

From: **Lisa Dicks** ldicks@crossroadscreston.com
Subject: Health and policy committee
Date: December 14, 2017 at 11:42 AM
To: Liz Mathis Liz.Mathis@legis.iowa.gov

To Iowa Senators on House Policy Oversight Committee:

I am the registered nurse of the IHH team in rural Iowa, serving Adams, Adair, Clarke, Madison, Taylor and Union counties. I am very concerned about the recent changes imposed by United with the transition of members from AmeriHealth Caritas to United as of December 1, 2017. It was my understanding that they had agreed upon continuing all services that were actively in place at the time of transfer. On December 7th we were informed that the low intensity members of IHH would no longer be allowed to receive this service. They report that it is a duplication of service and that the responsibility of their care will be transferred to the PCP/ACO. We have been informed by primary care providers that they have had no notification of this change of responsibility.

It has been the idea of IHH to play a role in decreasing the need/cost of services and it has been working. To qualify for IHH these low intensity members have been diagnosed with chronic mental illness and are receiving on-going mental health treatment. Our intentions have been set to assist these people with gaining independence, building their natural supports, assisting them with learning to access the services available in their communities without the need of habilitation support staff and to remain hospital free.

We have a team approach that includes social workers, registered nurses and peer supports. We provide groups promoting health (which also helps them build their natural supports) we have peer support people that are available to talk with them and make referrals to meet their needs. We are located in a community mental health center which makes us easily accessible for people. Many of the people that were no longer allowed to continue to receive IHH services had in fact received habilitation services (which cost much more than IHH) in the past and with IHH services and supports in place they have been able to successfully function more independently at a lower cost to the state.

Taking these services away I believe in the long run will end up costing more than what an IHH agency is receiving now. The IHH staff, though building relationships with our members, with health education and encouragement we help them to address their health needs prior to crisis, therefore keeping cost down.

Thank you for your service to our state! And thank you for taking the time to read my

concerns!

Lisa Dicks, RN

Crossroads IHH

1003 Cottonwood

Creston Iowa 50801

641 278-1193

ldicks@crossroadscreston.com