



REACH Intensive Care Coordination, Services, and Providers

January 21st, 2026



Health and
Human Services

Agenda

- ▶ Updates on Department Initiatives
 - Healthy Hometowns
 - HOME Public Comment Period
- ▶ Wraparound Principles
- ▶ Public comment



Healthy Hometowns Iowa's Rural Health Transformation Program



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Healthy Hometowns

- ▶ Iowa has been awarded \$200 million from the federal government for investments related to our Rural Health Transformation Program, Healthy Hometowns
- ▶ Healthy Hometowns includes several initiatives to improve rural healthcare
- ▶ Today, we'll highlight some of the initiatives that may intersect with REACH

Centers of Excellence

Summary of Initiative

- ▶ The state would amend existing Centers of Excellence contracts and add up to 10 new Centers of Excellence contracts
- ▶ This work would formalize referral agreements, community investment strategies, enhanced outreach, integration of wrap-around social services
- ▶ Maternal and child health and mental and behavioral health are eligible services

How it Addresses Needs

- ▶ The subcommittees have emphasized the need for services which integrate social services, addressing underlying factors contributing to SED

Health Hubs Technical Assistance Provider

Summary of Initiative

- ▶ Supports partnership building, agreement negotiation, payment model development, business planning
- ▶ Assessing needs, personalized technical assistance to providers, drafting legal agreements, stakeholder engagement
- ▶ Help rural facilities navigate grant application process

How it Addresses Needs

- ▶ Subcommittees have recommended technical assistance centers to help small providers and community organizations implement new services

Best and Brightest – Provider Recruitment

Summary of Initiative

- ▶ Offers one time recruitment and retention incentives with a 5-year service commitment
- ▶ Offers relocation assistance and bonuses

How it Addresses Needs

- ▶ The subcommittees and Services and Providers Capacity Assessment have identified gaps in the number of providers to deliver effective REACH services

Health Hubs

Summary of Initiative

- ▶ Provides substantial funding for large scale service delivery change
- ▶ Includes workforce, equipment, and telehealth integration

How it Addresses Needs

- ▶ Subcommittee members expressed the need for better workforce availability and accessibility of telehealth services
- ▶ May help smaller providers implement REACH services

School-Based Services

Summary of Initiative

- ▶ Provides contracts for hospitals, rural health centers, FQHCs, local public health, community health centers to establish partnerships with rural schools for services
- ▶ Includes staffing, mobile health units, telehealth, training, medical equipment, supplies, tools for parental engagement

How it Addresses Needs

- ▶ Subcommittees have identified an opportunity for stronger school-based behavioral health services to provide comprehensive support for youth with SED



HOME Public Comment Period



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Hope and Opportunity in Many Environments (HOME) Project

- ▶ The HOME project is a statewide initiative to transform Iowa's Medicaid-funded Home and Community-Based Services (HCBS) system
- ▶ The goals of HOME are to enhance services, support people to remain in their communities with their loved ones and make it easier for people to access the supports they need.

Hope and Opportunity in Many Environments (HOME) Project (cont.)

- ▶ Currently, there are 6 diagnosis-based waivers and one elderly waiver to access services
 - Members have expressed concerns about long waitlists and limited information about services under the current system

- ▶ HOME is streamlining the current waivers by replacing them with three age-based waivers
 - The new waiver system is designed to deliver consistent support based on needs rather than diagnoses

What would change under the new Children and Youth Waiver?

► Waitlist updates

- People on a waitlist can choose to fill out the **Waiver Priority Needs Assessment (WPNA)**. The WPNA collects information about your needs and recent medical history, including urgent needs. The WPNA will be expanded to better understand the needs of people on waitlists, including if people are at risk of needing to go into an institution, starting in January 2026.

► Eligibility updates

- The waiver population will be expanded to include individuals with developmental disabilities and autism

► Service updates

- Services that are currently only available through the Brain Injury and Intellectual Disability waivers will be added to the Child and Youth waiver
- Some waiver services will transition to state plan services

What is the public comment period and why does it matter?

► What is a public comment period?

- Iowa HHS operates HCBS using Medicaid waivers. The federal Centers for Medicare & Medicaid Services (CMS) requires states to have a public comment period for waiver changes.
- A public comment period is a set amount of time when anyone can share their feedback on a proposed change before it's finalized.
- This process makes sure the people who might use the services, and their families and communities, get a chance to share their thoughts and concerns.

How does the public comment period work?

Step 1: Iowa HHS puts the new waiver application documents online and notifies Iowans. For this public comment period, you will have about five weeks to review the waivers and comment.

- ▶ Information about the Children and Youth (CY) and Adults with Disabilities (AD) waivers and public notice are available at the following link: <https://hhs.iowa.gov/public-notice>. Paper copies will be made available for review at the HHS Field Offices.
- ▶ Quick guides of the proposed waiver changes are posted on the HHS website.

Step 2: You can submit feedback by mail or email.

- ▶ Written comments may be addressed to Long Term Services and Supports Bureau, Department of Health and Human Services, Iowa Medicaid, 321 East 12th St., Des Moines, IA 50319-0114. Comments may also be sent via electronic mail to: HCBS_Public_Comment@hhs.iowa.gov
- ▶ **All comments** must be received by: **February 13th, 2026, at 11:59pm CT.**

Step 3: Once the public comment period ends, Iowa HHS will review all the input.

- ▶ Iowa HHS may not reply directly to all comments they receive. They may revise parts of the waiver applications based on feedback.



Wraparound Principles



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Wraparound Principles

- ▶ The settlement agreement describes child and family-centered values and principles which have guided our work
- ▶ We have received feedback from the subcommittees throughout the year about how to infuse key principles into REACH
- ▶ Today, we want to highlight a few key principles and consider how we can ensure they are upheld through implementation

Family Voice and Choice

Description of Principle

- ▶ Family and youth perspectives are gathered and prioritized throughout engagement
- ▶ Care planning is grounded in members' perspectives
- ▶ Options provided by the care planning team reflect family values

Subcommittee Feedback

- ▶ Uniform assessment focuses on a family's self-identified needs and goals
- ▶ Assessors and care coordinators should be trained to collaborate with the family and center their values
- ▶ Coordinators will present service options aligned with family goals
- ▶ Families collaborate in building and have final decision power over their care plan
- ▶ Transition out of services is based on whether the child and family's goals are met

Strengths-Based

Description of Principle

- ▶ The care plan will identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members

Subcommittee Feedback

- ▶ Uniform assessment is strengths-based
- ▶ Strengths identified in assessment will be incorporated in the care plan
- ▶ The care plan should reflect, utilize, and bolster members' strengths

Team-based

Description of Principle

- ▶ The care team consists of individuals agreed upon by the family and committed to the family through informal, formal, and community support and service relationships

Subcommittee Feedback

- ▶ Coordinators will assemble a care planning team with unique roles
 - Outlined in the Intensive Care Coordination Recommendation
- ▶ Members of the care planning team will be continuously engaged to assess member progress and update the care plan
- ▶ Members may provide updates individually to protect the time of families and providers
- ▶ Services and supports will be provided in settings relevant to the family and child that draw on supports

Discussion

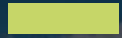
- ▶ What can the state do to ensure care plans build family strengths in addition to addressing needs?
- ▶ How can we ensure that the whole care team is engaged throughout service delivery?
- ▶ Are there any specific trainings we should implement to ensure these values are upheld?
- ▶ Are there additional things we should consider during implementation to make sure REACH reflects these values?



Public Comment



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Appendix



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Changes under the proposed waivers

CURRENT HCBS WAIVERS (2025)

WAIVER	GROUPS SERVED	AGES SERVED
Elderly	• Aging	65+
Intellectual Disability (ID)	• ID	0+
Brain Injury (BI)	• BI	0+
AIDS/HIV	• AIDS/HIV	0+
Health & Disability	• Physical disability; blind or disabled	0-64
Physical Disability (PD)	• PD; blind or disabled	18-64
Children's Mental Health	• Serious emotional disturbance (SED)	0-17

PHASE 1 (2026)

WAIVER	GROUPS SERVED	AGES SERVED
Elderly	• Aging	65+
ID	• ID	0+
BI	• BI	0+
Children & Youth	• AIDS/HIV • BI • ID • PD; blind or disabled • SED • Developmental Disabilities • Autism	0-20
Adults with Disabilities	• AIDS/HIV • BI • ID • PD; blind or disabled • Developmental Disabilities • Autism	21+

PHASE 2

WAIVER	GROUPS SERVED	AGES SERVED
Elderly	• Aging	65+
Children & Youth	• AIDS/HIV • BI • ID • PD; blind or disabled • SED • Developmental Disabilities • Autism	0-20
Adults with Disabilities	• AIDS/HIV • BI • ID • PD; blind or disabled • Developmental Disabilities • Autism	21+

ELIGIBILITY & ENROLLMENT | To be eligible, members must meet three criteria: (1) financial eligibility requirements, (2) their disability fits into one of the categories below and (3) they need a level of care that would be provided in an institution.

Phase 1: CY Waiver Service Package

Service packages: See Appendix C of the waivers for more information

/ **Daily Activities and Care:**

- Home Delivered Meals
- Respite
- Transportation
- Medical Day Care for Children

/ **Help with Health needs:**

- Positive Behavioral Support and Consultation
- Family and Community Support

/ **Equipment and Modifications**

- Assistive Devices
- Home and Vehicle Modifications
- Personal Emergency Response System

/ **Day Services**

- Prevocational Services
- Supported Employment

/ **Self-Direction Supports**

- Financial Management Service
- Independent Support Broker
- Individual Directed Goods and Services

/ **New Services**

- Community Transition Services
- Peer Mentoring

Service Crosswalk for Members Moving Onto the CY Waiver

Service packages: See Appendix C of the waivers for more information

- If you are under 21 years old and accessing waiver services, some of your existing services may not be included on the CY waiver service package. The table below shows how some current waiver services will transition to state plan services.

What you receive today	What you can receive after October 1, 2026
In-home Family Therapy (H0046) through CMH waiver	Family training and counseling (T1027) through the CY waiver
Counseling (H0004, 96164, 96165) through HIV waiver	Individual or group therapy (90832, 90834, 90836) through state plan services
Attendant Care- Unskilled (T1019, S5125) through HIV, HD, or PD waivers	Personal Care (S9122 -Rev. Code 572) through state plan services
Attendant Care- Skilled (T1019 U3, S5125 U3), Home Health Aide (T1021), Nursing (T10310, T1031, S9123, S9124), or Interim medical monitoring and treatment (IMMT) (T1002, T1003, T1004, T1004 U3) through HIV, HD, or PD waivers	Private Duty Nursing (T1000, Rev. Code 559) through state plan services

Service Crosswalk for Members Moving Onto the CY (Cont'd)

Service packages: See Appendix C of the waivers for more information

- ▶ There are other services that young adults (age 18-20) may be receiving on their current waivers (HIV, HD) that are not a part of the CY Waiver.
- ▶ These services are not included in the CY waiver because they are adult services, and they are currently used by very few members under age 21.
- ▶ These are listed below; young adults accessing these services should work with their case managers to identify which of the following alternatives may best meet their needs.

What you receive today	What you can receive after October 1, 2026
Adult Day Care (S5100, S5100 UA, S5101, S5102, S5105) through HD waiver	Young adults may instead benefit from: <ul style="list-style-type: none">• Medical Day Care for Children (T2027) through the CY waiver• Supported Employment (T2018, H2025, H2023) through the CY waiver
Homemaker (S5130) or Home Maintenance Support (S5120) through HIV and HD waivers	Young adults living on their own who accessed these supports before should instead identify natural supports and community resources to help cover these needs.