

Intensive Care Coordination Subcommittee Meeting

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Health and
Human Services



Agenda

- ▶ Pathway to Access Coordination Services
- ▶ Service Components
- ▶ Public Comment

Settlement Agreement

- ▶ The Settlement Agreement requires intensive care coordination services to include:
 - A **single point of accountability** for ensuring that medically necessary Medicaid services are accessed, coordinated, and delivered in a strength-based, individualized, family-driven, child-guided culturally and linguistically relevant manner;
 - Services and supports that are **guided by the needs** of the child;
 - Facilitation of a **collaborative relationship** among a child, the family, and child-serving systems;

Settlement Agreement (cont.)

- **Support for the parent/caregiver** in meeting the child's needs;
- A care planning process that ensures that a care coordinator organizes and matches care across providers and child-serving systems to allow the child to be **served in the home and community**; and
- **Facilitated development of an individual's care planning team** (CPT). Teaming is a process that brings together individuals selected by the child and family who are committed to them through informal, formal, and community support and service relationships. ICC will facilitate **cross-system involvement** and a formal child and family team.

Pathway to Access Coordination Services

REACH Eligibility

- ▶ Eligible participants are:
 - Medicaid-eligible
 - Under 21
 - Diagnosed with serious emotional disturbance not attributable to intellectual or developmental disability
 - In need of intensive home and community-based services to help their condition

- ▶ An assessment will also determine eligibility

Assessment Tool

- ▶ The Assessment Tool Subcommittee has recommended the Child and Adolescent Needs and Strengths (CANS)
 - Strength-based assessment tool that considers both a person's strengths and needs by rating items on a scale from 0 – 3.
 - Uses input from child/youth, family, and other people involved in the person's life.
 - Domains include life functioning, strengths, cultural factors, caregiver resources and needs, behavioral/emotional needs, and risk behaviors

Tiered Services

- ▶ After assessment, participants will receive tiered services according to their needs
 - Youth should be able to move fluidly between tiers based on changing care needs
 - A minimum number of guaranteed service hours should be available according to the youth's tier of support
 - Tiers of service may also have different case management case loads

Service Components

Assessment

Settlement Agreement

- ▶ Care planning process includes:
 - completing a strengths-based, needs driven, comprehensive **assessment to organize and guide the development of a Care Plan and a risk management/safety plan**;
 - an assessment process that determines the needs of the child for **medical, educational, social, behavioral health, or other services**;
 - an ICC that may also include the planning and coordination of urgent needs before the comprehensive assessment is completed;
 - further assessments that are provided as medically necessary and in accordance with best practice protocols.

Subcommittee Feedback

- ▶ Assessments should reflect a family's needs and not just produce a score
- ▶ Assessments should occur at least once a year to document changing needs and adjust the care plan
- ▶ However, we should be mindful of over-assessment
- ▶ The care plan should include clear goals and a path out of care based on assessment results

Planning and Development of a Person-Centered Plan

Settlement Agreement

- ▶ The care planning team (CPT) process will include:
 - having the care coordinator use the information collected through an assessment, to **convene and facilitate the CPT meetings**;
 - having the CPT develop a child-guided and family-driven PCP that **specifies the goals and actions** to address the medical, educational, social, mental health, and other services needed by the child and family; and
 - ensuring that the care coordinator works directly with the child, the family, and others significant to the child to **identify strengths and needs** of the child and family, and to **develop a plan** for meeting those needs and goals.

Subcommittee Feedback

- ▶ Overall, this is like the role care coordinators currently fill in Iowa
- ▶ Initial outreach should be tailored to the family, including asking about their wants and needs and informing them specifically about relevant services
- ▶ It can be difficult to involve providers in care planning if they cannot bill for it

Referral, Monitoring, and Related Activities

Settlement Agreement

- ▶ The care coordinator will:
 - **work directly with the child and family** to implement elements of the Person-Centered Plan (PCP);
 - **prepare, monitor, and modify the PCP** in concert with the CPT and determines whether services are being provided in accordance with the PCP; whether services in the PCP are adequate; and whether there are changes in the needs or status of the child and, if so, adjusts the PCP as necessary, in concert with the CPT; and
 - actively assists the child and family to **obtain and monitor the delivery of available services**, including medical, behavioral health, social, therapeutic, and other services

Subcommittee Feedback

- ▶ Access after referral can be a challenge
- ▶ Referrals should have a closed loop that confirms whether families were able to access services
- ▶ HHS should be mindful that monitoring rules are not burdensome to families

Transition

Settlement Agreement

- ▶ The care coordinator will:
 - develop a transition plan with the CPT, and implement such plan when the child has achieved the goals of the PCP; and
 - collaborate with the other service providers and agencies on behalf of the child and family.

Subcommittee Feedback

- ▶ The state should ensure there are transitional providers and services available
- ▶ There should be a clear process for transition aged youth, including
 - Clear information about how processes and services change in adulthood
 - Connection with adult services before the child turns 18

Discussion

Discussion

- ▶ Is there anything else we haven't discussed that we'll need to do to reach the goals of the settlement agreement?
- ▶ Are there other commonly delivered intensive care coordination services in Iowa that we should consider?



Public Comment



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