



Iowa REACH Quality Subcommittee Meeting

May 27th, 2026

Agenda

- ▶ REACH Eligibility Criteria
- ▶ Benchmarking
- ▶ Public comment

HHS Updates

- ▶ Since we last met, HHS is working on:
 - Determining data sources and definitions for quality metrics and eligibility
 - Developing the REACH Provider Policy Manual
 - Building internal expertise in wraparound principles
 - Engaging with stakeholders

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

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



REACH Eligibility Criteria



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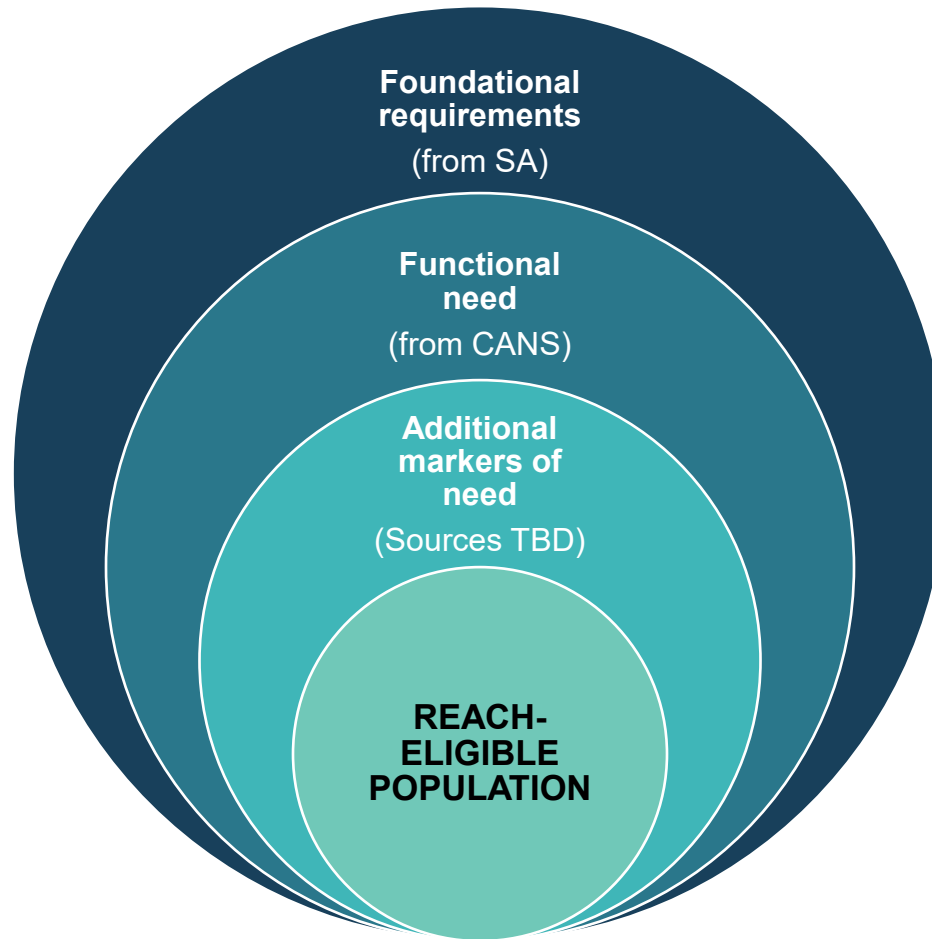
Level Setting on Eligibility

- ▶ 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

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Discussion Outline



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

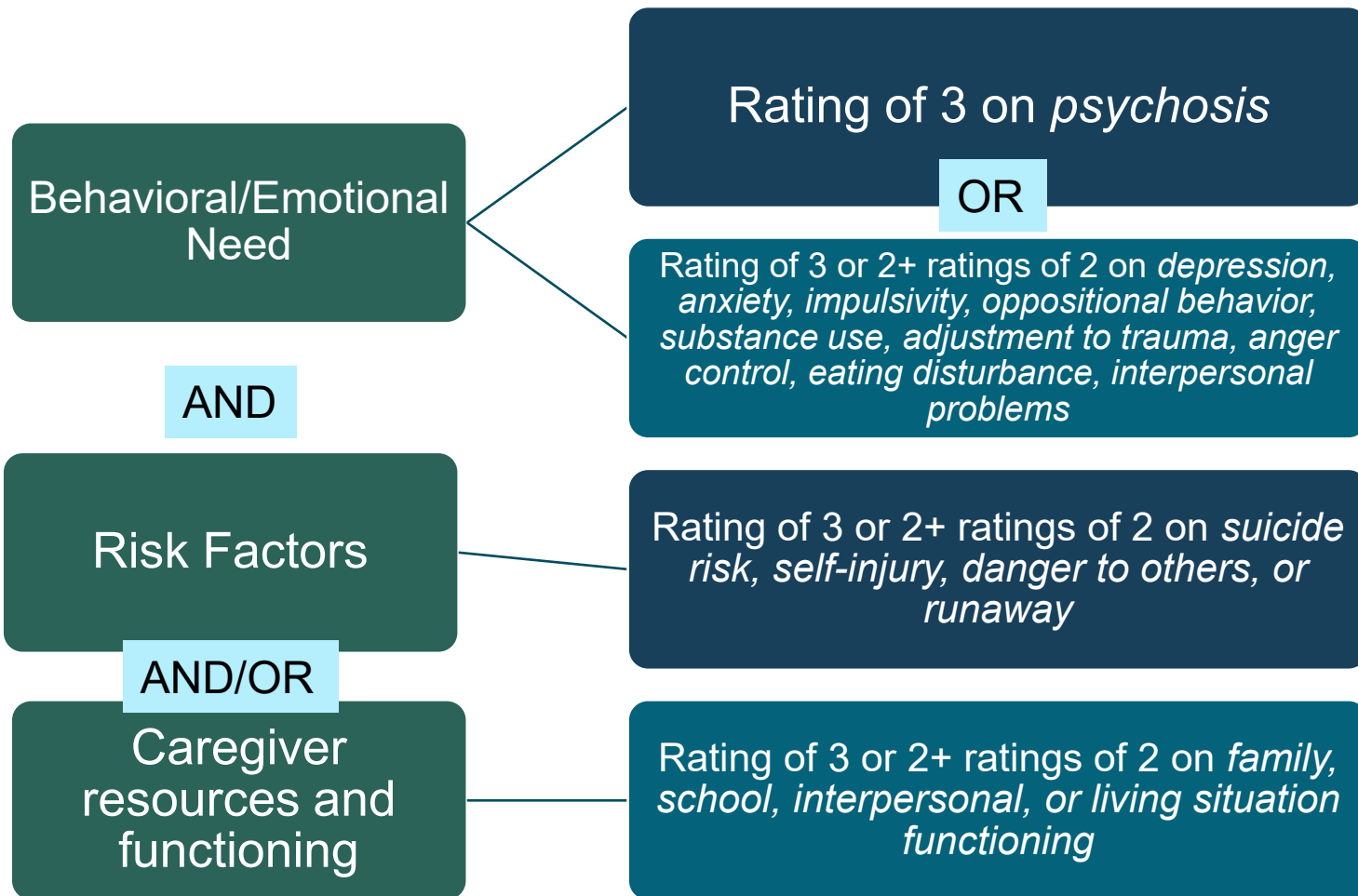
How do we assess need for REACH services?

- ▶ 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 depression (CANS 3) and a risk of self-injury that interferes with functioning (CANS 2), and also needs immediate help with family functioning (CANS 2). She has needed mobile crisis services in the past year.</p>	
<p>Susie has disabling depression (CANS 3) and a risk of self-injury that interferes with functioning (CANS 2), and also needs immediate help with family functioning (CANS 2). 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 (both CANS 2). He is at risk of running away and his needs interfere with his functioning at school (both CANS 2), 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 eligibility decisions?



Benchmarking



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Context on Benchmarks

- ▶ Once final eligibility criteria are set, the state will set benchmarks to ensure accountability for delivering REACH services.
 - Benchmarks based on a "good faith, reasonable estimate" of the number of youth expected to meet eligibility criteria
- ▶ Benchmarks outline expected progress toward REACH service adoption at key milestones.
- ▶ Once set, the benchmarks become metrics that the state's performance is monitored against.
- ▶ The state must also meet established final benchmarks in order to exit the settlement agreement.

Settlement Agreement Requirements

- ▶ **Penetration** - percent of eligible members targeted for receipt of a given category of service (ICC, IHCSTS, MCIS, and waiver) by a given date.
- ▶ **Service Unit** - percentage of eligible members targeted to receive a minimum number of IHCTS units per child per month/year.
- ▶ **Residential Setting** – (1) percent of eligible members placed in inpatient or residential settings assessed as requiring level of care (LOC) that could not be met in community; (2) percent of eligible members placed in inpatient or residential settings assessed and referred for relevant services upon discharge.

ICC-Intensive Care Coordination; IHCSTS-Intensive Home and Community-based Supportive and Therapeutic Services; MCIS-Mobile Crisis Intervention and Stabilization Services

Penetration Benchmarking

Reporting Requirement

- ▶ Percent of eligible members targeted for receipt of a given category of service by a given date
- ▶ Services include
 - Intensive care coordination
 - In-home intensive supportive and therapeutic services
 - Mobile crisis services
 - Waiver services

Considerations

- ▶ WA Wise originally set their target for enrollment in WISE at their 'medium' estimate level and later had to reduce it to 'low' due to provider capacity constraints
- ▶ Idaho YES reports several challenges impacting service utilization and penetration rates shared publicly:
 - Ongoing mental health workforce shortages
 - Lack of access to mental health care in rural/frontier areas of Idaho
 - Increasing mental healthcare needs

Sources: Implementation Status Report November 15, 2016, Submitted under the Settlement Agreement in T.R. v. Lashway and Teeter Hon. Thomas S. Zilly U.S. District Court, Seattle No. C09-1677-TSZ; Youth Empowerment Services QMIA Quarterly Report Q2, SFY 2025.

Service Unit Benchmarking

Reporting Requirement

- ▶ Percent of eligible members targeted to receive a minimum number of IHCTS units per child per month/year.
- ▶ Services include:
 - Family training
 - Skill training
 - In-home therapy, MST, FFT, and TF-CBT
 - Specialized respite

Considerations

- ▶ Washington WISE uses a quality benchmark of an average of 10.5 hours of WISE services per child per month, calculated at the statewide and regional level.

Residential Setting Benchmarking

Reporting Requirement

- ▶ Percent of eligible members placed in inpatient or residential settings assessed as requiring level of care (LOC) that could not be met in community.
- ▶ Percent of eligible members placed in inpatient or residential settings assessed and referred for relevant services upon discharge.

Considerations

- ▶ Determinations about needs so intensive they exceed REACH service offerings may be difficult to standardize.



Public Comment



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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