UnityPoint Health

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July 29, 2025

Quality/Innovation and Medical Policy Bureau
Department of Health and Human Services
Iowa Medicaid
321 East 12th Street
Des Moines, IA 50319-0114

RE: SPA IA-25-0030 - proposed action to sunset the Integrated Health Home (IHH) Program; public notice posted on June 30, 2025, pursuant to the requirements outlined in 42 C.F.R. §447.205 and §1902(a)(13)(A) of the Social Security Act.

Submitted electronically via QIMP_Public_Comments@hhs.iowa.gov

Dear Interim Medicaid Director Curtiss,

UnityPoint Health appreciates this opportunity to provide comments on this proposed termination of the IHH Program. As of June 2025, IHH providers served 98 Iowa counties.[1] As the largest provider of behavioral health services in Iowa, UnityPoint Health provides IHH services to approximately 4,000 individuals monthly through five regional contracts[2] and 122 team members. UnityPoint Health also has four Certified Community Behavioral Health Clinics (CCBHCs)[3]. Overall, there are 10 state-certified CCBHCs, which serve a total of 71 counties on July 1, 2025.[4]

In the June 30 public notice, the Iowa Department of Health and Human Services announced "Starting July 1, 2025, Iowa HHS will start the transition to the new Certified Community Behavioral Health Clinic (CCBHC) Model. Iowa HHS will sunset the current Integrated Health Home (IHH) program by December 31, 2025."[5] UnityPoint Health respectfully disagrees with the termination of the IHH Program and offers the following input on specific areas outlined below.

[1] https://hhs.iowa.gov/media/16138/download?inline. The only county without IHH provider coverage is Appanoose County.
[2] UnityPoint Health IHH programs are administered by: Abbe Center (Cedar Rapids); Berryhill Center (Fort Dodge); Black Hawk Grundy Mental Health Center (Waterloo); Eyerly Ball (Des Moines); and Robert Young Center (Quad Cities).
[3] UnityPoint Health state-certified CCBHCs are administered by: Abbe Center (Cedar Rapids); Berryhill Center (Fort Dodge); Eyerly Ball (Des Moines); and Robert Young Center (Quad Cities).
[4] https://publications.iowa.gov/53604/1/0HHS%20BH%20State%20Plan%202025%20v8.pdf.
[5] https://hhs.iowa.gov/public-notice/2025-06-30/public-notice-state-plan-amendment-spa-ia-25-0030-public-comment-period-sunsetting-integrated-health.

Rationale for Termination – Challenges and Reasons for Sunset

"Despite its strong foundation, the IHH program has faced persistent challenges in key areas:

- *Meeting timely assessment and service planning requirements.*
- *Maintaining adequate staffing and retaining trained personnel.*
- *Consistently meeting quality standards, as outlined in a recent review by the Centers for Medicare & Medicaid Services (CMS)."*

Comment: As a large IHH provider, UnityPoint Health questions Iowa HHS' underlying assertions rationalizing the IHH sunset. UnityPoint Health's experience is that the Iowa IHH program has been providing invaluable services to adults with "serious mental illness" and children with "severe emotional disturbances" for over a decade. People with serious mental illness often have a reduced life expectancy of 10-20 years, primarily due to higher rates of co-morbid physical health issues and social determinants of health. This population has one or more functional impairments that are episodic, recurrent, or continuous resulting in substantial impairment. The IHH program is a high-touch program for a high-needs population that emphasizes the integration of medical, social, and behavioral health to help individuals lead long and fulfilling lives. This high-needs population is a subset of individuals that could be served by CCHBCs.

In terms of listed challenges, these do not comport with UnityPoint Health IHH experiences. With ubiquitous health care workforce shortages in Iowa, UnityPoint Health IHHs have not had unusual staffing shortages in comparison with other health care services. On the contrary, the holistic team-based care model embedded in the IHH program correlates with team member satisfaction and retention. Additionally, UnityPoint Health IHHs have consistently earned quality incentive bonuses from Medicaid MCOs. As a result of IHH programming, UnityPoint Health has observed a decrease in preventable emergency department visits and avoidable hospital admissions among this population. In our view, the IHH Program is a targeted program that succeeds in helping Iowans to access the resources they need to live, work, and fully participate in their communities.

Approach – Transition Strategy

The IHH sunset aligns with Iowa's new behavioral health system launch, including Certified Community Behavioral Health Clinics (CCBHCs) and enhanced Targeted Case Management (TCM) options. A structured transition plan is in place to minimize disruption for members, providers, and Managed Care Organizations (MCOs). Iowa HHS will provide ongoing updates and support to all stakeholders during the transition.

Comment: On May 15, 2024, a new law redesigning Iowa's behavioral health service system to combine mental health and substance use services into one system was signed. When describing this initiative, the HHS webpage indicates that on July 1, 2025, "nothing will change for Iowans who have Medicaid or private insurance, services and providers will stay the same."[6] In the finalized Behavioral Health Service System Statewide Plan (2025-2027), CCBHCs are referenced as a means to "adopt and expand access to high-quality, integrated outpatient behavioral health services," but the plan does not reference the IHH sunset or the TCM enhancement.[7] This lack of detail fails to recognize the continuum of individuals with

[6] https://hhs.iowa.gov/initiatives/system-alignment/behavioral-health-service-system
[7] https://publications.iowa.gov/52481/1/HHS%20BH%20State%20Plan%202025%20APPROVED.pdf

varying behavioral health diagnoses, particularly populations which require more intense and long-term interventions.

We have significant concerns about Iowa HHS and SPA IA-25-0030 messaging concerning the IHH sunset and the suggestion that IHH members can be absorbed within CCBHC and TCM options with minimal service disruption to members and providers. Foremost, this sunset represents a substantive change in service delivery for a high-needs population who demand structure and consistency, and neither CCBHCs nor TCM service options are an equivalent. Fundamental differences between IHHs and CCBHCs include:

- Member characteristics: IHH members have long-term acute needs, greater functional impairment, and a tendency to exhibit multiple co-morbidities. Because of their underlying diagnosis and the fact that many IHH members have been served by an IHH team for years, a transition to a new team with different model parameters may be particularly disruptive and detrimental to their care plan and well-being.
- Team composition: Aside from care coordination, IHH teams include traditional healthcare roles, such as nurses and care coordinators, alongside Certified Peer Support Specialists. These specialists are often the "secret sauce" possessing personal experience with behavioral health conditions and living in recovery, while offering mentorship and inspiration.
- Outreach: IHH services have specified requirements for encounters, including face-to-face and phone and other non-face-to-face contact requirements. This contact is enabled by a per-member-per-month payment mechanism. Iowa's CCBHCs do not include a payment mechanism to support this level of encounters, which will likely lead to fewer care coordination encounters than patients currently receive in the IHH program.
- Service duration: IHH services demand a long-term service relationship, while CCBHC care coordination is intended as short-term transitional support for those needing help navigating the behavioral health system.
- Caseloads: IHH teams have smaller caseloads with more encounters and less panel turnover than CCHBC caseloads.
- Population health metrics: IHH uses eight metrics to provide bonuses to IHHs to improve the health of IHH membership. These include metrics designed to improve healthcare for individuals with diabetes, depression, psychosis, schizophrenia, and patients needing assistance during a care transition, such as following up after an emergency department visit or hospital discharge. Iowa CCBHC does not presently have a quality bonus system in place. They intend to in the future, but these systems primarily look at the clinic's performance (e.g., how quickly a new patient can be seen; as opposed to a specific population of patients with comorbidities). While both are necessary, it should be noted that the above statement "services will stay the same" is not accurate – patients will encounter a transition in the care that they receive as there is no incentive program to improve patient health in the current model and future CCBHC incentives that are scheduled to go into effect over the next couple of years do not relate to the same chronic health conditions.

UnityPoint Health would like to include the following patient stories as examples of how IHH programming improved the lives of Iowans enrolled in the program. These examples represent a fraction of the real-life outcomes facilitated through IHH services.

IHH Member Successes – service and support intensity

Member A was connected with our IHH Program while in residential SUD treatment. The IHH team supported her physical and behavioral well-being by coordinating her primary care, psychiatric care, and SUD treatment. But it was the assistance of the IHH Certified Peer Support Specialist that enabled Member A to find employment for the first time. The Certified Peer Support Specialist helped her to finalize a divorce decree to access benefits, secure community housing after residential treatment, and obtain proof of citizenship documents. She has been living and working in the community for over a year and recently celebrated one year of sobriety. She is concerned about maintaining her independence without IHH assistance.

Member B, who has debilitating agoraphobia, was initially hesitant to have anyone in her home or participate in services. After enrolling in IHH and building trust with her coordinator to understand the benefits of habilitation services, she began leaving her home with staff and even on her own, which she had not done in years. Despite her husband's recent passing, which was a concern for setbacks, she managed to go to the grocery store alone – a significant achievement given her severe agoraphobia. She credits her IHH team for their persistence and support in meeting her needs.

Member C, involved with the court system for years, enrolled in IHH after being discharged from prison. The IHH team provided various services, including habilitation services and primary care. He had not seen a primary care provider in over 5 years, but his team made him comfortable enough to schedule an appointment and attend it with him to ease his concerns. Due to IHH involvement, he discovered he had high blood pressure and heart concerns. Without IHH, his health could have deteriorated. Now, he lives independently and is successful in his community.

Member D enrolled in IHH 11 years ago after moving from out-of-state and living with family. IHH helped her find a psychiatrist and ensured she took her medications regularly. With the IHH coordinator's assistance, she secured a job, moved out of job services, and obtained her own apartment for herself and her child.

As a provider of both IHH and CCBHC services, UnityPoint Health believes that both programs are beneficial to Iowa's delivery system and meet unique population needs. We urge Iowa HHS to reconsider the IHH sunset and retain this high-intensity program alongside CCHBCs. If Iowa HHS intends to tier CCBHC services to recognize high-intensity services for IHH members, we request that Iowa HHS revise the SPA to enable a longer transition period and provide more detail related to additional services and compensation for current IHH members. As currently proposed in the SPA, we anticipate that services for former IHH members will significantly change to the detriment of population health outcomes (i.e., emergency department visits and hospital admissions).

Key Transition Dates

- *July 1, 2025 – Begin transition meetings for adults in the Habilitation and Non-Intensive Case Management (Non-ICM) programs.*
- *August 1, 2025 – Begin transition meetings for children in the Children's Mental Health Waiver and Non-ICM programs.*
  - *IHH will stop enrolling new members after this date.*
- *September 30, 2025 – Complete transition of all eligible adults to:*
  - *Targeted Case Management (TCM)*
  - *MCO Community-Based Case Management (CBCM)*
  - *CCBHCs*
- *December 30, 2025 – Complete transition of all eligible children to the same services.*
- *December 31, 2025 – The IHH program will officially end.*

Comment: UnityPoint Health is concerned with the short timeframe proposed for the IHH transition – 90 days to transition enrollment for adults. Additionally, public notice of the proposed IHH sunset was published 1 day prior to the proposed wind down period. This is simply not sufficient time to transition 4,000 individuals and 122 team members in the midst of the state fiscal year.

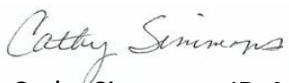
We also seek clarity on the proposed timeline in the public notice, which appears to already be outdated. UnityPoint Health has been informed via emails from Iowa HHS that adults will be eligible for IHH services past September 30, 2025. Uncertainty in implementation milestones causes increased pressure on providers to ensure that IHH members continue to receive needed treatment without being able to implement staffing plans as the dates continue to evolve.

- When does new IHH member enrollment cease for adults and children?
- When do services cease for adults and children?
- Why are there different transition dates for adults and children?
- In a subsequent correspondence with Iowa HHS, the September 30th deadline for the transition of adults was labeled a "target" and not a "deadline." How will Iowa HHS enforce this date?

UnityPoint Health encourages Iowa HHS to reconsider the IHH sunset as part of Iowa's behavioral health services redesign. To discuss our comments or for additional information on any of the addressed topics, please contact Aaron Mchone, Behavioral Health Operations Director, at aaron.mchone@unitypoint.org or 515-574-6035.

Sincerely,

Aaron Mchone, MBA
Behavioral Health Operations Director



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