IOWA | Health and Human Services

Meeting Notes

Division: Department of Health and Human Services, Iowa Medicaid
Meeting Topic: REACH Implementation Team: Services and Providers Subcommittee
Facilitator: Carol Mau, HHS
Date: 09/09/2025
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
- Addie Kimber
- Amy Berg-Theisen
- Sabrina Johnson
- Laura Leise
- Will Linder
- Maggie Hartzler
- Carol Mau
- Steve Sherman
- Tresa Tanager
- Mindy William

Agenda Topic and Items

- REACH Service Array
    - Required services

        - "Relevant services" include intensive in-home and community supportive and therapeutic services that are individualized and strength-based interventions that correct or ameliorate behavioral health functioning.
        - Iowa HHS presented the list of services required in the settlement agreement and gaps in exiting BHIS services as reported by members.
    - Participants discussed principles for effective care
        - One participant explained that compared to BHIS, the services required under the settlement agreement would need to be offered concurrently so children's needs can be addressed holistically at one place.
        - Another participant noted that families can feel overwhelmed by the amount of services occurring at the same time. It is important that concurrent services are an option, but not a requirement for BHIS.
    - Participants discussed the time between eligibility being determined and accessing services. One model involves pre-authorization for limited services that children can explore before accessing the full service array.
    - Participants discussed where care should be offered
        - One participant noted that service delivery locations are currently limited and supports flexibility to fit a family or child's wants and needs (i.e., virtual, school, public library, shopping mall, etc.).
        - Another participant agreed that services should be available to everyone regardless of location in the state.
    - One participant raised the ability to address sibling dynamics and bill for services during home visits.
        - Participants agreed this is especially helpful with blended or adoptive families and addressing dynamics that may be overlooked.

        - Participants agreed that services are a great opportunity to teach kids skills in how to regulate emotions when sibling dynamics are challenging.
    - Iowa HHS presented the goals for the service array under REACH, including improvements in self-care and daily living tasks, self-management of symptoms, social functioning, social support networks, employment and educational objectives, and independent living.
        - Participants advocated for building care coordination time for every position and service, otherwise services won't be as effective. One participant shared that in BHIS, when there is not time built into the reimbursement rate to do work outside the service session, it limits opportunities for learning, improving care, and coordinating with other providers.
        - Participants agreed that if one individual had to do all of the care coordination and system navigation, it would be too large a role. Instead, coordination should be built into providers rates so they can collaborate on the care plan.
        - Participants felt that the current approach to have a head care coordinator manage the care plan and coordinate specialists is also important so there is one person driving the process. They were interested in the idea of enrollees being able to choose their preferred head coordinator from among their existing coordinators.
    - Participants discussed advantages and disadvantages to potential services for the REACH service array.
        - Participants noted that multi-systemic therapy has significant startup costs, but strong outcomes that are worth the overall investment. This may be useful to implement for those with high needs.

        - Participants also identified vocational rehab as a potential area missing from the current service array. This service helps get kids ready for work and life.

- Discussion
    - What is the committee's feedback on whether the new IHCSTS service should be developed as strengthened "BHIS" *or* be a new service array that replaces BHIS?
        - HHS shared that other subcommittees have said that keeping services through BHIS may cause confusion about what is being generated under REACH. However, a new system would come with its own communication challenges and the state would have to build trust.
        - Participants felt that not all families would need strengthened BHIS services, and it would be helpful to still have these services available for families with more intense needs to keep them out of psychiatric mental institutions for children (PMICs). BHIS services work well for many families and should not be totally removed.
        - Participants noted that it may be easier to bolster existing services than create a whole new system, especially if that system is highly specialized and requires a specialized workforce which may not be available.
        - Participants also shared that families have undergone a lot of change which has led to confusion. At the same time, a rebranded service could offer a fresh start.
        - Participants agreed that there may be a middle ground where BHIS services are retained and are a pathway for youth to access more intensive services through REACH. Children in REACH would have different eligibility criteria, and would be able to access more intensive services through a tiered model of care. Ultimately, participants felt that the question of whether services

should be called BHIS or something else should come down to what is less confusing for families.

- Iowa HHS presented a status update for other subcommittee activities, specifically communications and quality.

- Public Comment
  - None.