

Iowa REACH Implementation Team Meeting

May 13th, 2026



Agenda

- ▶ REACH Updates
- ▶ REACH Eligibility Criteria
- ▶ Public comment

REACH Updates

Subcommittee Updates

Meeting	April Topics	May Topics
Implementation Team	<ul style="list-style-type: none"> • Youth Advocacy Day • REACH Roadmap 	<ul style="list-style-type: none"> • Eligibility criteria
Consumer Steering Committee	<ul style="list-style-type: none"> • Youth Advocacy Day • REACH Roadmap 	<ul style="list-style-type: none"> • No meeting this month
Intensive Care Coordination and Services and Providers Subcommittee	<ul style="list-style-type: none"> • Cancelled while services are further defined 	<ul style="list-style-type: none"> • Refining care pathways
Quality Subcommittee	<ul style="list-style-type: none"> • No meeting this month 	<ul style="list-style-type: none"> • Benchmarking
Communications Subcommittee	<ul style="list-style-type: none"> • Youth Advocacy Day • Communications materials 	<ul style="list-style-type: none"> • No meeting this month

HHS Updates

- ▶ Since we last met, HHS is working on:
 - Developing the REACH Provider Policy Manual
 - Building internal expertise in wraparound principles
 - Estimating service costs
 - Engaging with stakeholders

- ▶ HHS anticipates submitting service standards and a formal quality plan by **July 1, 2026**.

- ▶ At that point, we plan to close other subcommittees and invite members to join the Implementation Team.

REACH Eligibility Criteria

Level Setting on Eligibility

▶ **What problem is REACH intended to solve?**

- REACH will deliver short-term, high intensity services including care coordination and home and community-based services.
- Services are intended to help ensure placement in the least restrictive setting for youth with high needs.

▶ **Services are intended for youth with the most intense need.**

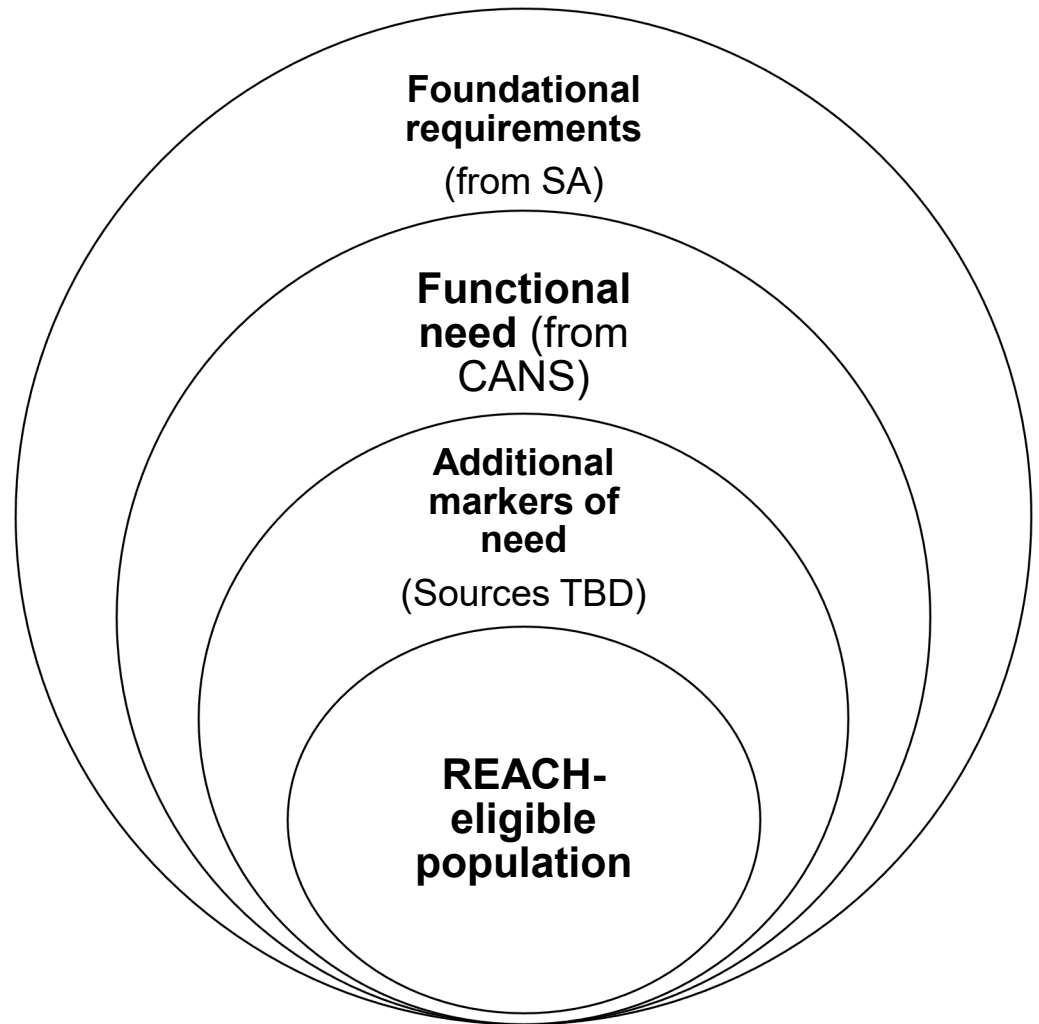
By narrowing the eligible population, we can:

- Improve access to these high-intensity services.
- Manage provider capacity as we continue to build the workforce.
- Ensure youth are routed to the services most appropriate for them.

▶ **However**, we also want to ensure that youth with high needs are not falling through gaps in the system.

Discussion Outline

SA = Settlement agreement



Who is REACH intended to serve?

► Settlement agreement states eligible members are:

1. **Medicaid-eligible youth:** Medicaid-eligible children in the State of Iowa under the age of twenty-one.
1. **With SED diagnosis:** Who have been determined by a licensed practitioner of the healing arts as having a serious emotional disturbance, not attributable to an intellectual or developmental disability.
1. **In need of intensive services:** For whom there is an assessment that intensive home and community-based services are needed to correct or ameliorate their condition.

What indicates a need for REACH services?

Previously, subcommittee members have shared that youth with the greatest level of need have:

Increased risk of out of home placement

Low school functioning

Low functioning at home

Involvement with juvenile justice

Hospitalizations, ED visits, or crisis services for mental health

Multiple or unstable use of psychotropic medication

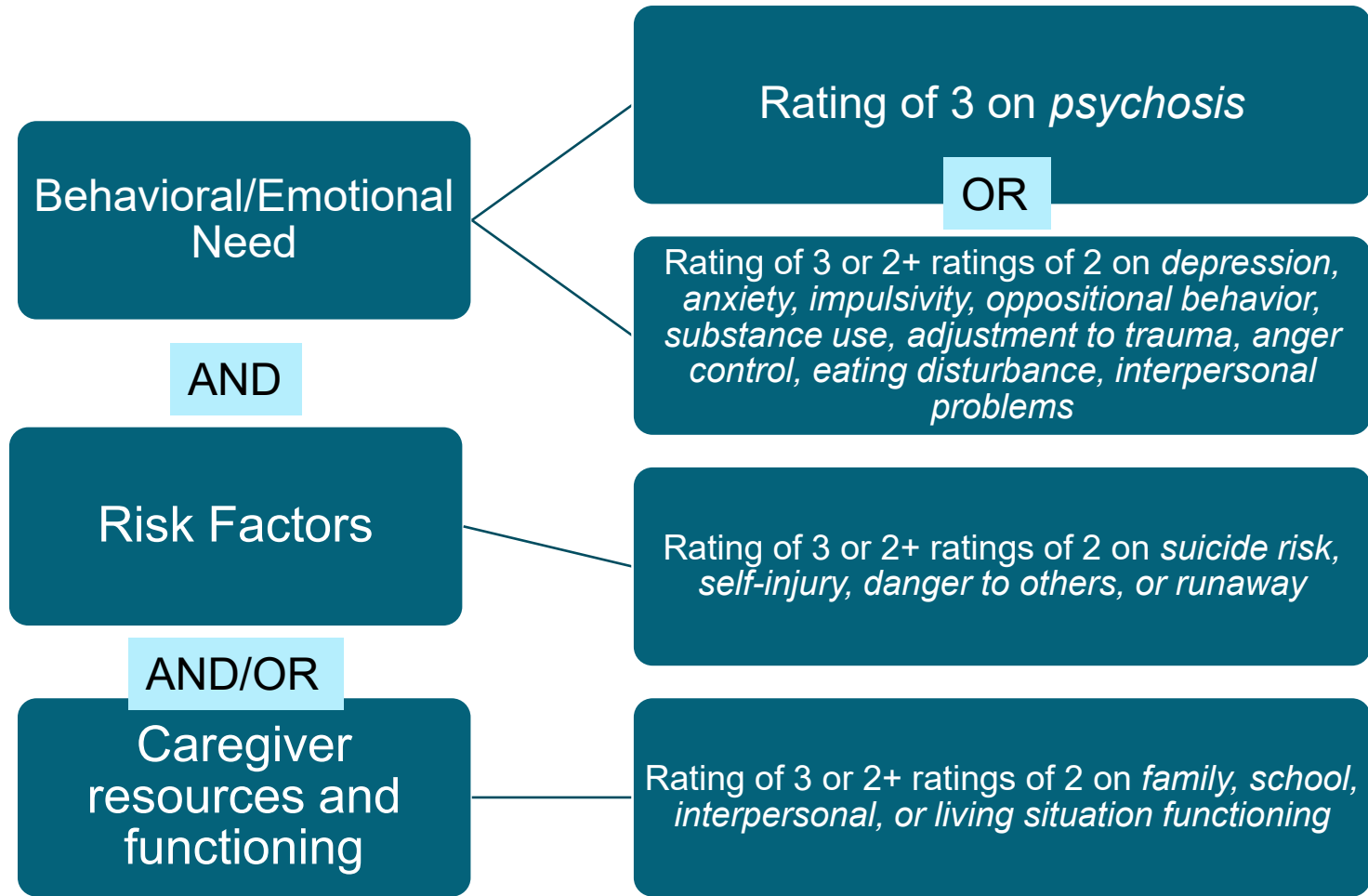
How do we assess need for REACH services?

- ▶ All states use CANS score thresholds to determine eligibility, and some also use other criteria they bring into assessment.
- ▶ Thresholds typically focus on need and risk and complexity.

Key to CANS ratings:

- 3 - Dangerous or disabling need requiring immediate or intensive action
- 2 - Action is required to ensure that the identified need is addressed; need interferes with functioning
- 1 - Need requires monitoring
- 0 - No current need




Options for CANS Thresholds Based on Other States



How can we assess need in addition to CANS?

Potential Criteria	Potential Measures
Use of emergency services	<ul style="list-style-type: none">• Psychiatric hospital claim in the past 2 years, or 2+ claims in the last year• Emergency department claim with primary mental dx in the past 2 years, or 2+ claims in the last year• Mobile crisis intervention and stabilization in the past year
Juvenile justice involvement	<ul style="list-style-type: none">• Received juvenile justice services in the past year• Received a juvenile justice ruling in the past year
Low school functioning	<ul style="list-style-type: none">• Use of an IEP in the last year• High number of absences in the last year
Low home functioning	<ul style="list-style-type: none">• CPS services in last year
No improvement from current services	<ul style="list-style-type: none">• Has received mental health services in the past two years

Potential Eligibility Scenarios

Scenario	Eligible?
<p>Ellie has disabling psychosis and a risk of self-injury that interferes with functioning, and also needs immediate help with family functioning. She has needed mobile crisis services in the past year.</p>	
<p>Susie has disabling psychosis and a risk of self-injury that interferes with functioning, and also needs immediate help with family functioning. However, she has not accessed any mental health services including emergency services in the past 2 years.</p>	
<p>Edgar has anxiety and depression that interferes with his functioning. He is at risk of running away and his needs interfere with his functioning at school, where he has an IEP.</p>	

Discussion

- ▶ Based on your experience, what youth would we be most concerned about accidentally excluding through these eligibility criteria?
- ▶ Based on your experience with state data and reporting, do you see any barriers to collecting or reporting on this data?
- ▶ Do any of these criteria create a risk of inconsistent authorization decisions?



Public Comment



Health and
Human Services

Appendix

WA WISe Criteria

A child will be recommended for Wraparound with Intensive Services (WISe) if:
Criterion 1 AND (Criterion 2 OR Criterion 3)

Criterion 1. Behavioral/Emotional Needs
1a. Rating of 3 on "Psychosis" OR
1b. Rating of 2 on "Psychosis" and 2 or 3 on any other Behavioral/Emotional Needs item OR
1c. 2 or more ratings of 3 on any Behavioral/Emotional Needs items OR
1d. 3 or more ratings of 2 or 3 on any Behavioral/Emotional Needs items
<i>Note: Behavioral/emotional needs items we plan to include in our screener: Psychosis; Attention/Impulse; Mood Disturbance; Anxiety; Disruptive Behavior; Adjustment to Trauma; Emotional Control</i>
Criterion 2. Risk Factors
2a. Rating of 3 on "Danger to Others" or "Suicide Risk" OR
2b. One rating of 3 on any Risk Factor item OR 2 or more ratings of 2 or 3 on any Risk Factor item
<i>Note: Risk factors included: Suicide Risk; Non-Suicidal Self-Injury; Danger to Others; Runaway;</i>
Criterion 3. Serious Functional Impairment
3a. 2 or more ratings of 3 on "Family", "School", "Interpersonal" or "Living Situation" OR
3b. 3 or more ratings of 2 or 3 on "Family", "School", "Interpersonal" and "Living Situation"

Idaho YES Criteria

A child will be recommended for YES (use of the child-family team) if all 3 criterion are met:

Criterion 1. Behavioral/Emotional Needs

At least one rating of 3 and two or more ratings of 2 on any behavioral/emotional needs item

Criterion 2. Risk Factors (*Differs between care tiers*)

One or more ratings of 2 on any risk behaviors

Criterion 3. Functioning

At least one rating of 3 and two or more ratings of 2 on any life functioning item

WInS (high-fidelity wraparound) requires members meet the criteria above **and** below:

Criterion 2. Risk Factors (*Differs between care tiers*)

At least one rating of 3 and two or more ratings of 2

Risk for out-of-home placement is not required, but is an indicator for WInS

Transitioning from higher levels of intervention, such as hospitalization or intensive outpatient services, is not required but is an indicator for WInS

Additional needs requiring wraparound services

Involvement in the behavioral health system and at least one additional child serving system including court involvement, child protective services, educational programs like IEP or 504 OR physical health needs or developmental or intellectual disability

Member expected to benefit from wraparound services

Youth and family desire to participate in wraparound

Youth and family can benefit from intensive care coordination and/or have not seen improvements with current care coordination

IL Pathways Criteria

A child will be recommended for Pathways Tier 1 (High Fidelity Wraparound) if they meet criteria (1.1 and 1.3) OR (1.2 and 1.3 and 1.4):

Criterion 1. Behavioral/Emotional Needs (Eligibility need)

1.1 A rating of 3 on Psychosis **OR** A rating of 3 on Adjustment to Trauma

1.2 At least one rating of 3 or two or more ratings of 2 or 3 on any of the following Behavioral/Emotional Needs items:

- Psychosis, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional Behavior, Conduct/Antisocial Behavior, Adjustment to Trauma, Anger Control, Substance Use, Eating Disturbance, or Interpersonal Problems

Criterion 2. Functioning, Caregiver Needs, or Risk Factors (Complexity)

1.3 At least one rating of 2 or 3 on the following caregiver resources and needs items OR youth has no current viable caregiver:

- Suicide Risk, Intentional Misbehavior, Runaway, Sexually Problematic Behavior, Non-Suicidal Self Injury (NSSI), Bullying Others, Other Self Harm, Danger to Others, Delinquent/Criminal Behavior, Fire Setting, Victimization/Exploitation

1.4 One rating of 3 or two or more ratings of 2 or 3 on any of the following risk behaviors:

- Supervision, Involvement with care, Family Stress, Knowledge, Marital/Partner Violence in the Home, Self-Care/Daily Living Skills, Medical/Physical, Mental Health