with SED using case management service that was billed directly from providers, which is a significant undercount from the number of enrollees eligible for this service.

CBS = community-based services; IHH = integrated health home; SED = serious emotional disturbance; SFY = state fiscal year.

Funding sources for CBS providers serving children and youth with SED

Which funding sources do providers access to serve children and youth with SED?



Source: Mathematica's analysis of the 2024 SAPCA Iowa CBS provider survey.

Note: Selections for funding sources were not mutually exclusive; provider survey participants were able to select multiple funding sources, which is reflected in the data above (n=53).

CBS = community-based services; MCO = managed care organizations; SED = serious emotional disturbance; SAPCA = Statewide Access and Provider Capacity Assessment.

Vast majority of children and youth with SED were not enrolled in a HCBS waiver, which increased CBS use

Unique members	Enrolled in a waiver		Not enrolled in a waiver	
	Total enrollees	Percentage who used CBS	Total enrollees	Percentage who used CBS
85,969	3,274	84	84,483	44

Among enrollees who participate in the CMH waiver, regardless of diagnosis, the most authorized waiver services are respite services, family counseling and training as well as in-home family therapy.

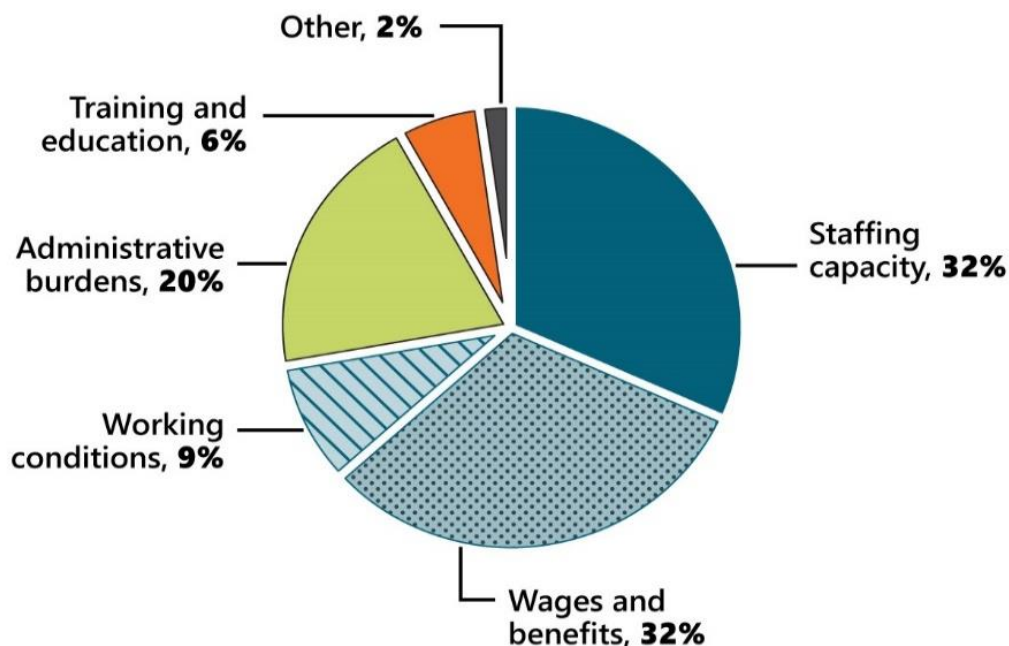
Source: Mathematica's analysis of Iowa Medicaid claims/encounter data and service authorization data from July 1, 2022, through June 30, 2023.

CBS = community-based services; CMH = children's mental health; SED = serious emotional disturbance; SFY = state fiscal year.

Challenges in the Overall HCS System

Top challenges to provider capacity, according to provider survey respondents

What are the top challenges to provider capacity?



Percentage of provider participants who highlighted the following staffing issues as a top challenge

- 58%** Low and stagnant reimbursement rates that have not kept pace with inflation
- 49%** Lack of sufficient staff and staff time
- 29%** Staff retention and turnover
- 29%** Low wages with little growth for direct care workers (e.g., lack of routine cost-of-living adjustments/raises)

Source: Mathematica's analysis of 2024 SAPCA Iowa CBS provider survey.

Note: Provider survey respondents were asked to rank the top three challenges they encounter from a list of challenges (n=191). Challenges were grouped by theme and responses were tallied under their respective themes, shown in the pie chart above. The four challenges pulled out on the left are the challenges that were most commonly selected.

General challenges to CBS



Provider capacity



**System navigation
and coordination**



Rural issues

Challenges for Youth with SED

Top service gaps among clients with SED, according to provider survey respondents

Caregiver and family support and strengthening



For example, respite, family peer supports, parent skill building, parent leadership trainings, caregiver counseling and family and community support services

Crisis response and support services



For example, crisis evaluation and stabilization, crisis planning and support and mobile crisis response

Autism spectrum evaluation and treatment services



Source: Mathematica's analysis of the 2024 SAPCA Iowa CBS provider survey.

Note: Provider survey respondents were given a list of services and asked to rank the top three services that Medicaid-enrolled children and youth with SED need, but face challenges accessing, either within their organization or elsewhere. The percentages shown above represent the proportion of all survey respondents (n=53) who selected the service as one of the top three service gaps they perceive their clients to face.

Challenges specific to children and youth with SED

- ▶ Children and youth with SED face several barriers to accessing care in an outpatient setting.
- ▶ Study participants noted that there is lack of **training and provider availability** for the most complex cases, including those involving children who exhibit violent behaviors.
- ▶ **Inadequate SBS** is a particularly pressing issue for children and youth with SED.
- ▶ The lack of services and confusing processes are exacerbated for transition-age youth who need to **navigate new approvals and systems** while maintaining current services.
- ▶ There are **difficulties accessing** BHIS, psychiatric medical institutions for children (PMIC), habilitation, and other mental health services, particularly in rural areas.

“There are not many options available, so sometimes clients come to Q RTP (qualified residential treatment program) or PMIC (psychiatric mental institution for children) and are stuck here because there are no other real alternatives besides long term stays in a hospital psych unit.”

*-Provider survey
respondent*

Addressing unique needs among special populations

- ▶ In accordance with Section B.8.e.ii. of the class action Interim Settlement Agreement, we conducted focus groups and dedicated a portion of the provider survey to study how CBS could be improved for special populations within children and youth with SED, including BIPOC and LGBTQIA+ populations.
- ▶ Study participants were aware of specific barriers that children/youth with SED who are BIPOC or LGBTQIA+ face. However, providers opted to have a broader need-based model of care rather than specific internal policies governing care for BIPOC or LGBTQIA+ individuals.
- ▶ Training in providing and identifying services for unique needs could be beneficial in helping providers give more person-centered care to individuals.

BIPOC = Black, Indigenous, and people of color; LGBTQIA+ = lesbian, gay, transgender, queer, intersex, asexual, and other gender identities and non-straight sexual orientations



Discussion



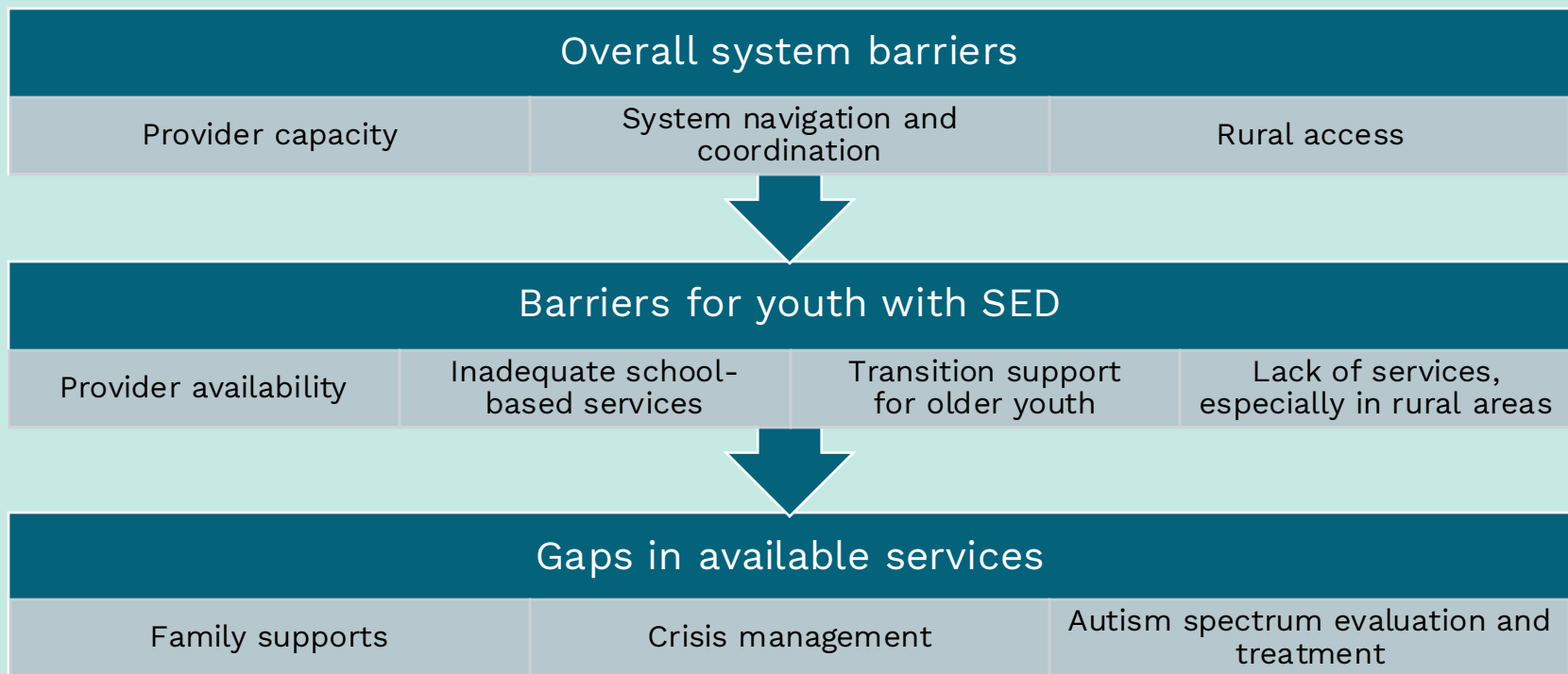
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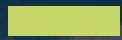
Key Pressure Points

- ▶ A large number of children and youth with SED (54 percent) did not use any CBS.
- ▶ Low Medicaid reimbursement rate (and the resulting low wage) is a leading constraint on the entire CBS system, compounded by complex and sometimes repetitive administrative processes.
- ▶ Providers, caregivers, and members struggle to navigate the complex system of accessing CBS in Iowa.

What do you see as the primary barriers to HCS services for youth with SED?

This study identified the following barriers:





Public Comment



Health and
Human Services