Iowa REACH Communications Subcommittee

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Agenda

- REACH engagement updates
- Care pathways
- Public comment

REACH Engagement Updates



Communications Updates

► REACH Roadshow presentations continue with strong engagement.

November meetings include:

- Early Intervention & Support Team meeting
- DD Council one-on-one with Director Grossman
- ▶ The HHS Government Relations team is preparing for the 2026 legislative session, which begins in January. The team will review HOME and REACH as vital Medicaid programs that require continued funding.

Care Pathways



Pathway to Care

Child-serving professionals, (such as teachers, therapists, or coaches) refer applicants to REACH

Initial online self-screening for REACH occurs

Eligibility assessment is delivered

- Subcommittee recommends a preauthorization model for limited services before full approval
- Child is assigned to a tier of care based on assessment results

Care plan is created by the intensive care coordinator and enacted by the care team

- Child receives REACH services from BHIS and REACH-specific providers
- Closed-loop referrals are made to services and community resources if needed

Reassessment occurs every 6 months to modify the care plan

Assessment results signal that an enrollee can transition out of REACH services

- Member-centered meetings are led by case managers
- Enrollees are connected with other stabilizing organizations such as BHIS and CCBHCs



Idaho's Approach

- ▶ Idaho YES, a similar program, has a website with a Quick Start Guide to services
- ► The guide includes a <u>one pager</u> describing the steps to get started with YES including
 - Who to speak with to connect with services
 - Eligibility requirements
 - Who to call to schedule assessment
 - How to locate services
 - The family's role in care planning and coordinating services
- ► There is also a 12-page YES 101 document with more information about
 - What YES involves and principles of care
 - What assessment entails
 - How YES services differ from typical services



Screening and Referral

- ► Subcommittees have suggested that child-serving professionals, parents, or youth should be able to refer children directly to REACH
- ► This process may include a self-screening at home to indicate eligibility for REACH services.
- ► Eligible members are:
 - Under the age of 21
 - Medicaid-eligible
 - Have been determined by a licensed practitioner of the healing arts to have a serious emotional disturbance not attributable to an intellectual or developmental disability
 - Have had an assessment that intensive home and community-based services are needed to correct or ameliorate their condition

Screening and Referral Discussion

- ► What pathways should the state use to distribute information about eligibility and screenings so that child serving professionals, families, and youth know how to access referrals?
- ► What essential information needs to be on screening and referral communications?
 - o Descriptions of REACH eligibility criteria
 - Who to contact for eligibility assessments
 - o Other resources if you are not eligible for REACH



Assessment Delivery

- ► After referral, an assessment will be used to confirm eligibility for REACH
- ► The Assessment Tool Subcommittee has recommended the Child and Adolescent Needs and Strengths (CANS) as the uniform assessment tool for REACH
 - \circ 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.
 - Considers multiple areas of a child's life including life functioning and risk behaviors

Idaho's Communications on Assessment

- ► Idaho YES also uses the CANS, and their member communications specific to assessment include
 - A <u>website</u> describing what the CANS measures
 - o A three-minute video describing the intent of the assessment
- ▶ These materials include information about
 - What the CANS is and what it measures
 - Why the CANS is necessary
 - How the CANS is different from other assessments

Assessment Discussion

- ► What types of information and materials will families need so they can prepare for assessment?
 - For example, the consumer steering committee has said that members would benefit from knowing what will happen in assessments and how frequently assessments will occur
- ► What format should information on assessments take?
 - o For example, should providers hand families a pamphlet, or should there be an explainer on the HHS website?



Service Delivery

- ► Care coordination services will also be offered, including
 - Assessment delivery
 - Care planning and coordination of the care team
 - Referral to services and community resources
 - Transition services through and out of REACH
- ▶ The Services and Providers Subcommittee has recommended a series of services including
 - Family education
 - Behavior management
 - Individual and family therapy
 - In-home family therapy
 - Evidence-based therapies such as multi-systemic therapy and family functional therapy
 - Family peer supports including group family support



Idaho's Communications on Services

- ► Idaho provides information about:
 - The purpose of a care team
 - The elements of a person-centered care plan
- ► Specific services are outlined in a <u>practice manual</u>

Services Discussion

- ► What information will the public need to know about the services available through REACH?
 - O How can we share information about what is available while avoiding unnecessary clinical jargon?
- ► Who should provide information about the supportive and therapeutic services available through REACH?
 - Should discussions about specific services be led by care coordinators, with knowledge of the family's goals?



Public Comment

