



Meeting Agenda

Division: Department of Health and Human Services, Iowa Medicaid

Meeting Topic: REACH Implementation Team: Quality Improvement and Assurance Subcommittee

Facilitator: Carol Mau, HHS

Date: 09/24/2025

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

- Marisa Cullnan
- Carol Mau
- Laura Leise
- Tiffany Vevera
- Richard Whitaker
- Gretchen Hammer
- Nicole Kilburg, Tanager
- Will Linder

Agenda Topic and Items

- Subcommittee updates
 - Iowa HHS reoriented members to the Quality subcommittee goals and reviewed high-level updates on other subcommittees' progress.
- Assessment tool

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- Iowa HHS reviewed the Child and Adolescent Needs and Strengths (CANS) assessment tool recommended by the Assessment Tool subcommittee.
 - A participant noted that high quality assessments should measure change over time, and that the CANS may not be a sensitive enough instrument to pick up subtle changes in children with complex needs. In their experience, it could not identify changes in a 90-day timeframe. The comments in the CANS are important to actually tracking changes.
 - Participants discussed ways to ensure the CANS is delivered in a uniform, person-centered way, including:
 - Training providers to ensure that assessments, including rating and comments, are completed in a uniform way that improves interpretation of results
 - Ensuring ratings are based on a uniform time period (e.g. “based on the previous week, did you experience...”)
 - Operationalized terms and indicators (such as aggression)
 - One participant also noted that providers should be trained on whether they are assessing the person as they are currently presenting with REACH supports, or how they would present if those supports were no longer available. Other states determine exit criteria based on whether the child has a lower assessed need below the threshold for services.
 - Participants reviewed examples of assessment reporting from other states to consider how Iowa might report on REACH assessment quality
 - Participants liked the idea of presenting an “ever” score, which shows the highest score an enrollee ever had across assessments. This could increase the sensitivity of the CANS to show overall progress at 6-month intervals.
 - Participants noted that the CANS is a helpful tool for treatment planning because it provides a comprehensive view of functioning in various domains which would allow for focused treatment.

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- Participants liked slide 17, which shows “ever” scores for the top 10 strengths and needs enrollees had compared to their last scores on these measures
 - Participants also expressed interest in a post-service assessment at 3 or 6 months after services end. If a score is lower, it could indicate that services need to resume.
 - Participants were also interested in measuring readmittance to determine whether REACH enrollees have a higher or lower need compared to initial admittance.