

JOINT
SENATE HEALTH & WELFARE COMMITTEE
AND
HOUSE HEALTH & WELFARE COMMITTEE
Friday, February 12, 2016

ATTACHMENT 7

02/12/16
Rebecca Perrenoud

Statement Senate Health and Welfare Committee

2-12-16

A warm thank you Mr. Chairman Heider and members of the committee, for your leadership, your dedication to our beautiful state of Idaho, our home land, and holding this hearing. My name is Rebecca Perrenoud; I live in Blackfoot, Idaho and am the CEO of A to Z Family Services, Inc. I recognize the privilege speaking in this forum where in other nations may be punished. I wish to represent the Little, the Lost, and the Lonely. I was asked by someone of influence, "What do you think the problem is; what is the struggle." I replied, "There is nowhere to go. Churches used to be unlocked for us to enter and seek solace, now our churches are locked. There are few safe places of refuge; this along with the belief that no one understands, no one cares, and it won't get better, is creating a sense of hopelessness and desperation that often present as illness." I have been taught by my parents not to complain, therefore, I bring 3 solutions for consideration. I do not have all of the remedies, but together we do.

1. Let's consider a simple behavioral health package of services consisting of Clinical Therapy, Peer Support, Case Management, CBRS or an alternative replacement, funded by a flat rate vs. billable hour rate reimbursement. Let's consider discontinuing the lengthy documentation UM authorization process to acquire CBRS and include it as part of the simple health package. This could potentially reduce our cost for a contracted health care management company to regulate and monitor, saving valued resources for the vulnerable. This may reduce incorrect claims, reduce fraud, reduce our governmental expenditures of health care managing company contracts, reduce governmental tedious audits, and reduce health care providers' administrative load, leading to increased attention to what really matters,people.
2. Let's consider looking to other countries for guidance for our health care delivery. My understanding France and Germany are two of the leaders in health care delivery. We may wish to consider implementing the use of a health information smart card. This card holds all health care data of an individual, the card is brought to the health professional of choice, the health professional is able to see past treatment and medications, then adds to the health care record, the individual takes the card with them. This remedies the need for cumbersome document sharing amongst professionals, protects against confidentiality breach, maintains individuals investment in their own care, reduces possible duplicability, while reducing burden of health care long term storage.
3. Let's consider allowing providers to choose between CARF accreditation or the proposed IDAPA rules for quality of care. Allowing providers' a choice, would allow the goal of high quality services to be met by all sizes and capacities of agencies, while reducing the governmental burden of quality oversight. Simplicity is the ultimate sophistication. *Leonardo daVinci*

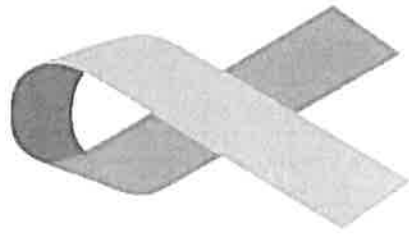
I am honored to be part of the solution of protecting the Little, the Lost, and the Lonely.

I'm Taking A Stand...

Lost

Little

Lonely



**TAKE A
STAND**

AGAINST
DOMESTIC

NCADV VIOLENCE

#tasncadv

#takeastand

#STANDwithNCADV

