

# Intensive Care Coordination Subcommittee Meeting

Jenny Erdman, HHS

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Health and  
Human Services



# Agenda

- ▶ Providers
- ▶ Training and support for providers
- ▶ Public Comment

# Providers

# Services Delivered ICC Providers

- ▶ Services managed through intensive care coordination include
  - Assessment
  - Planning and development of a person-centered plan
  - Referral, monitoring, and related activities
  - Transitions

# Principles for ICC Providers

- ▶ There should be clear roles, including an assigned "lead" coordinator to reduce duplication and ensure accountability
- ▶ Care coordinators and providers should prioritize relationship-building, consistent communication, and follow-through
- ▶ Any team member can become a trusted contact for families
- ▶ Care coordinators should link members to community resources in addition to services

# Subcommittee Feedback on Providers of Care Coordination

## ► **REACH intensive care coordinator**

- Could require additional training, such as trauma-based care training, for these providers

## ► **Existing case managers and social workers**

- May have a strong existing relationship and understanding of the youth and family's needs

## ► **Peer supports**

- Have a personal relationship with members and should inform care planning
- May have an informal coordination role connecting families to support services

## ► **Other providers**

- Trusted providers may become key contacts for families

# Idaho YES Care Teams

- ▶ Idaho YES is a similar program to Iowa REACH
- ▶ In this program, a Targeted Care Coordinator
  - Convenes a care planning team with input from the child and family
  - Works with the care planning team to develop a child and family centered care plan
  - Receives approval for the care plan and organizes services
  - Reconvenes the care planning team at least once a year to update the plan and manage care transitions

Idaho model outlined on pages 38-42 of the [YES Practice Manual](#)

# Idaho YES Care Teams (p.2)

- ▶ All youth involved in YES have access to a care planning team which includes:
  - **Facilitator** who identifies necessary supports and organizes team meetings
  - **Youth and family** who select supports, set goals, and participate in planning
  - **Informal supports** such as friends or community members who help identify strengths, support enrollees, and communicate on progress
  - **Formal supports** (providers) who identify services to address needs and communicate on progress

Idaho model outlined on pages 38-42 of the [YES Practice Manual](#)



# Discussion

- ▶ How should Iowa define and identify the primary provider of Intensive Care Coordination like the Targeted Care Coordinator in Idaho?
  - This person will manage:
    - Assessment through the CANS
    - Care plan development
    - Referral and monitoring
    - Transition
  
- ▶ What should be the qualifications for people in this role?

# Provider training and supports

# Subcommittee Considerations on Training

- ▶ Subcommittee members have shared concerns that there will not be enough CANS assessment providers
  - CANS training requirements for ICC providers could help address this potential gap
- ▶ ICC providers will also need training to effectively connect members to services and community resources
- ▶ However, if too much training is required there may not be enough ICC providers in the state

# Idaho YES Requirements

- ▶ Idaho requires that care planning teams are led by:
  - Master's-level behavioral health clinicians or above.
  - Or bachelor's-level paraprofessionals and other qualified paraprofessionals directly involved in the member's care (regardless of certification/endorsement requirement).

Idaho model outlined on pages 38-42 of the [YES Practice Manual](#)

# Idaho YES Requirements

► Idaho also includes intensive, fidelity-based wraparound services for the members of YES with the most intense needs. This is led by:

- A licensed behavioral health clinician, or someone with a bachelor's degree practicing under the supervision of a clinical supervisor
- Receive a 10-module web-based training in the Idaho WInS Model of High-Fidelity Wraparound
- Training in the CANS assessment
- Have experience working with children, youth, and families with significant mental and behavioral health issues

Idaho model outlined on pages 90-93 of the [YES Practice Manual](#)

# Subcommittee Considerations on ICC Support

- ▶ Increased provider collaboration and mentorship opportunities could reduce burnout.
- ▶ Reference resources/directories on available services, providers, and community resources could better support ICCs with their work.

# Discussion

- ▶ What should be the training requirements for ICC providers? Should there be more rigorous requirements for providers serving enrollees with the most intense needs?
- ▶ What types of supports should be available for intensive care coordinators?





# Public Comment

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