



Iowa REACH Intensive Care Coordination and Services and Providers Meeting



Health and
Human Services

Agenda

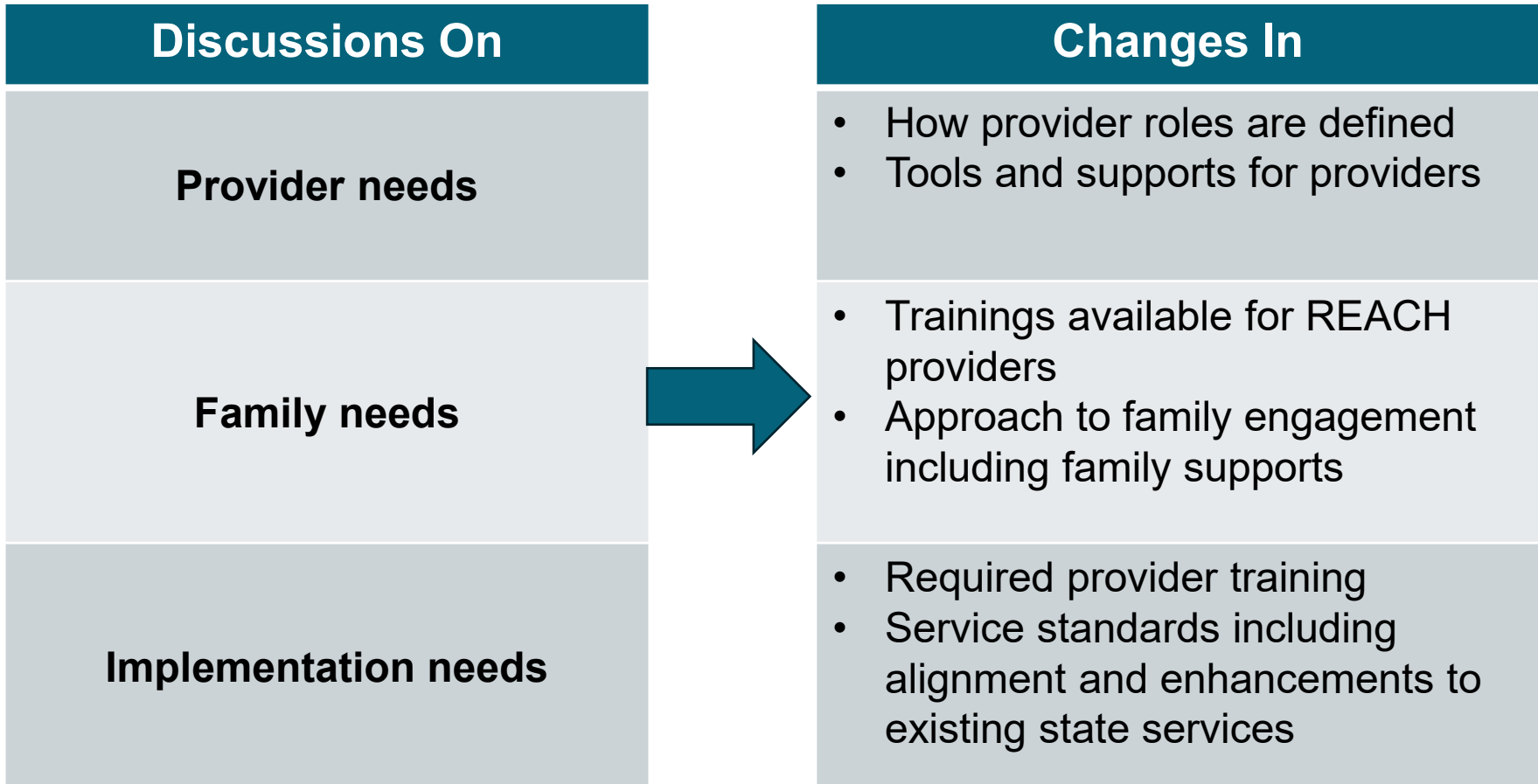
- ▶ Subcommittee closeout
- ▶ REACH and HOME program alignment
- ▶ Public comment

Goals of REACH

- ▶ Through REACH services, youth with SED will have access to high intensity, family-centered services that help them receive treatment in their home and community

- ▶ REACH is a multi-year effort requiring
 - New services, care coordination systems, assessments, and provider types
 - Enhanced provider training
 - Expanded provider capacity

What We've Learned



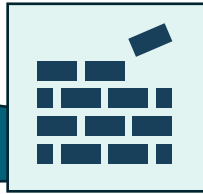
2026 Key Engagements

- ▶ ICC/Services and Providers Subcommittee closing following the development of key deliverables
- ▶ In the Fall, HHS will prepare a legislative ask to support implementation and long-term sustainability of REACH
- ▶ We will continue to engage subcommittee members, the public, and other stakeholders as we prepare for implementation
- ▶ Subcommittee members are welcome to continue providing feedback through the **Implementation Team** the second Wednesday of the month

REACH Timeline



2025: Iowa HHS worked with 7 Subcommittees including providers and community members to recommend what an ideal REACH system would look like for youth and families.



2026: Iowa HHS will continue to engage stakeholders to design and prepare for implementation of REACH services.



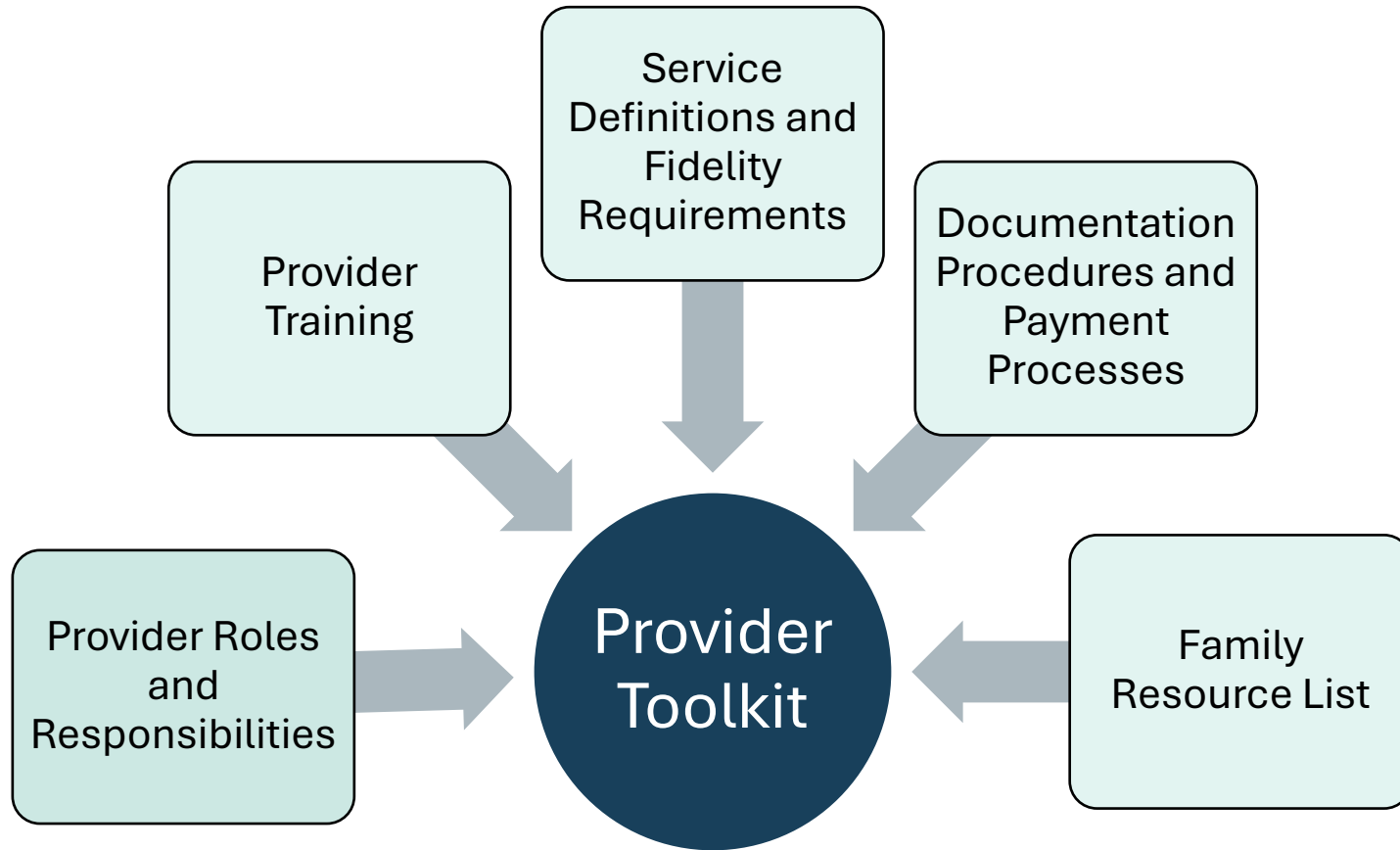
2027: REACH services will be implemented among early adopter providers.



2028 and Beyond: REACH services will be implemented statewide by July 1, 2028.



Preparing Providers for Launch



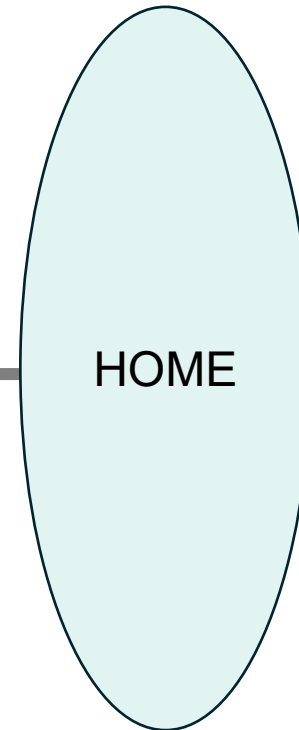
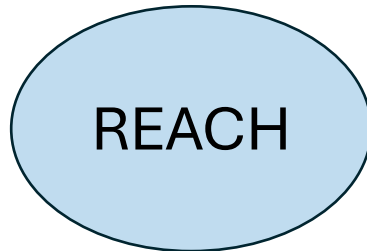
REACH and HOME Program Alignment

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.

Intention of HOME and REACH

Behavioral Health Needs

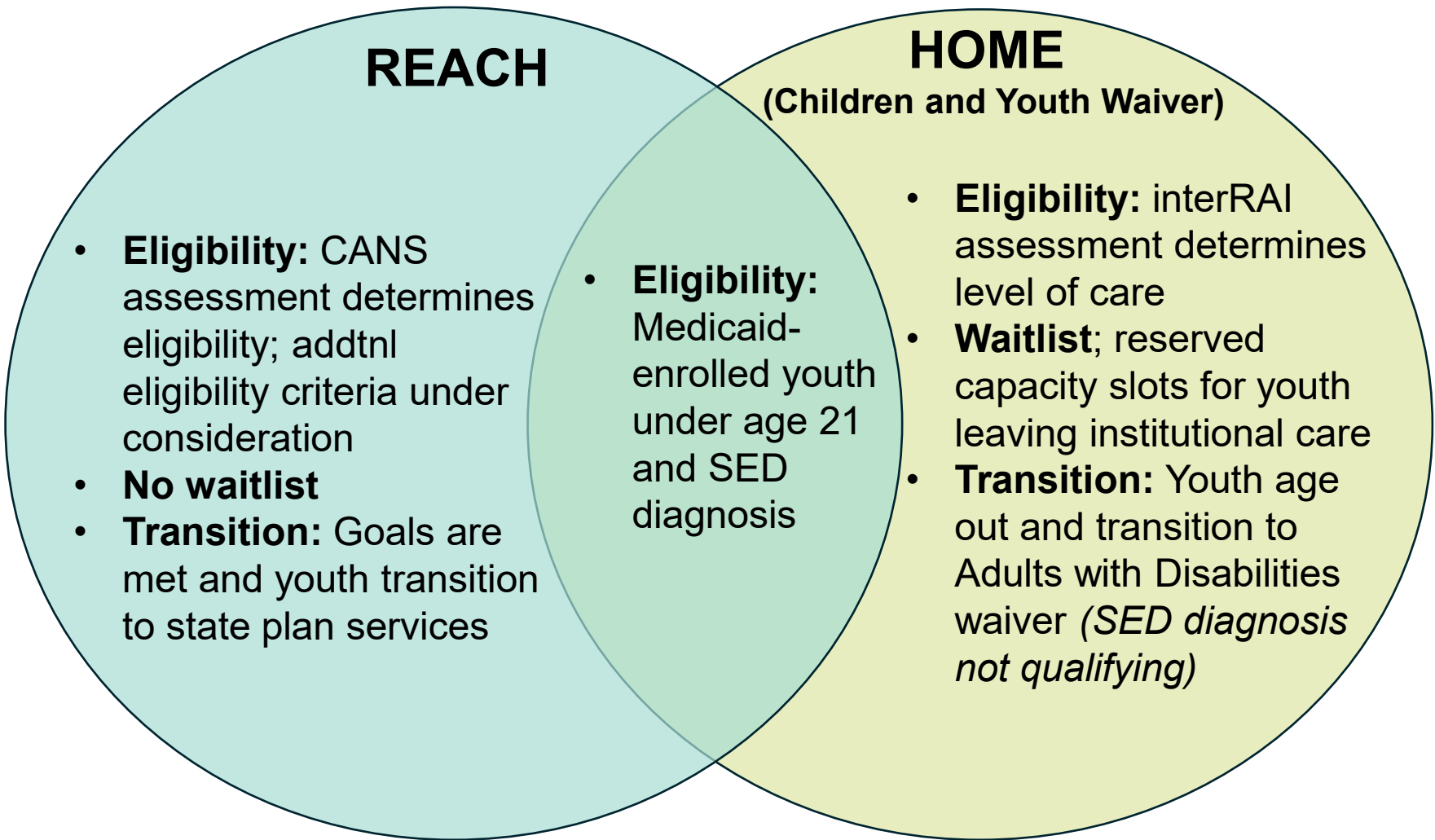


Short-term,
intensive

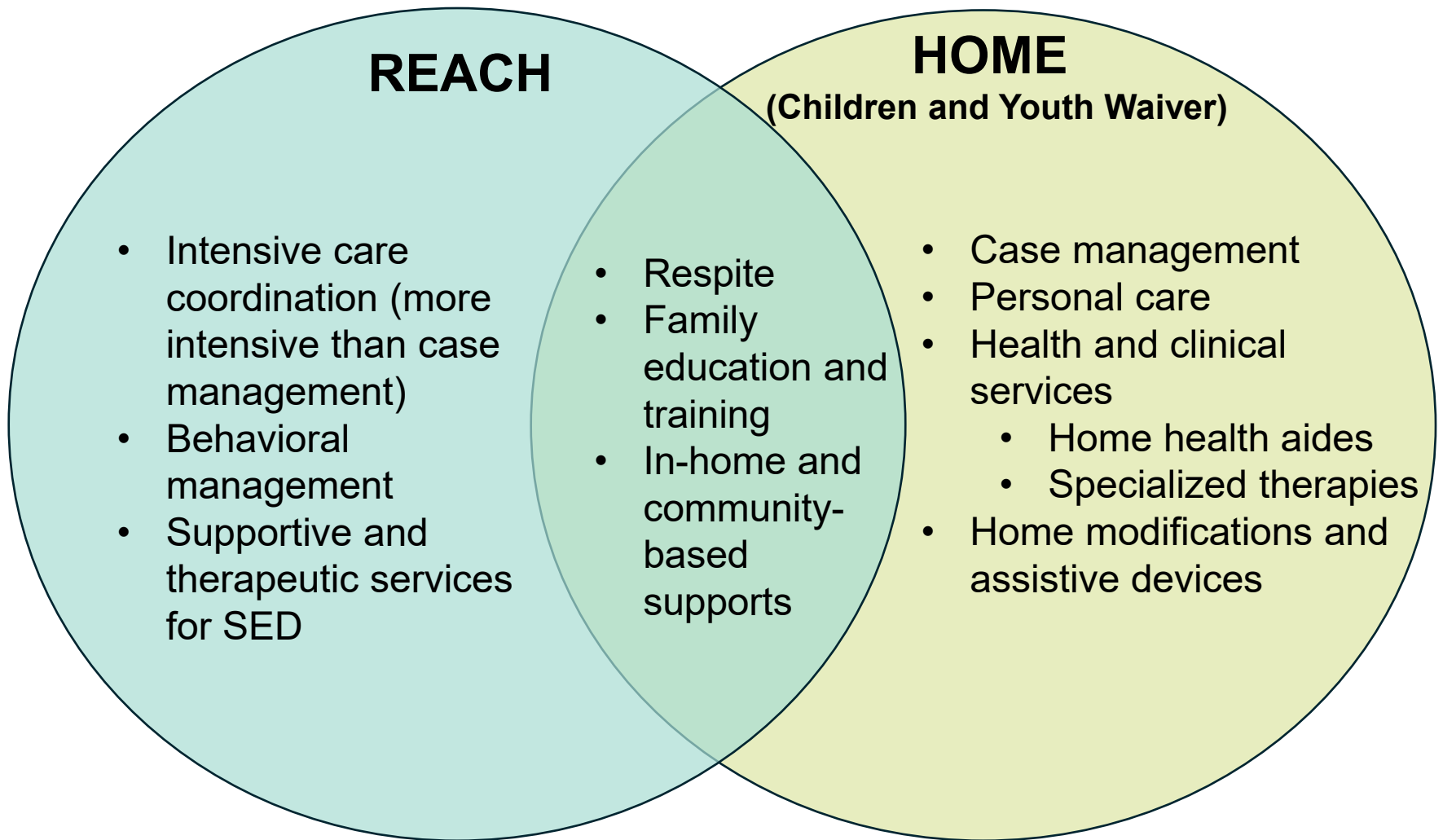
Long-term,
maintenance

Other Health Needs

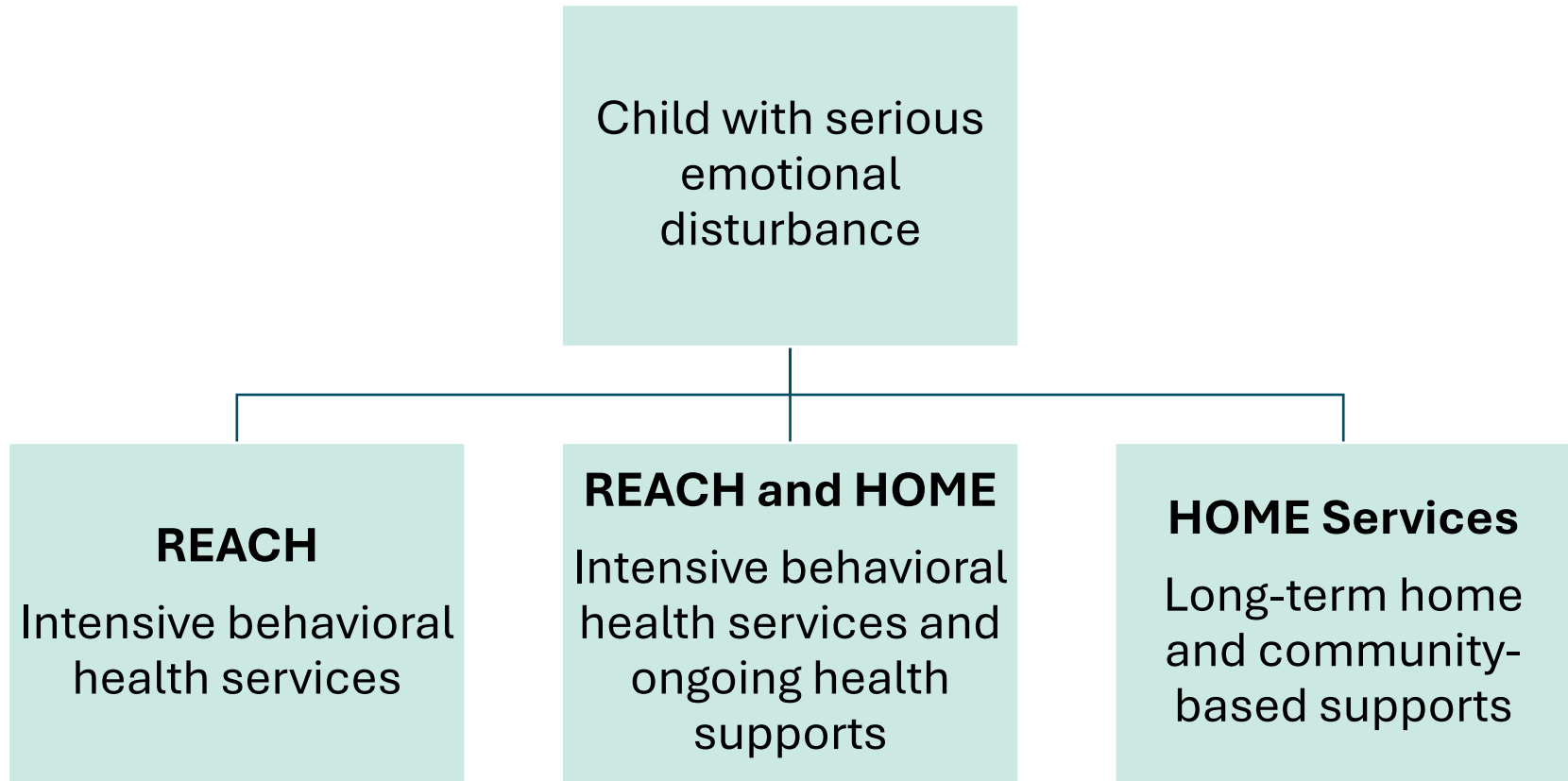
Program Comparison: Entry and Transition



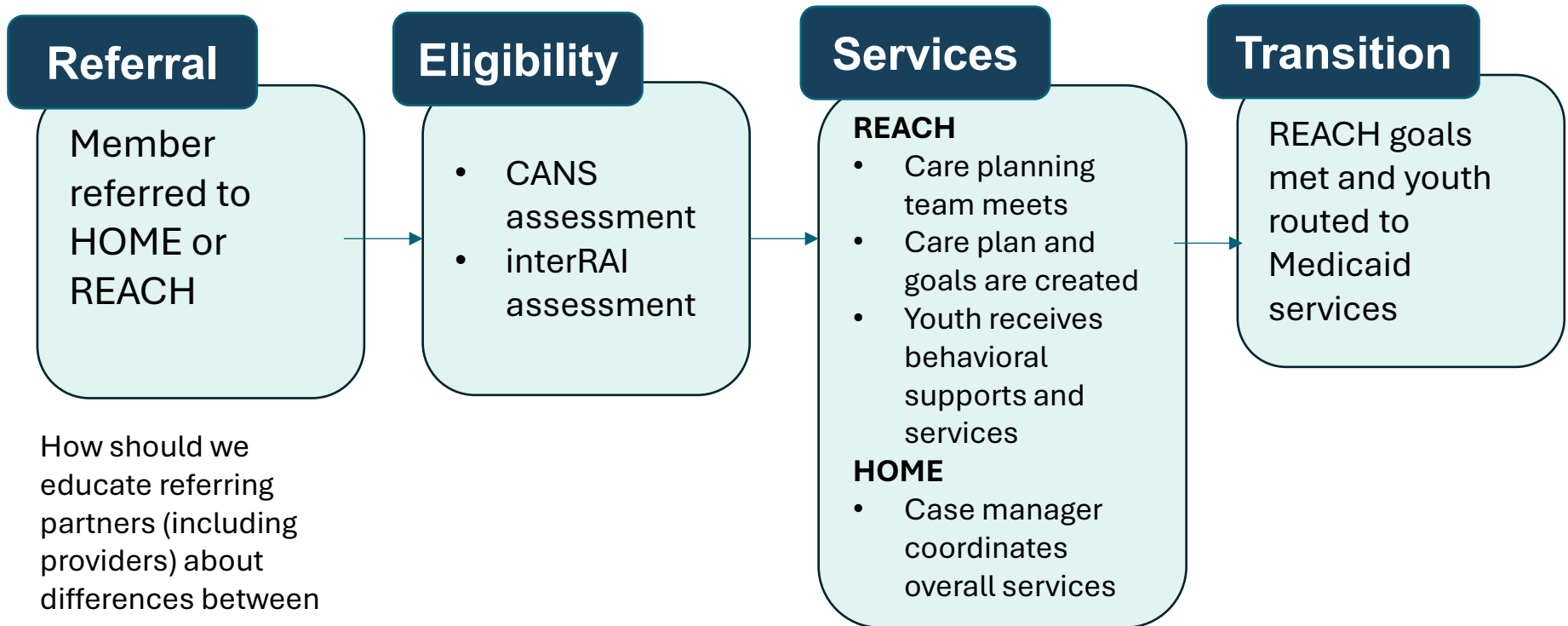
Program Comparison: Services



Members Enroll in One or Both Programs



Care Pathway for Members Considering Both Programs



How should we educate referring partners (including providers) about differences between HOME and REACH?

How can we ensure clarity in provider and case management roles?

Discussion

- ▶ For youth who are concurrently enrolled in REACH and HOME, what would help providers from both programs coordinate effectively? Should there be defined roles or assigned leads for
 - Crisis care scenarios
 - Care coordination of non-behavioral health services
 - Care planning with the family
 - Other situations?

- ▶ Imagine a family has a REACH care coordinator, a HOME case manager, and other providers involved. What would help that family clearly understand who to call, who makes decisions, and who is responsible for what?

Discussion (cont.)

- ▶ What responsibilities or activities are at most risk of duplication when a youth is enrolled in multiple programs?
 - Care planning
 - Team meetings
 - Referrals
 - Other activities?

- ▶ What other challenges might providers and care coordinators face when caring for youth enrolled in multiple programs?

Public Comment