NOTICE OF PROPOSED CLASS ACTION SETTLEMENT

This Notice is about a proposed settlement of the class action lawsuit *C.A. v. Garcia*
This Notice may affect you. Please read it carefully.
The federal court in Iowa has approved this Notice.

PURPOSE OF THIS NOTICE

This notice informs you about the proposed settlement of claims in a class action lawsuit against Kelly Garcia in her capacity as the Director of the Iowa Department of Health and Human Services ("Iowa HHS"). Iowa HHS administers the state Medicaid program ("Iowa Medicaid"). This notice summarizes the settlement and tells you what you must do if you object to the terms of the settlement. You are receiving this notice because you have been identified either as a possible member of the class or as a person who may be concerned with the interests of class members.

BRIEF DESCRIPTION OF THE LAWSUIT

This class action lawsuit is about Iowa HHS's provision of intensive home and community-based mental health services to Medicaid-eligible children in the State of Iowa under the age of twenty-one who have a serious emotional disturbance. The lawsuit was filed on January 6, 2023 in federal court in Des Moines, Iowa. The lawsuit alleged violations of federal Medicaid laws, Americans with Disabilities Act, and Section 504 of the Rehabilitation Act.

The lawsuit does not seek to recover any monetary damages.

Iowa HHS denied all wrongdoing but entered into an Interim Agreement with Plaintiffs on September 29, 2023, aimed at improving the provision of mental health services to children in Iowa's Medicaid program. Rather than continue the litigation, the parties agreed to settle the case and have therefore entered into this Final Settlement Agreement. The lawsuit also requests that Defendant pay Plaintiffs' counsel reasonable costs, expenses, and attorney's fees for their legal work on this case. This Settlement Agreement does not include those fees and costs and they will be negotiated separately from the agreement.

DESCRIPTION OF THE CLASS

This case has been certified as a class action against Iowa HHS on behalf of a class of children and young adults in Iowa who:

(a) Are under the age of twenty-one, and Medicaid-eligible;
(b) Have been determined by a licensed practitioner of the healing arts to have a serious emotional disturbance not attributable to an intellectual or developmental disability;
(c) Have had an assessment that intensive home and community-based services are needed to correct or ameliorate their condition.

SUMMARY OF THE TERMS OF THE SETTLEMENT

The main objective of the Settlement Agreement is to ensure Iowa HHS develops and delivers a set of intensive home and community-based mental health services (the "Relevant Services") to children and youth in the Class.

The Relevant Services include: (1) Intensive Care Coordination; (2) Mobile Crisis Services; (3) Intensive In-Home and Community Therapeutic Services; and (4) Medicaid Waiver Services such as respite and other supports. These services are defined in more detail in the attached "Appendix A." Under the Settlement Agreement, Iowa HHS has agreed to make sure that these services are sufficiently available throughout the state of Iowa.

As part of the Settlement Agreement, Iowa HHS has also agreed to make additional reforms to their mental and behavioral health system, including:

- Use standardized screening and assessment tools to evaluate the needs of children;
- Improve provider capacity to deliver the Relevant Services required in the Settlement Agreement;
- Develop a public data dashboard to regularly track key requirements relevant to Settlement Agreement, including data on the provision of the Relevant Services, the timeliness of such services, and the outcomes for children and families;
- Develop quality improvement processes to make sure that the children and youth who are entitled to these services receive them; and
- Appoint an Independent Monitor to track Defendant's progress in meeting the Settlement Agreement requirements and report to the Court.

The lawsuit did not seek money damages for the Class, so the Settlement Agreement does not include any payment of money to Class Members.

PROCEDURES FOR OBJECTING TO THE SETTLEMENT

IF YOU AGREE WITH THE PROPOSED SETTLEMENT AGREEMENT WITH IOWA HHS, YOU DO NOT NEED TO TAKE ANY ACTION. You may be present at the public hearing on the proposed settlement (the "Fairness Hearing") where the Judge will determine whether the Settlement Agreement is fair, reasonable, and adequate as to members of the class.

IF YOU HAVE OBJECTIONS TO THE PROPOSED SETTLEMENT AGREEMENT, THEN PLEASE MAIL THESE OBJECTIONS NO LATER THAN THE DEADLINE OF March 31, 2025 to Plaintiffs' counsel at the following mailing address:

Disability Rights Iowa
Attn: Cynthia Miller
666 Walnut Street, Suite 1440
Des Moines, IA 50309

medicaidsettlement@driowa.org

Your objection should include your name and address. If you have retained a lawyer to help you make an objection, you should include the name, address and telephone number of your attorney. Your objection may be accompanied by supporting papers or a brief. Please be specific about the grounds for the objection. If you do not mail your objection by the deadline of March 31, 2025, the Court is not required to consider your objection and can bar you from appearing at the Fairness Hearing.

HEARING ON THE FAIRNESS OF THE SETTLEMENT

The Court will hold the Fairness Hearing to review the proposed Settlement Agreement and to decide whether the agreement is fair, reasonable and adequate as to members of the class and should be finally approved. The Fairness Hearing will be held on May 7, 2025 at 10 a.m. in Courtroom 265 of the U.S. District Court for the Southern District of Iowa, before the Honorable Stephen Locher. The Courtroom address is:

123 EAST WALNUT STREET, DES MOINES, IA 50309.

You may attend this hearing in-person. If you wish to speak at the hearing to support or oppose the proposed Settlement Agreement, you should send a letter stating your name, mailing address and desire to speak at the hearing. You should send this letter no later than of March 31, 2025 to Plaintiff's counsel Disability Rights Iowa at the mailing address provided above. The

Plaintiffs will send your request to the Court, the Court will either grant or deny your request, and you will then receive notice of the Court's decision before the Fairness Hearing. If the Court approves the Settlement Agreement after the Fairness Hearing, it will be binding upon all members of the class.

OBTAINING ADDITIONAL INFORMATION

A copy of the Settlement Agreement can be found at the following websites: https://hhs.iowa.gov/initiatives#children-mental-health-lawsuit or https://driowa.org/Medicaid-settlement . If you would like to receive a printed copy of these documents in the mail, please call 1- 800-779-2502. If you have questions about this notice or the settlement, you may also contact the lawyers for the Plaintiffs by: (1) sending a letter addressed to Plaintiffs' counsel, Attn: Cynthia Miller, 666 Walnut Street, Suite 1440, Des Moines, IA 50309 or (2) sending an email to: medicaidsettlement@driowa.org.

PLEASE DO NOT CALL JUDGE LOCHER OR THE CLERK OF THE COURT. They will NOT be able to answer your questions about the class action lawsuit or the Settlement Agreement. You may, however, review any public materials that have been filed with the Court in this case by accessing the Court docket in this case, for a fee, through the Court's Public Access to Court Electronic Records (PACER) system at https://pacer.uscourts.gov/. To review materials in the public record in this case, refer to Case No. 4:23-cv-00009-SHL-HCA.

APPENDIX A

Intensive Child and Adolescent Services, the "Relevant Services" for the Defined Class:

A. Intensive Home and Community-Based Services

1. Intensive Care Coordination

Intensive Care Coordination (ICC) includes facilitating assessment, care planning, coordination of services, authorization of services, and monitoring of services and supports to address children's health conditions by a single, consistent care coordinator.

Intensive Care Coordination provides:

- A single point of accountability for ensuring that medically necessary Medicaid services are accessed, coordinated, and delivered in a strength-based, individualized, family-driven, child-guided culturally and linguistically relevant manner;
- Services and supports that are guided by the needs of the child;
- Facilitation of a collaborative relationship among a child, the family, and child-serving systems;
- Support for the parent/caregiver in meeting the child's needs;
- A care planning process that ensures that a care coordinator organizes and matches care across providers and child-serving systems to allow the child to be served in the home and community; and
- Facilitated development of an individual's care planning team (CPT). Teaming is a process that brings together individuals selected by the child and family who are committed to them through informal, formal, and community support and service relationships. ICC will facilitate cross-system involvement and a formal child and family team.

ICC service components consist of:

Assessment: Iowa HHS will implement its care planning team process, which includes:

- completing a strengths-based, needs driven, comprehensive assessment to organize and guide the development of a Care Plan and a risk management/safety plan;
- an assessment process that determines the needs of the child for medical, educational, social, behavioral health, or other services;
- an ICC that may also include the planning and coordination of urgent needs before the comprehensive assessment is completed; and

- further assessments that are provided as medically necessary and in accordance with best practice protocols.

Planning and Development of a Family-Driven, Child-Guided, Person-Centered Plan (PCP): Iowa HHS will maintain a family-driven, child-guided, person-centered planning process, which includes:

- having the care coordinator use the information collected through an assessment, to convene and facilitate the CPT meetings;
- having the CPT develop a child-guided and family-driven PCP that specifies the goals and actions to address the medical, educational, social, mental health, and other services needed by the child and family; and
- ensuring that the care coordinator works directly with the child, the family, and others significant to the child to identify strengths and needs of the child and family, and to develop a plan for meeting those needs and goals.

Crisis Planning. The Care Coordinator will provide crisis planning that, based on the child's history and needs, (a) anticipates the types of crises that may occur, (b) identifies potential precipitants and creates a crisis plan to reduce or eliminate them, and (c) establishes responsive strategies by caregivers and members of the child's team to minimize crises and ensure safety.

Referral, monitoring, and related activities: Iowa HHS will require that the care coordinator:

- works directly with the child and family to implement elements of the PCP;
- prepares, monitors, and modifies the PCP in concert with the CPT and determines whether services are being provided in accordance with the PCP; whether services in the PCP are adequate; and whether there are changes in the needs or status of the child and, if so, adjusts the PCP as necessary, in concert with the CPT; and
- actively assists the child and family to obtain and monitor the delivery of available services, including medical, behavioral health, social, therapeutic, and other services.

Transition: Iowa HHS will require the care coordinator to:

- develop a transition plan with the CPT, and implement such plan when the child has achieved the goals of the PCP; and
- collaborate with the other service providers and agencies on behalf of the child and family.

Settings: ICC may be provided to children living and receiving services at home and in the community, including foster care placements, as well as to children who are currently in a hospital, group home, or other congregate or institutional placement as part of discharge or transition planning. Notwithstanding the foregoing, ICC will not be

provided to children in juvenile detention centers.

2. Intensive In-Home and Community Therapeutic Services (IHCTS)

Intensive In-Home and Community Therapeutic Services (IHCTS) are individualized, strength-based interventions to correct or ameliorate behavioral health conditions that interfere with a child's functioning. Interventions help the child to build skills necessary for successful functioning in the home and community and improve the family's or caregiver's ability to help the child successfully function in the home and community.

IHCTS are delivered according to a care plan developed by the CPT. The CPT develops goals and objectives for all life domains in which the child's behavioral health condition causes impaired functioning, including family life, community life, education, vocation, and independent living, and identifies the specific interventions that will be implemented to meet those goals and objectives.

The goals and objectives seek to maximize the child's ability to live and participate in the community and to function independently, including through building social, communication, behavioral, and basic living skills. Providers of IHCTS should engage the child and other family members or caregivers in home and community activities where the child has an opportunity to work towards identified goals and objectives in a natural setting. The provision of IHCTS does not include the prescription of medications, including psychotropic medications or hormone-based therapies.

Phone contact and consultation may be provided as part of the service.

IHCTS include, but are not limited to:

- Educating the child's family about, and training the family in managing, the child's needs;

- In-home functional behavioral assessments, as needed;

- Behavior management, including developing and implementing a behavioral plan with positive behavioral interventions and supports, modeling for the child's family and others how to implement behavioral strategies, and in-home behavioral aides who assist in implementing the behavior plan, monitoring its effectiveness, and reporting on the plan's effectiveness to clinical professionals; and

- Therapeutic services delivered in the child's home and community, including but not limited to therapeutic interventions such as (a) individual and/or family therapy, and (b) evidence-based practices (*e.g.*, Family Functional Therapy, Multisystemic Therapy, Trauma-Focused Cognitive Behavioral Therapy, etc.). These services:

    - Improve self-care, including addressing behaviors and social skills deficits that interfere with daily living tasks and avoiding exploitation by others;

- Improve self-management of symptoms, including assisting with self-administration of medications;

- Improve social functioning, including addressing social skills deficits and anger management;

- Support the development and maintenance of social support networks and the use of community resources;

- Support employment objectives by identifying and addressing behaviors that interfere with seeking and maintaining a job;

- Support educational objectives, including identifying and addressing behaviors that interfere with succeeding in an academic program in the community; and

- Support independent living objectives by identifying and addressing behaviors that interfere with seeking and maintaining housing and living independently.

Settings: IHCTS may be provided to children living and receiving services at home and in the community, including foster care placements, as well as to children who are currently in a hospital, group home, or other congregate or institutional placement as part of discharge or transition planning. Notwithstanding the foregoing, IHCTS will not be provided to children in juvenile detention centers.

Providers: IHCTS are provided by a qualified provider.

3. Mobile Crisis Intervention and Stabilization Services (MCIS)

Mobile crisis services (MCIS) include crisis planning and prevention services, as well as face-to-face interventions that support the child in the home and community.

Services include, but are not limited to:

- Responding to the immediate crisis and assessing child and family safety, and what kinds of resources are available to address immediate problems;

- Stabilization of functioning by reducing or eliminating immediate stressors and providing counseling to assist in de-escalating behaviors and interactions;

- Referral and coordination with (a) other services and supports necessary to continue stabilization or prevent future crises from reoccurring, and (b) any current providers and team members, including the care coordinator, therapists, family members, primary care practitioners, and school personnel; and

- Post-crisis follow-up services (stabilization services) in compliance with state regulations and timeframes.

Settings: During a crisis, MCIS should be provided at the location where the crisis is occurring, including the home (biological, foster, relative, or adoptive) or any other setting where the child is naturally located, including schools, recreational settings, child care centers, and other community settings.

Availability: MCIS are available 24 hours a day, seven days a week, 365 days a year.

Providers: Pre-crisis planning and post-crisis services are typically provided by qualified providers drawn from members of the CPT as part of the provision of ICC and IHTS. During the crisis, MCIS are provided by a trained and experienced mobile crisis professional or team. Sufficient MCIS providers to meet the expected needs of members of the Defined Class should be available. MCIS providers may include paraprofessionals.

B. Waiver Services to Ensure Placement in Least Restrictive Setting

Additional Medicaid waiver services are used in conjunction with covered EPSDT services to support children with serious emotional disturbances and to help maintain them in their homes and communities and avoid higher levels of care and out-of-home placements. These services are currently authorized through a waiver under Section 1915(c) of the Social Security Act, allowing Iowa to spend federal Medicaid dollars on these services. Like IHCBS, these services improve the family's or caregiver's ability to help the child successfully function in the home and community, and help the child to build skills necessary for successful functioning in the home and community. Such services could include, but are not limited to, respite care and other services or supports not required to be covered under Medicaid EPSDT provisions.

Children receiving such services must have an individualized service plan (ISP) developed collaboratively with an interdisciplinary team (IDT). This plan documents the agreed upon goals, objectives, and service activities. The ISP must be reviewed and updated annually. The interdisciplinary team (IDT) consists of the child, the child's parents or legal guardians, case manager, mental health professionals, and any other persons that the child and family choose to include. The team meets to plan the supports a child and family need to safely maintain the child in the home.