



IDAHO

Department of
Health and Welfare

Strategic Plan

SFY 2016 – SFY 2020

*“Promote and Protect the Health
and Safety of Idahoans”*

July 1, 2015

www.healthandwelfare.idaho.gov



IDAHO DEPARTMENT OF
HEALTH & WELFARE



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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July 1, 2015

Dear Citizens,

I am pleased to present the 2016-2020 Strategic Plan for the Idaho Department of Health and Welfare.

Since its establishment, the department has been successful in promoting and protecting the social, economic, mental and physical health and safety of Idahoans. In providing these valued services, DHW continues to be a vital partner to other agencies and communities in our state, both in leadership and supportive roles. We actively engage partners and stakeholders, including Native American tribes, in the development and delivery of services.

As we look to the future, we have a number of important initiatives and opportunities for our state to help strengthen Idaho citizens and families, while improving their health and self-sufficiency. Foremost among these is the extraordinary effort to partner with stakeholders to transform Idaho's healthcare delivery system through the State Healthcare Innovation Plan (SHIP). This four year initiative began in February and will transition primary care centers to patient-centered medical homes, improve care coordination through electronic health records, and reduce healthcare costs by concentrating on coordinated and preventive care for patients.

We also are engaging key community partners to help us find a solution for uninsured, low-income adults who are in an insurance "gap." These adults earn too much to qualify for Medicaid coverage and too little to qualify for a federal tax credit to purchase insurance on their own. There are an estimated 78,000 Idaho adults, most of whom are employed and many who are veterans, who have no insurance coverage options. They are either going without care or relying on some form of charity care to get by. In Idaho, we know we can do better.

Other strategic initiatives we are focused on include:

- Develop a plan for long-term care of citizens who have chronic mental illness and are too often living in the shadows of society. We are developing a best practice

model to provide the level of support necessary to improve the quality of life for people who cannot live independently, but do not require hospitalization.

- Transform the child welfare system to improve outcomes for children. This includes more in-home services for at-risk families, reducing the time it takes to place a child in a permanent home, and improved coordination with partners, such as law enforcement, school districts, and the courts.
- Develop a statewide Time Sensitive Emergency system of care with Idaho partners to provide and coordinate care between all the stakeholders to improve outcomes for three of the five top causes of death -- trauma, stroke and heart attack. This initiative will coordinate all care provided from the moment a health emergency occurs until the patient has recovered. It will include rural and urban hospitals, EMS and rural volunteer agencies, and all care givers providing treatment to patients.
- Develop a coordinated system to oversee services provided to people with developmental disabilities so they receive the most effective, comprehensive and appropriate services from birth throughout life.

All of these initiatives will help Idaho citizens and families meet the challenges they face.

As we move forward, we continue to focus on the goals and objectives outlined in this plan and work toward them. This plan is outcome driven and we will use it to:

- Enhance our accountability to Idaho citizens and lawmakers;
- Improve our administration and delivery of services; and
- Assess program effectiveness to help us plan for the future.

Our strategic plan lays the foundation for us to address state and community issues with a vision that is coordinated with our partners. The plan sets a prioritized timeline for meeting measurable objectives to attain goals that better serve the people of our state. The department is committed to deliver services that provide for the safety and well-being of Idaho's children and families. This strategic plan continues to be the road map for our journey.

Sincerely,



Richard M. Armstrong
Director

Strategic Plan Overview 2016 – 2020



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Governor's Priorities

Enhancing Economic Opportunity
Empowering Idahoans
Promoting Responsible Government

DHW Vision:

Provide leadership for development and implementation of a sustainable, integrated health and human services system.

DHW Mission:

Promote and protect the health and safety of Idahoans.

DHW Values:

Integrity, high quality customer service, and compassion are the foundation for all Department activities. A focus on these values will lead to success.

DHW Strategic Goals:

- Goal #1: *Improve the health status of Idahoans.*
- Goal #2: *Increase the safety and self-sufficiency of individuals and families*
- Goal #3: *Enhance the delivery of health and human services.*

Strategic Objectives

	Objective #1	Objective #2	Objective #3
	<i>Transform Idaho's health care delivery system to improve Idaho's health and increase value.</i>	<i>Protect children and vulnerable adults</i>	<i>Promote stable and healthy individuals, families and populations through medical coverage, program access, support services and policy.</i>
DELIVERY SYSTEM STRATEGIC INITIATIVES	<i>Analytics Tool for Provider Networks</i>	<i>Develop a Therapeutic Stabilization and Transition Center for Clients with Developmental Disabilities</i>	<i>Full Integration of Medicaid Eligibility with State Insurance Marketplace</i>
	<i>Gap Population Health Care and Access Needs</i>	<i>Long-term Care for Individuals with Chronic Mental Illness</i>	
	<i>Transform Idaho's Healthcare Delivery System (SHIP)</i>	<i>Transform Child Welfare Systems to Improve Outcomes for Children</i>	
	<i>Time-Sensitive Emergency System of Care</i>	<i>Develop system for Comprehensive Oversight of Delivery of Services to Individuals with Developmental Disabilities</i>	
SUPPORT SYSTEM STRATEGIC INITIATIVES	<i>Integration of Information Systems</i>		
	<i>Improve Timeliness While Maintaining Accuracy of Financial Reporting</i>		
	<i>Succession Readiness</i>		
	<i>Expand DHW Identity to Remove Stigma</i>		

DHW Strategic Goals:

Goal #1: *Improve the health status of Idahoans.*

Goal #2: *Increase the safety and self-sufficiency of individuals and families*

Goal #3: *Enhance the delivery of health and human services.*

OBJECTIVE #1

Transform Idaho's health care delivery system to improve Idaho's health and increase value

How We Will Achieve the Objective

In order to accomplish this objective, the Department has launched the following initiatives:

Analytics Tool for Provider Networks

A state-wide data analytics system will track, analyze and report claims and clinical patient feedback to providers and regional collaboratives as part of the State Healthcare Innovation Plan. This analysis will inform policy development and program monitoring for the entire healthcare system transformation at the state level. A four-year grant from Centers for Medicare and Medicaid Innovation that was awarded in December 2014 for the SHIP will pay for the development of the data analytics system. System sustainability eventually will be covered by the payers.

Deliverable for SFY 2016:

By December 1, 2015 IDHW will have a contract in place with a data analytics vendor to architect and build a statewide health care analytics system to track, analyze and report feedback to individual providers on selected performance and outcome measures.

Gap Population Health Care and Access Needs

With this initiative, the Department seeks solutions for health care coverage for the "gap" population. The Medicaid Redesign Workgroup established by Gov. Otter recommended the state change Medicaid eligibility requirements for the 78,000 Idahoans who make less than 100 percent of the federal poverty level because they don't make enough to earn a tax credit to help pay for insurance on the state-based exchange, and they don't earn enough to pay for health insurance outright. There is not consensus among policy makers in the state that expanding Medicaid is the best solution. The Department remains poised to work with policy makers to explore options and develop solutions for health care coverage for this population.

Deliverable for SFY 2016:

Work with interested legislators to draft proposed legislation for the 2016 Legislative Session.

Transform Idaho's Health Care Delivery System

The Idaho State Healthcare Innovation Plan (SHIP) is a plan to improve access to care for all Idahoans, make them healthier, and lower overall healthcare costs. The six-month planning process to develop the plan involved hundreds of Idahoans from across the state, including private and public payers, legislators, health system leaders, primary care providers, nurses, healthcare associations, tribal health clinics, and community members. SHIP's goal is to transform Idaho's healthcare system from a fee-for-service, volume-based system to a value-based system of care that rewards improved health outcomes.

Deliverable for SFY 2016::

By February 1, 2016, fifty-five primary care practices will begin receiving incentives and technical assistance to implement the Patient Center Medical Home model (PCMH). The PCMHs will integrate into the larger healthcare delivery system by establishing them as the vehicle for delivery of primary care services and improved care coordination to become the foundation of the state's healthcare system transformation.

Time-Sensitive Emergency System of Care

The 2014 Idaho Legislature approved and funded \$225,000/year for two years for a plan to develop a statewide Time Sensitive Emergency system of care that will include three of the top five causes of deaths in Idaho: trauma, stroke and heart attack. The program is expected to be self-sustaining after that because it will be collecting verification/designation fees from participating hospitals. Organized systems of care improve patient outcomes, reduce the frequency of preventable deaths and improve a patient's quality of life. The system-of-care model is an organizational philosophy and framework that involves collaboration with several agencies with the common goal to improve the outcome of TSE patients. The Idaho TSE system-of-care model includes stakeholders all across the state, including large urban hospitals, rural Critical Access hospitals, urban EMS and rural volunteer agencies. This includes all levels of care, both in-hospital and pre-hospital treatment and transportation for patients suffering from trauma, stroke and heart attack.

Deliverable for SFY 2016:

Increase the number of Idaho hospitals participating in Time-Sensitive Emergencies program.

Performance Measures:

- Transform primary care centers and tribal health clinics across the state into patient-centered medical homes (PCMH).
- Improve rural patient access to patient-centered medical homes by developing virtual PCMHs.
- Establish seven regional collaboratives to support the integration of each PCMH with the broader medical/health neighborhood.

- Improve care coordination through the use of electronic health records and health data connections among PCMHs and across the medical neighborhood.
- Build a statewide data analytics system.
- Align payment mechanisms across payers to transform payment methodology from volume to value.
- Reduce health care costs through preventative care now.

Environmental Factors Affecting Achievement of This Objective

Environmental factors beyond the control of the Department that may impact our ability to transform Idaho's health care delivery system include the following:

- Possible resistance from health care providers and payers to move from current fee-for-service model to a value-based model;
- Possible lack of resources in rural areas of Idaho;
- Resistance from patients and their families to more actively participate in their own health care;

DHW Strategic Goals:

Goal #1: *Improve the health status of Idahoans.*

Goal #2: *Increase the safety and self-sufficiency of individuals and families*

Goal #3: *Enhance the delivery of health and human services.*

OBJECTIVE #2

Protect Children and Vulnerable Adults

How We Will Achieve the Objective

In order to accomplish this objective, the Department has launched the following initiatives:

Develop a Therapeutic Stabilization and Transition Center for Clients with Developmental Disabilities

The courts continue to assign DHW with the care of individuals who are severely developmentally disabled and who are a threat to themselves and/or others. The department does not currently have the proper facilities or services to adequately care for or treat this population. As the SWITC property on the outskirts of Nampa begins to be sold and developed, DHW will use funding from the sale to build this facility at an alternative location. This initiative is in the planning phase, and DHW is in the process of developing a blueprint for this facility so a suitable location can be found.

Deliverable for SFY 2016:

A plan for the proposed facility.

Long-term Care for Individuals with Chronic Mental Illness

Idaho struggles to meet the needs of its residents with mental illness who are not severe enough to require hospitalization but who also can't live independently because of their illness. People with mental illness are often housed in assisted living facilities that are not well-equipped to meet their mental health needs. The appropriate model for providing the level of support necessary to safely manage and effectively treat patients with mental illness of a certain severity does not exist in Idaho. This strategic initiative is designed to establish a best practice model to meet the needs of this population. This initiative also advances Objective #3.

Deliverable for SFY 2016:

The Department has partnered with the Idaho Health Care Association to engage researchers from Boise State University to examine issues related to access and adequate care available in residential settings to this population. Results of the study will be available in the fall of 2015.

Transform Child Welfare Systems to Improve Outcomes for Children

The transformation of child welfare systems is an important initiative because it will help create better long-term outcomes for children requiring Child Protection services. If it's appropriate, we'd like to keep children in their homes as often as possible, and work with families to stop abusive and neglectful situations from happening. We'd like to reduce the time it takes to place children in a permanent home, whether that's with their families or through adoption. This initiative is still in the planning phase, but the goal over the next 3-5 years focuses on continued streamlining of processes; improved coordination with partners and stakeholders such as law enforcement, schools, courts, Native American tribes, and the medical and behavioral health communities; and improvements to the foster care program and supporting technology. Improving legal representation for DHW in court cases involving children also would be addressed. This initiative also advances Objective #3.

Deliverable for SFY 2016:

A plan for the execution of this initiative.

Develop the System for Comprehensive Oversight of Delivery of Services to Individuals with Developmental Disabilities

Currently, services for individuals with developmental disabilities are managed and delivered from different organizational units within the Department. This initiative will focus on examining current processes to better coordinate services and gain efficiencies and possible cost savings as well as ensuring we are delivering services to this population in a comprehensive manner from birth through adulthood. This initiative also advances Objective #3.

Deliverable for SFY 2016:

A plan for the execution of this initiative.

Performance Measure

The performance measure is a composite of several measures reflecting the work the Department performs to protect children and vulnerable adults. The composite includes the following measures:

- Number of women receiving adequate prenatal care;
- Number of children 19-35 months who have up-to-date immunizations;
- Percent of the year diverted from state hospital stay;
- One-time admission rates to a state hospital;
- Percentage of severe and persistent mental illness diverted to community-based services;
- Current federal fiscal year child support collected vs. child support owed;
- Number of Idahoans on Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamp Benefits;
- Number of children with no recurrence of maltreatment;
- Absence of child abuse or neglect for children in foster care;
- Rate of non-substantiated complaints of child abuse;

- One-time foster care entries within 12 months;
- Number of health facility inspections;
- Rate of non-substantiated health facility complaints;
- Number of adults with health care coverage;
- Number of adults with dental insurance/coverage;
- Number of children with health care coverage;
- Timeliness of child protection investigations;
- Timeliness of health facility complaint investigations;
- Application timeliness for Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamp Benefits;

Environmental Factors

Environmental factors beyond the control of the Department that may impact our ability to protect children and vulnerable adults include the following:

- Availability of individual insurance coverage;
- Affordability and provision of health care coverage by employers;
- Access to health care services;
- The availability of health care professionals in rural and urban settings;
- Health care provider priorities and practice patterns;
- Parental attitudes and concerns about immunizations;
- Resources available in local communities to support individuals with chronic mental illness or substance use disorders;
- Economic and social factors contributing to family crises and the abuse and neglect of children and vulnerable adults.

DHW Strategic Goals:

Goal #1: *Improve the health status of Idahoans.*

Goal #2: *Increase the safety and self-sufficiency of individuals and families*

Goal #3: *Enhance the delivery of health and human services.*

OBJECTIVE #3

Promote stable and healthy individuals, families, and populations through medical coverage, program access, support services, and policy

How We Will Achieve the Objective

In order to accomplish this objective, the Department has launched the following initiatives:

Full Integration of Medicaid Eligibility with State Exchange Marketplace

DHW is a critical partner in Idaho's health insurance exchange, Your Health Idaho (YHI), because the department determines all eligibility, first for Medicaid, and then for advanced payment of tax credit and cost-share reductions for people seeking assistance in paying for their healthcare costs. This requires aligned policies and technology to ensure subsidies are calculated correctly and can be sent to the marketplace for consumers to shop for, compare, and select health plans. Although the first year of implementation was considered a success, there are many policy and technology changes in 2015 and 2016 to ensure full integration with the state marketplace. Real-time eligibility, better connections with agents and brokers, streamlined account transfers, improved communication and web tools, and automated re-evaluation processes will all need to be built and implemented. DHW will continue to work with YHI on a sustainability plan for ongoing operations and automation support to ensure the Shared Services model remains effective and our cost allocation model supports legislative intent that no state funds are used to operate Idaho's Marketplace.

Deliverable for SFY 2016:

Completion of the policy and technology changes to ensure full integration with the state marketplace, including real-time eligibility, better connections with agents and brokers, streamlined account transfers, improved communication and web tools, and automated re-evaluation processes.

Long-term Care for Individuals with Chronic Mental Illness

Idaho struggles to meet the needs of its residents with mental illness who are not severe enough to require hospitalization but who also can't live independently because of their illness. People with mental illness are often housed in assisted living facilities that are not well-equipped to meet their mental health needs. The appropriate model for providing the level of support necessary to safely manage and effectively treat patients with mental illness of a certain severity does not exist in Idaho. This strategic initiative is

designed to establish a best practice model to meet the needs of this population. This initiative also advances Objective #2.

Deliverable for SFY 2016:

The Department has partnered with the Idaho Health Care Association to engage researchers from Boise State University to examine issues related to access and adequate care available in residential settings to this population. Results of the study will be available in the fall of 2015.

Transform Child Welfare Systems to Improve Outcomes for Children

The transformation of child welfare systems is an important initiative because it will help create better long-term outcomes for children requiring Child Protection services. If it's appropriate, we'd like to keep children in their homes as often as possible, and work with families to stop abusive and neglectful situations from happening. We'd like to reduce the time it takes to place children in a permanent home, whether that's with their families or through adoption. This initiative is still in the planning phase, but the goal over the next 3-5 years focuses on continued streamlining of processes; improved coordination with partners and stakeholders such as law enforcement, schools, courts, Native American tribes, and the medical and behavioral health communities; and improvements to the foster care program and supporting technology. Improving legal representation for DHW in court cases involving children also would be addressed. This initiative also advances Objective #2.

Deliverable for SFY 2016:

A plan for the execution of this initiative.

Develop the System for Comprehensive Oversight of Delivery of Services to Individuals with Developmental Disabilities

Currently, services for individuals with developmental disabilities are managed and delivered from different organizational units within the Department. This initiative will focus on examining current processes to better coordinate services and gain efficiencies and possible cost savings as well as ensuring we are delivering services to this population in a comprehensive manner from birth through adulthood. This initiative also advances Objective #2.

Deliverable for SFY 2016:

A plan for the execution of this initiative.

Performance Measure

The performance measure is a composite of several measures reflecting the work the Department performs to promote stable and healthy families, individuals, and populations. The composite includes the following measures:

- Individuals who are not current smokers;
- Individuals participating in leisure time physical activity;
- Individuals who consume five or more fruits and vegetables a day;

- Individuals who are not heavy drinkers;
- Individuals who have not used illicit drugs in the past 12 months;
- Adults screened for cholesterol level;
- Women older than 40 receiving a mammogram;
- Adults older than 50 ever receiving colorectal cancer screening;
- Adults with dental visit;
- Women receiving adequate prenatal care ;
- Children 19-35 months who have up to date immunizations;
- Percent of year diverted from state hospital stay;
- One-time admission rates to state hospital;
- Percentage of Severe and Persistent Mental Illness (SPMI) diverted to community based services;
- Graduation from Infant Toddler Program;
- Children and Adolescent Functional Assessment Scale (CAFAS) scores;
- Substance Abuse treatment completed successfully;
- Current FFY child support collected vs current child support owed;
- FFY TAFI "All Family" Work Participation Rate;
- Idahoans on Food Stamp (SNAP) benefits;
- Adults with health care coverage;
- Adults with dental insurance;
- Children with health care coverage;
- Medicaid application timeliness;
- Timeliness of Child Protection Investigations;
- Infant & Toddler – percent of children enrolled within 45 days;
- Food Stamp application timeliness (non-expedited);
- Food Stamp federally adjusted payment accuracy rate;
- Food Stamp federally adjusted negative accuracy rate;
- Percent of children receiving a caseworker visit each and every month in care;
- Percent of months in which caseworker visits occurred in child's placement provider or own home;
- Child Support data reliability standards;
- Percent of 2-1-1 CareLine phone calls with wait/hold times of 60 seconds or less;
- Percent of calls to the benefit programs processing centers with wait times of less than 5 minutes;
- Percent of abandoned calls to the benefit programs processing centers;
- Percent of calls to the child support call center with wait times less than 1 minute;
- Percent of abandoned calls to the child support call center;
- Percent of TAFI and Food Stamp applicants that meet with a Work Services contractor within 5 days of the client's referral to the contractor by the Department;
- Percent of customers who access benefit and child support services using options other than visiting field offices.

Environmental Factors

Environmental factors beyond the control of the Department that may impact our ability to promote stable and healthy families, individuals, and populations include the following:

- The availability of services. Local communities and private healthcare providers are not mandated to provide services in a particular locality. Providers may not offer services in rural areas where it is not economically feasible. If local services are not available, the Department must provide services;
- Community acceptance of people with physical or mental challenges is beyond the Department's control. If those capable of living independently are not accepted in community neighborhoods, there is a good chance these individuals will have to return to an institution, for they will have no other option;
- Changes in federal requirements;
- The amount of financial resources appropriated to deliver services.
- Resources available in local communities to support individuals with chronic mental illness or substance use disorders; and
- Resistance from individuals and their families to more actively manage their own health and stability.

Additional Strategic Initiatives

The strategic initiatives outlined in the previous pages of this plan are initiatives which improve and enhance the delivery of services in the Department and directly contribute to achievement of the Department's three strategic objectives.

There are four additional strategic objectives that contribute indirectly to the Department's strategic goals and objectives, and they position the Department to successfully complete the other initiatives and achieve the Department's strategic goals and objectives.

The four additional initiatives are outlined below:

Integration of Information Systems

With this initiative, the Department will develop and implement policies and technology that integrate data across organizational units.

Deliverables for SFY 2016:

- *Catalog data attributes*
- *Plan for data analytics, including data we need but don't currently have and how data will be integrated*

Improve Timeliness and Accuracy of Financial Reporting

With this initiative, the Department will improve the timeliness and accuracy of financial reporting in order to provide enhanced support to decision makers, including the Idaho Legislature and its Joint Finance and Appropriations Committee.

Deliverables for SFY2016:

- *Hire and train new Financial Services staff*
- *Complete a study of the FISCAL system*
- *Determine the future of the Cooperative Welfare Account in DHW budgeting*

Succession Readiness

With this initiative, the Department will develop strategies to ensure we have a highly skilled and highly motivated workforce, with emphasis on ensuring continuity of leadership in each major organizational unit.

Deliverable for SFY 2015:

- *Workforce Analysis completed.*

Expand DHW Identity to Remove Stigma

With this initiative, the Department will improve the presentation of information and services to become more consumer-driven

Deliverables for SFY2016:

- *Create a weekly informational blog*
- *Improve consumer access to information and services through the web*
- *Improve culture and conversation through customer interactions on the phone*
- *Create new focus on nutrition, health, and improved lifestyle in offices and through written materials.*
- *Determine cross program and cross organizational integration opportunities through the **Healthy Eating, Active Living (HEAL) Framework.***

Strategic Plan SFY 2016 - 2020

Overview (Last revision 6/22/15)



IDAHO DEPARTMENT OF
HEALTH & WELFARE



Governor's Priorities

- Enhancing Economic Opportunity
- Empowering Idahoans
- Promoting Responsible Government

DHW Vision:

Provide leadership for development and implementation of a sustainable, integrated health and human services system

DHW Mission:

Promote and protect the health and safety of Idahoans

DHW Values:

Integrity, high quality customer service, and compassion are the foundation for all Department activities. A focus on these values will lead to success

DHW Strategic Goals:

Goal #1: *Improve the health status of Idahoans*

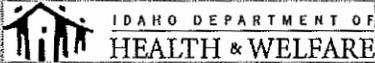
Goal #2: *Increase the safety and self-sufficiency of individuals and families*

Goal #3: *Enhance the delivery of health and human services*

Strategic Objectives

	Objective #1	Objective #2	Objective #3
	<i>Transform Idaho's health care delivery system to improve Idaho's health and increase value</i>	<i>Protect children and vulnerable adults</i>	<i>Promote stable and healthy individuals, families and populations through medical coverage, program access, support services and policy</i>
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	<i>Expand DHW Identity to Remove Stigma</i>		

How our Division contributes to our Department's Strategic Objectives



DHW Vision:

Provide leadership for development and implementation of a sustainable and integrated health and human services system

DHW Mission:

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DHW Values:

Integrity, high value customer service and compassion are the foundation for all Department services. A focus on these values will lead to success.

DHW Strategic Goals:

Goal #1:

Improve the health status of Idahoans

Goal #2:

Increase the safety and self-sufficiency of individuals and families

Goal #3:

Enhance the delivery of health and human services

Strategic Objectives

Objective 1:

Transform Idaho's healthcare delivery system to increase value and improve the health of Idahoans

How we contribute:

- Help avoid conflicts between new delivery system and existing state and federal licensing/certification requirements
- Provide data and information to help evaluate progress

Objective 2:

Protect children and vulnerable adults

How we contribute:

- Conduct timely and high quality surveys and complaint investigations.
- Educate providers and stakeholders about practices that improve the health and safety of residents and patients
- Work with providers and stakeholders to improve the quality of care in health facilities

Objective 3:

Promote stable and healthy individuals, families, and populations through medical coverage, program access, support services, and policy.

How we contribute:

- Provide resources that help families make educated choices about health facilities and service agencies
- Work with providers and stakeholders to ensure Idaho has sufficient high quality health facilities

Part I – Agency Profile

Agency Overview

Mission: To promote and protect the health and safety of Idahoans.

Role in the Community: The Department of Health and Welfare's primary role in the community is to provide services and oversight to promote healthy people, safe children, and stable families. The Department accomplishes this through several core functions that include:

- Administer state and federal public assistance and health insurance programs, which includes Food Stamps and Medicaid;
- Provide direct care services for certain disadvantaged or underserved populations;
- Protect children and vulnerable adults;
- License or certify specific types of care facilities;
- Promote healthy lifestyles; and
- Identify and reduce public health risks.

Leadership: The Department of Health and Welfare (Department) serves under the leadership of Idaho Governor C.L. "Butch" Otter. DHW's Director, Richard Armstrong, oversees all Department operations and is advised by the State Board of Health and Welfare. The Board consists of seven voting members appointed by the Governor, along with two members who serve as citizen legislators and chair the Health and Welfare legislative committees.

The Director appoints Deputy Directors to assist in managing the Department's business. A deputy is responsible for oversight and coordination of each of the following three areas: Family and Welfare Services; Medicaid, Behavioral Health and Public Health; and Support Services/Licensing and Certification.

Organization: Idaho is a leader in the area of integrated service delivery for health and human services. In some states, the organization of health and human services is divided into a number of departments with separate administrations. Idaho is fortunate to have these services under one umbrella and a single administration. This is not only cost-effective from an administration standpoint, but it allows the Department to more effectively coordinate services for struggling families so they can become self-reliant, without government support. Many states are currently studying or adopting an umbrella structure similar to Idaho's health and human services system.

The Department is comprised of eight divisions: Medicaid, Behavioral Health, Public Health, Family and Community Services, Welfare, Operational Services, Licensing and Certification, and Information and Technology Services. In addition to the eight divisions, the Department's organizational structure includes the Office of Healthcare Policy Initiatives, the Bureau of Audits and Investigations and the Bureau of Financial Services.

Each division contains individual programs or bureaus that provide services to help people in communities. As an example, the Division of Family and Community Services provides direct services for child protection, and partners and contracts with community providers or agencies to help people with developmental disabilities.

The Department has 23 field offices geographically located to reach each area of the state, three state institutions, and 2,846 authorized full-time employees in State Fiscal Year 2015 (SFY15).

DIVISIONS

The Department is organized in eight divisions. Each division contains programs and bureaus that provide an administrative structure for the delivery of services and accountability.

State of Idaho

Division of Medicaid

A. Overview

The Division of Medicaid administers comprehensive healthcare coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The Division contracts with individual healthcare providers, agencies, institutions and managed care entities to provide healthcare services for low-income families, including children, pregnant women, the elderly and people with disabilities.

B. Highlights

- *2015 Legislative Update* – The Division of Medicaid promulgated rules to:
 - restore dental benefits for Medicaid participants enrolled in the enhanced plan.
 - provide participants with developmental disabilities enhanced access to the community supports necessary to obtain employment.
 - allow services previously available only under Medicaid’s fee for service program to be included in the Medicare-Medicaid Coordinated Plan, which enables participants enrolled in both Medicare and Medicaid to obtain all their services through a single managed care insurance plan.
- *Electronic Health Records* – Idaho Medicaid successfully launched the Medicaid Electronic Health Record Incentive Program Stage 2 Meaningful Use on July 1, 2014. The program is the result of the American Recovery and Reinvestment Act (ARRA) of 2009, which authorized incentive payments for eligible Medicare and Medicaid providers who meaningfully use certified electronic health record technology. During SFY15, Idaho Medicaid paid 18 hospitals \$3,877,799 and 378 medical professionals \$4,456,834 in federal incentive payments. Since 2012, Idaho Medicaid has distributed federal incentive payments to 51 hospitals (\$22,909,198) and 1287 medical professionals (\$20,473,668).

The incentive program will run through Federal Fiscal Year 2021 and is expected to provide in excess of \$100 million to Idaho hospitals and medical professionals during that time. Idaho Medicaid serves as the pass-through for the incentive payments, which are federal dollars.

- *Technology Performance* – The Division of Medicaid continues to work closely with Idaho’s Medicaid Management Information System (MMIS) contractors to make system enhancements, improve services to stakeholders, and meet the Centers for Medicare and Medicaid Services (CMS) requirements. MMIS contractors include:
 - Molina Medicaid Solutions (fee-for-service medical claims processing). The Molina system processed approximately 126,415 claims weekly. Over 99 percent of approved claims were paid within 5-15 days of receipt. The weekly payout from the Molina system averaged \$30.1 million. This represents total payments, including fee-for-service claims and managed care fees.
 - Magellan Medicaid Administration (pharmacy benefits management). The Magellan system processed an average of 43,290 claims weekly and collected corresponding rebates from drug manufacturers. All pharmacy claims were paid within 7 days. The weekly payout was approximately \$3.2 million.
 - Truven Health Analytics (data warehouse and decision support system). The Truven system continued to serve as the Medicaid data warehouse and to support reporting and information analytics needs of the Division of Medicaid.

- *Children's Healthcare Improvement Collaboration (CHIC)* – The State of Idaho, in partnership with the State of Utah, received a five-year Children's Health Insurance Program Reauthorization Act quality demonstration grant for \$10,277,360. This grant was extended through February 2016 for a sixth year of operations. The CHIC project focuses on improving health outcomes for children, while lowering the impact and cost to the overall system. The efforts of the CHIC project have reached approximately 75,000 Idaho children and 147 Idaho providers. The project has been successful in all grant objectives:
 - Developing and testing pediatric patient-centered medical homes:
Two pediatric primary care demonstration sites will be recognized Patient Centered Medical Homes by National Committee for Quality Assurance. All three demonstration sites added medical home coordination methods to their practices; specifically sustaining the role of care coordinator.
 - Implementing evidence-based quality improvement strategies:
76 Pediatricians, 45 Family Physicians, 16 Nurse Practitioners and 10 Physician Assistants have participated in at least 1 of 8 learning collaboratives. Learning collaboratives help teach practices how to identify, track and change processes that lead to better health outcomes for the children of Idaho.
 - Creating an improvement partnership network:
The Idaho Health and Wellness Collaborative for Children (IHAWCC), a 12-member multi-disciplinary advisory board, was formed to sustain the work of the grant. This group's mission is to use local, state, and nationwide networking to address healthcare needs and priorities of children. The group is committed to patient and family-centered care. IHAWCC is intended to be accessible to all organizations and medical providers caring for children. St. Luke's Children's Hospital partnered to provide an institutional home for the group. IHAWCC will be housed at St. Luke's Children's Hospital.
 - Enhancing health information technology:
The CHIC project collaborated with Idaho Health Data Exchange to create an Immunization Gateway to allow for bi-directional exchange of immunization information. This work is scheduled to be completed fall 2015.
- *Governor's Patient-Centered Medical Home Collaborative* – Originally convened under Executive Order 2010-10, the collaborative supports development and implementation of patient-centered medical homes in Idaho. The collaborative completed a multi-payer medical home pilot project with 19 primary care provider organizations at over 40 clinic locations across the state. The Department contracted with TransforMed for evaluation of the pilot. TransforMed recently delivered a final report that showed positive results. The work of the collaborative played a critical role in Idaho's receipt of a \$39 million grant to implement the State Healthcare Innovation Plan (SHIP). This grant was awarded by the Center for Medicare and Medicaid Innovation (CMMI) in February 2015. The Idaho Healthcare Coalition (IHC), established through Executive Order 2014-02, provides oversight for the grant. The collaborative will continue as an Idaho Healthcare Coalition (IHC) workgroup, making critical recommendations to the IHC for development, promotion, and implementation of patient-centered medical homes (PCMHs) in Idaho.
- *Medicaid Health Homes* – First year evaluation results for this PCMH initiative, which aligned with the Idaho Medical Home Collaborative (IMHC) pilot, are now available. For the over 9,000 participants enrolled in one of 50 Medicaid Health Homes, average monthly member costs decreased by over 20 percent, hospital admissions decreased by over 30 percent and emergency room utilization decreased by over 25 percent.
- *Idaho Home Choice* - The Idaho Home Choice Program, which implemented in October 2011, rebalances long-term care spending from institutionalized care to home and community-based care. The program is now in its fifth year of operation, and has been extended through calendar year 2020. Since

implementation, Idaho Home Choice has helped 276 participants transition into the community. At the end of the ten-year grant period, the program expects to have diverted \$3,531,977 of Medicaid state general fund spending from institutionalized care to home and community-based care to support the transition of 546 individuals. The Division of Medicaid, Idaho Commission on Aging (ICOA), State Independent Living Council (SILC), and service providers from the Centers for Independent Living and Area Agencies on Aging continue to build the necessary infrastructure to support Idaho Home Choice and Aging and Disability Resource Center projects to facilitate additional transitions.

- *Mental Health Managed Care* –The Idaho Behavioral Health Plan is nearing the end of its second year of operations. The contractor, Optum Idaho, continues to work with their network providers to ensure that services needed to address outpatient behavioral health and substance abuse needs of Medicaid participants are available and delivered using evidence-based models. Optum routinely assesses and revises their clinical model in response to providers' and members' needs as they continue, in partnership with the Department, to transform the outpatient behavioral health system in Idaho.
- *Managed Care for Dual Eligibles* –CMS has been engaged in continuous collaboration with states, healthcare providers, and other stakeholder groups to ensure that beneficiaries dually eligible for Medicare and Medicaid have full access to seamless, high-quality, cost-effective healthcare via an integrated, coordinated and managed care system. Blue Cross of Idaho, under contract with Idaho Medicaid, has administered the True Blue Special Needs Plan since 2006. It is designed to coordinate all health-related services for Medicare and Medicaid, including hospital services, medical services, prescription drug services, and behavioral health services.

The expanded Medicare Medicaid Coordinated Plan was implemented July 1, 2014, and includes Aged and Disabled Waiver benefits, Developmental Disability Targeted Service Coordination, Community Based Rehabilitative services, Personal Care services and Nursing Home and Intermediate Care Facilities for the Intellectually Disabled (ICF/ID) services. Additional benefits available through the program are Dental, Vision and Care Management.

The True Blue Special Needs Plan provides all the benefits currently available through Medicare and Medicaid in a single coordinated health plan. This program is available through voluntary enrollment by dual-eligible participants in 33 out of 44 Idaho counties in 2015 and will expand to 42 counties in 2016. Enrollment in the first year of the expanded program increased by 133 percent because of the excellent care management Blue Cross of Idaho is providing to Idaho's Duals.

Division of Licensing and Certification

A. Overview

The Department of Health and Welfare created the Division of Licensing and Certification on July 1, 2012, to separate the regulatory enforcement functions from benefit management in the Division of Medicaid. The Division works to ensure that Idaho healthcare facilities and agencies are in compliance with applicable federal and state statutes and rules. Each unit within the Division is responsible for promoting an individual's rights, well-being, safety, dignity, and the highest level of functional independence.

The Division currently manages six programs. The programs include:

- Long Term Care
- Non-Long Term Care
- Facility Fire Safety and Construction
- Certified Family Homes
- Developmental Disabilities Agencies/Residential Habilitation Agencies Certification
- Residential/Assisted Living Facilities

B. Highlights

- The Division worked with providers and other stakeholders to propose several changes to the administrative rules for Residential Care and Assisted Living Facilities. Those rule changes were approved during the 2015 legislative session.
- The Division also worked with providers and other stakeholders to propose an entire rewrite of the administrative rules for Intermediate Care Facilities for the Intellectually Disabled. Those rule changes were approved during the 2015 legislative session.
- Working with the Veteran's Administration (VA) and the Idaho Legislature, the Division created an exemption to certification for those certified family homes that are approved by the VA as VA Medical Foster Homes and that care only for veterans who do not receive Medicaid.
- During the 2015 Legislative Session, the Division received approval for four new Health Facility Surveyors to address backlogs in health facility inspections and to improve the timeliness of inspections and complaint investigations.
- The Division continued to implement improvements to business processes and leverage technology to increase productivity and efficiency, including the development of a new automated system for the Residential Assisted Living Facilities (RALF) Program.

Division of Behavioral Health

A. Overview

The Division of Behavioral Health is comprised of the children's and adult mental health programs, and the substance use disorder program. Division clinicians provide mental health services to primarily uninsured adult clients. Private providers, through contracts with the Division, deliver children's mental health services and substance use disorder services. Acute mental healthcare is available at the state's two psychiatric hospitals, State Hospital North and State Hospital South, which also are part of the Division.

B. Highlights

- *Establishing Behavioral Health Crisis Centers* – After Idaho's first Behavioral Health Crisis Center opened in Idaho Falls in December of 2014, funding was appropriated by the 2015 Idaho Legislature to establish a second facility in northern Idaho. Crisis centers are available on a voluntary basis to all Idaho citizens, offering evaluation, intervention and referral for individuals experiencing a crisis due to serious mental illness or a co-occurring substance use disorder. They can help people get the help they need without going to the emergency room or being taken to jail. The Legislature appropriated \$1.7 million for the crisis center in northern Idaho in 2015, evidence of the hard work done at the first crisis center established in Idaho Falls and a testament to the commitment of lawmakers to helping those experiencing a behavioral health crisis.
- *Transforming Idaho's Behavioral Health System* – Transformation legislation passed during the 2014 legislative session, becoming law that July. Since that time the advisory boards in each region, representing mental health and substance use disorders, have successfully combined to become Regional Behavioral Health Boards. Each newly formed board submitted their first required Gaps and Needs report in 2015 to the Idaho Behavioral Health Planning Council addressing behavioral health concerns in their regions. They are now actively involved in making decisions regarding whether to realign their advisory relationship to be under their public health districts or remain under the Division of Behavioral Health. If the boards choose to move under the public health districts, the division and the public health districts will then operate under a contractual agreement for continued support of the boards. This realignment is seen as strengthening the connection between physical and behavioral health and benefits all involved.

- *Behavioral Health Integration* – In the last decade, studies show that individuals with mental health and/or substance use disorders die at a younger age than those in the overall population. Causes of these premature deaths are likely to include treatable health conditions, such as heart disease and diabetes. A major reason for these high rates of illness and death among people with substance use disorders or mental health conditions has been their lack of contact with primary health services. The Division, as a part of the State Healthcare Innovation Plan (SHIP), will spend the next four years working toward the integration of primary care and behavioral healthcare, which will allow health professionals to coordinate diagnoses and treatments so they can complement each other. Through the Behavioral Health Integration Subcommittee, recommendations will be made to the Idaho Healthcare Coalition on models and best practice for behavioral health integration. This will lead to better health and better outcomes for individuals with behavioral health issues.
- *Children's Mental Health Services* – The Federal Court approved a settlement agreement in the thirty-five-year-old Jeff D class action lawsuit concerning children's mental health services in June 2015. The agreement targets the provision of community-based services, which has been the unresolved issue in the case. The agreement is designed to establish a comprehensive and coordinated system of care for Idaho children with serious emotional disturbances and their families. The agreement outlines an overall implementation time frame of about eight years. The first nine months is devoted to the development of an implementation plan, followed by four years to complete this plan. Once the implementation plan is completed, there is a three-year period of sustained performance. The agreement outlines specific measures to determine compliance with the implementation plan and sustained performance period. The case will be dismissed after the sustained performance period once substantial compliance has been shown. The court is expected to issue a permanent injunction to continue the services and supports developed through the implementation plan upon dismissal of the case.
- *Recovery Community Centers* – Recovery Community Centers provide a meeting place for individuals to work on and maintain their recovery from substance use disorders and mental illness. These centers act as a face for recovery to the community as a whole. Building meaningful and healthy relationships is key to successful recovery and these centers offer the venue for that to happen. Recovery Community Centers respect all pathways to recovery and offer volunteer-driven activities and resources unique to each center, including peer support, job search assistance, smoking cessation classes, access to computers, courses covering a variety of issues, and referrals to other community supports. During the 2015 Legislative Session, the Division worked closely with the Idaho Association of Counties on a Millennium Fund grant proposal to support four recovery centers across the state. After obtaining that funding, all four centers are projected to be fully operational by the fall of 2015 in Ada, Canyon, Gem, and Latah counties. While data will be collected at each of the centers, more time is needed to analyze the centers' effectiveness. Anecdotal reports highlighting stories of success are plentiful. Idaho's model for recovery centers is unique in that most recovery centers across the country focus on addiction; Idaho's model services individuals suffering from mental illness, substance use disorders or both.

Division of Public Health

A. Overview

The Division of Public Health protects the health of Idahoans through a wide range of services including immunizations, chronic and communicable disease surveillance and intervention, regulating food safety, licensing emergency medical personnel, vital records administration, compilation of health statistics, laboratory services and bioterrorism preparedness. The Division's programs and services actively promote healthy lifestyles and prevention activities while monitoring and intervening in disease transmission and health risks as a safeguard for Idahoans. The Division contracts and coordinates with local district health departments and other local providers to deliver many of these services throughout the state.

The Division includes the bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services and Preparedness, Vital Records and Health Statistics, Laboratories, Rural Health and Primary Care, Communicable Disease Prevention, and Public Health Business Operations.

B. Highlights

- *Division of Public Health* – The Division of Public Health published *Get Healthy Idaho: Measuring and Improving Population Health*. It is a new initiative that consists of two integral parts: a statewide, comprehensive population health assessment that provides a foundation for understanding the health of Idahoans and communities; followed by a population health improvement plan that focuses public health efforts to address specific priority areas, including access to care, diabetes, heart disease and obesity. The intended outcome of *Get Healthy Idaho* is to improve the health of all Idahoans through broader partnerships to deliver the outlined strategies.
- *Public Health Business Operations* – The Division of Public Health is pursuing national public health accreditation through the Public Health Accreditation Board (PHAB). The goal of national accreditation is to improve and protect the health of the public by advancing the quality and performance of health departments. The process of accreditation will measure the Division of Public Health's performance against a set of nationally recognized, practice-focused and evidenced-based standards. The Bureau of Public Health Business Operations is leading this work for the Division. A Statement of Intent was submitted to PHAB in August 2014 and a formal application was made in August 2015.
- *Bureau of Rural Health and Primary Care* – This bureau is a key partner in the State Healthcare Innovation Plan (SHIP), with a focus on efforts to improve access to healthcare services in rural and underserved communities. These efforts include establishing Community Health Emergency Medical Service (CHEMS) programs, Community Health Worker (CHW) programs, expanding telehealth in Patient Centered Medical Homes, and establishing seven Regional Health Collaboratives through partnership with local public health districts. These new and innovative projects are being developed with input from stakeholders statewide with a focus on implementation beginning in February 2016.
- *Bureau of Community and Environmental Health* – Project Filter, Idaho's Tobacco Prevention and Control Program, partnered with one of Idaho's largest health systems to link clinical and state-supported cessation services. The health system integrated the Idaho QuitLine fax referral into a new clinical tobacco cessation program in one inpatient and two outpatient settings. In doing so, patients received tobacco dependence treatment from a trusted healthcare provider and continued support from the Idaho QuitLine at home. The partnership resulted in the referral of 324 patients to the Idaho QuitLine. From FY14 to FY15, 589 Idahoans were referred to the Idaho QuitLine by a healthcare provider – a 343 percent increase from FY14.

Evidence in the U.S. Public Health Service Clinical Practice Guideline demonstrates that an intervention using both medication and counseling, such as a QuitLine, is four times more effective than quitting tobacco "cold turkey." Project Filter continues to offer eight weeks of free nicotine replacement therapy (NRT) (nicotine gum, lozenges, and patches) to eligible individuals.

- *Bureau of Clinical and Preventive Services* – The Maternal and Child Health Program is leading Idaho's work related to the Infant Mortality Collaborative Improvement and Innovation Network (ColIN). Through a ColIN state team consisting of Title V directors, the major health systems, March of Dimes, Medicaid, data experts, and providers, a state plan is being developed to reduce infant morbidity and mortality. The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program has expanded service delivery through all seven local public health districts.
 - *The Breast and Cervical Cancer Screening Program* (Women's Health Check) is extending screening services to include 21 to 39 year olds for cervical cancer screening beginning SFY16. Idaho currently ranks 50th nationally for mammography screening and 46th for Pap screenings.
 - The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is beginning the process to move from paper benefits to electronic benefits. A contractor will assist the program in implementation readiness assessment. The program goal is to make the transition by 2018; it is required federally by 2020.

- *The HIV, STD, Hepatitis Program (HSHP)* was contacted by the President's Emergency Relief Plan for AIDS Relief (PEPFAR) to assist in the creation/implementation of a Partner Services/Disease Investigation pilot project. The Idaho program is the only state health department asked to provide technical assistance. The technical expertise of the HSHP Program Manager will be utilized in Uganda in the fall of 2015. The HSHP Program Manager will meet with the Centers for Disease Control and Prevention (CDC)-Uganda, the Uganda Ministry of Health, Uganda District Health Teams and implementing partners to share her expertise.
- *Bureau of Vital Records and Health Statistics* - Idaho became the 55th Vital Statistics jurisdiction (out of 57) to join the Electronic Verification of Vital Events (EVVE) application. EVVE allows select local, state, and federal partners to verify information on vital records. This application is an important tool in the prevention of identity theft. Idaho also enjoyed its first full year of a partnership with the State and Territorial Exchange of Vital Events (STEVE) application. STEVE allows for vital records jurisdictions to exchange information as a fraud prevention tool. Idaho Vital Statistics, in collaboration with the Department of Health and Welfare Information Technology Services Division (ITSD), released the newest version of our Electronic Birth Certificate system (EBC4). Our previous EBC system had been in place since 2003 and was built using technology no longer considered secure by today's IT standards. The bureau also released statistics on Idahoans through annual reports and fact sheets.
- *Bureau of Laboratories* – The Idaho Bureau of Laboratories (IBL) responded to several emerging and re-emerging disease testing requests over the last year. IBL facilitated the testing of Enterovirus D68 samples through the CDC to assist with the detection of this rare disease in Idaho. The bureau also began performing new methods for the detection of exotic pathogens like Middle East Respiratory Syndrome Corona Virus (MERS-CoV) and Ebola virus disease (EVD), as well as, continuing to provide testing for more traditional vaccine preventable diseases like measles and mumps. During EVD response efforts, IBL worked with several hospitals and clinical laboratories to ensure that plans were in place to safely draw blood specimens from persons under investigation for EVD and then package and ship them to IBL for testing.
- *Bureau of Communicable Disease Prevention* – Statute changes made in 2015 allow Idaho's immunization registry, the Immunization Reminder and Information System (IRIS), to send immunization records electronically to provider offices. Idaho providers can now view their patients' immunization history stored in IRIS through their own electronic health record system instead of having to access the records separately through IRIS. These providers will have easier access to accurate and timely information about their patients' immunization histories, resulting in improved patient care through reduced missed opportunities to immunize patients against preventable diseases and avoiding duplicating immunizations patients may have already received.
 - *The Refugee Health Screening Program's* Community Health Advisor (CHA) program, a culturally-appropriate community health worker model, supports about 70 refugees each month in accessing needed healthcare services and navigating the Idaho healthcare system. In the last two years, CHAs have assisted refugees in keeping more than 2,000 medical appointments by helping them schedule appointments, arrange transportation, and navigate services. This program improves the health of these refugees, many with co-morbid conditions, by giving them tools and empowering them to self-manage their health.
 - *The Epidemiology Program* is collaborating with Idaho hospitals and public health districts to electronically receive data from Idaho hospital emergency departments into a secure, web-based system called BioSense. Seventeen of Idaho's hospitals are sending information about emergency department visits that can be used to identify potential communicable disease clusters and outbreaks to supplement other sources of information about diseases in Idaho.
- *Bureau of Emergency Medical Services (EMS) and Preparedness* - The Time Sensitive Emergency (TSE) program is being implemented in Idaho to provide a system of care for three of the top five causes of death in Idaho; trauma, stroke and heart attack. The TSE program's goals include creating a system of care to decrease mortality, improve patient outcomes, and lower healthcare costs. This is being

accomplished by utilizing evidence-based, best practices of care, and by streamlining the patient treatment process regionally, involving EMS and hospitals. The first year of the program, the Governor-appointed TSE Council promulgated its rules and standards and established the six TSE Regional Committees. Currently in its second year, the TSE program is moving forward with designating trauma, stroke, and cardiac centers across the state. This designation process is similar to the various national accreditation bodies; except that our hospitals will have the option to be state-designated, which was chosen as a better fit to meet Idaho's needs.

- *The Public Health Preparedness Program (PHPP)* coordinated Idaho's planning and response to the domestic Ebola threat. PHPP collaborated with federal, state, and local partners to ensure that the public health and healthcare systems in Idaho are ready to effectively handle potential Ebola cases in the state. PHPP also worked with the University of Idaho and the seven public health districts to complete the Idaho Jurisdictional Risk Assessment (JRA) Project that assesses the impacts of various hazards on the public health and healthcare systems in the state. Forty-four county-level JRAs were produced during this three-year project that will be used by local planners to identify gaps in preparedness planning and focus mitigation efforts where they are most needed.

Division of Family and Community Services

A. Overview

The Division of Family and Community Services directs many of the Department's social and human service programs. These include child protection, adoption, foster care, children's developmental disabilities, and screening and early intervention for infants and toddlers. The Division also serves a wide variety of Idahoans through the Navigation and CareLine (211) programs. The programs work together to provide services for children and families that focus on the entire family, building on family strengths while supporting and empowering families.

One state institution is a part of this division; Southwest Idaho Treatment Center (formerly Idaho State School and Hospital) provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications.

B. Highlights

- *Child Welfare Program*
 - *Enhanced Child Safety Practice* – Child Welfare social workers, supervisors, and managers from across the state worked with the National Resource Center for Child Protection for many months to enhance the Idaho Child Welfare safety practice model. The enhancements will help child welfare social workers better assess when to intervene with families. Interventions are only to occur when a dangerous condition clearly threatens the safety of the children in the home. Child Welfare staff across the state have completed initial training on the enhanced practice model and are implementing improved practices.
 - *Title IV-E Waiver* – Idaho was approved for a Title IV-E Waiver in October 2013. Title IV-E Child Welfare Waivers provide states with an opportunity to use federal funds more flexibly to implement practices that assure child safety, help children in care move to safe permanent homes quickly, and improve the well-being of children in the child welfare system. Idaho's Waiver interventions include training the child welfare system to better assist children who have experienced trauma, methods to assess the effects of trauma on children, statewide adoption of an evidence-based parenting education called Nurturing Parenting, and the expanded use of Family Group Decision Making, which involves extended family and other supports in the resolution of child welfare cases. The Waiver interventions, combined with the flexible use of federal dollars, should result in better outcomes for children and families. More children will be served safely without removing them from their homes. Children who must be brought into care will experience fewer moves between foster families. Children will be more quickly reunified with their parents or moved to permanent adoptive homes. Child trauma and related behaviors will be addressed resulting in less intensive and expensive care,

and will more importantly lead to increased health, safety, independence, and success for children and families. Federal waiver funding and interventions come with a strict evaluative component so Idaho will be contributing to the growing body of evidence surrounding what works in child welfare practices.

- *Guardian Scholars* – Boise State University and Idaho State University are the first of a statewide effort to partner with the Child Welfare Program to develop the Guardian Scholars Program. The Guardian Scholars Program provides wrap-around support to foster children enrolled in college or other higher educational settings. With the support of the program, children stay in school longer, and more children eventually graduate with a skill or a degree. The success of this program is generating interest and monthly conference calls are held with four Idaho colleges to share success and challenges with hopes to expand programs to other campuses.
- *Centralized Intake* – The Centralized Child Welfare Intake unit began taking calls for the entire state on October 1, 2012. Since that time, calls are now taken on a 24/7 basis at 885-552-KIDS (5437) or 208-334-KIDS (5437). The transition to the centralized number has moved smoothly and has standardized practice around the state. From October 2013 through September 2014, central intake received 41,935 calls. About 80 percent of these calls were answered directly by a licensed social worker. The remaining 20 percent of the callers either experienced a wait time of less than four minutes or chose to receive a call back.
- *Program Growth* – The number of referrals to child protection increased by 7 percent from SFY 2013 to SFY 2014. The increase in referrals is reflected in an increase in the number of children in care by 3 percent. This is especially crucial when combined with the 20 percent decrease in the number of licensed foster homes over the last four years from 1,635 to 1,309. Another area in which Child Welfare is experiencing real growth is adoption subsidies, which have increased by 52 percent from SFY 2009, when the cost was \$5,796,167 to \$8,803,359 in SFY 2014.
- *Southwest Idaho Treatment Center* – The Southwest Idaho Treatment Center (SWITC) census declined from 31 to 24 individuals in SFY 2015 as people who have disabilities chose to receive services in their communities, maintaining close connections with their families and friends. In addition to the Nampa facility, SWITC maintains a six-bed residential facility in northern Idaho. This small facility allows northern Idahoans with disabilities to maintain closer connections to their families and friends when a crisis dictates that they need short-term, facility level of care. The SWITC mission is to provide training and supports to individuals so they can return to a community residential option as soon as possible.
- *Children's Developmental Disabilities* – On July 1, 2013, Children's Developmental Disabilities Program completed implementation of new, redesigned services for children. The new service array includes traditional provider delivered services and a family directed service option. SFY 2015 showed a dramatic increase in the utilization of the family directed service model with a full fifth of families (602) opting for the family directed model over traditional services (2360) by March of 2015.
- *Infant Toddler Program* – Enrollment in the Infant Toddler Program stabilized at 3,712 in SFY2015. The program continues to refine implementation of its early intervention evidenced based practice model. The Infant Toddler Program received full SFY2015 grant approval from the federal Office of Special Education Programs (OSEP) and maintained the successful federal rating of "Meets Requirements." This is the highest rating that can be achieved by an Infant Toddler Program.
- *Navigation* – During SFY 2014, Navigation served 8,298, individuals, families, and children throughout Idaho, providing case management services to 2,977 families and emergency assistance to 1,413 families. Navigation services distributed \$1.25 million in emergency assistance and career enhancement support, while leveraging 33 cents for every state dollar in community funds on behalf of families in Idaho.
- *211 CareLine* – The Idaho CareLine received 132,063 information and referral contacts during SFY 2015. CareLine exceeded the federal standards answering 80 percent of calls within 60 seconds. CareLine currently has 4,800 active programs and resources listed in its database. CareLine also participated in 39

community outreach events and promoted various Department and community campaigns designed to increase the health, stability, and safety of Idahoans.

Division of Welfare (Self Reliance)

A. Overview

The Division of Welfare promotes stable, healthy families by helping Idahoans meet basic needs and gain financial and health stability. Programs administered by the Division include: Child Support Services, Supplemental Nutrition Assistance Program (SNAP, or Food Stamps), Child Care, Temporary Assistance for Families in Idaho (TAFI-cash assistance), and Aid to the Aged, Blind, and Disabled (AABD-cash assistance). These programs, also called Self Reliance Programs, provide critical support options for low-income families and individuals while encouraging participants to improve their personal financial situations and become more self-reliant. In addition, the Division determines eligibility for health coverage assistance as well as helping Idaho families live better through Nutrition Education, Work and Training Programs, access to quality child care and early learning, and supports to be successful in the workforce.

The Division also administers several additional programs through contracts with local partner organizations that provide food and assistance for basic supports that include home energy costs, telephone, and home weatherization.

B. Highlights

- Overall participation in Supplemental Nutrition Assistance Program (SNAP) has continued to decline in SFY 2015. Each month, the Division processed over 8,000 Food Stamp applications and approximately 11,500 recertifications on average. The leveling out in the number of households participating is primarily attributed to reinstating work requirements for childless adults. These requirements had been removed due to a loss of funding in 2010, partially reimplemented in 2012 and fully implemented in 2013. The work support requirement dictates all adults receiving Food Stamps to either be working or participating in our work and training program as a condition of eligibility. Those who do not participate or move to work will be sanctioned and closed from the program.

Idaho continues to be recognized for high performance in SNAP, receiving a bonus award for being #1 in the nation for the 3rd year in a row. Investments in better technology and improved business processes have made it possible to improve application processing, contributing also to improved accuracy and effectiveness.

- Child Support collections remained consistent with \$205 million collected in FFY 2014.
- Federal standards for accuracy in all of the Division's self-reliance programs were met or exceeded. Efforts to streamline processes have helped to prevent backlogs of critical work and have promoted performance accomplishments. Idaho continues to be a front runner in the nation for efficient and effective service delivery models.
- Medicaid participation slightly increased with the implementation of the new Affordable Care Act (ACA) requirements on January 1, 2014. The Division of Welfare received approximately 15,000 enrollments from www.healthcare.gov for those individuals who applied for health coverage on the Health Insurance Exchange but were found eligible for Medicaid. Idaho Medicaid application activity did not have noticeable increases but rather experienced normal growth rates in these programs.
- The Medicaid Readiness Initiative has been a top priority for Self Reliance to meet federal requirements related to the implementation of the ACA, as well as support development and implementation of Idaho's State Based Marketplace, which went live November 2014. The Division has made many improvements to the current Idaho Benefit Eligibility System (IBES) and business model to ensure Idaho has an effective eligibility service delivery system in place to meet the needs of Idahoans. Through wise investments, the Department developed and implemented new automated interface solutions to enhance verification of client information to improve integrity in the eligibility decision-making process by creating immediate access to federal and state databases that provide information on citizenship, household income,

disability status, wage verification and residence. This year, the Division built additional functionality within the on-line portal which allows Idahoans to apply for health coverage on-line, report changes in income and household, as well as view notices on-line and manage other benefit programs. The Division also built and implemented a new noticing system which provides better communication about application status, benefits, and redeterminations. The new noticing system improves communication with the public and integrates messaging about all benefit programs, including coordination of tax credit information when customers apply for a tax credit to help pay for private health insurance.

- Idaho's Health Insurance Exchange was implemented on November 15, 2014. Idaho was the first state to transition from the Federal Exchange (www.healthcare.gov) to a fully operated and supported state-run health insurance exchange. Although many state exchanges continue to struggle with technical functionality, operational challenges, and affordability, Idaho is considered a huge success. The integrated model in Idaho has shown to be one of the lowest costs, highest functioning exchanges in the country.

Although the first year of implementation was a success, there are many policy and technology changes in 2015 and 2016 to ensure full integration and sustainability in the future. Better connections with agents and brokers, streamlined account transfers, improved communication and web tools, and automated re-evaluation processes were built and implemented to ensure effective operations.

The Department also operates the consumer call center for Your Health Idaho. Since many of the questions from consumers and agents begin with questions related to eligibility and tax credit determinations, the Department and Your Health Idaho partnered to create a one-stop support center for Idahoans.

Division of Operational Services

A. Overview

The Division of Operational Services provides a wide range of support to the Department in the areas of human resources planning and management, management of facilities and contracts, and other administrative support services.

The Office of Human Resources supports hiring, developing, and retaining the right people with the right skills to achieve the Department's mission, vision, and goals. The focus is on supporting the Department's Strategic Plan through the management of the Employee Life Cycle.

The Office of Facility and Business Operations provides support for the Department's business delivery units through building facilities management. Facilities management is comprised of security, telephones, space planning, leasing, administering all alteration and repair projects and contracting for maintenance and repair services. This office also manages motor pool utilization, fuel purchases, and maintenance.

The Office of Contracting and Procurement Services provides support for Department operations through service contract preparation, contract review and monitoring, and purchasing products.

The Office of Administrative Services supports the Department's operations through the management of administrative hearings and public record requests, resolution of concerns reported to the Governor's and Director's offices, and support to the Idaho Board of Health and Welfare.

B. Highlights

- The Human Resources unit worked with the Division of Behavioral Health to implement a student loan repayment program for physicians, expanded the Department's training curriculum to include additional self-development classes for employees, and collaborated with the Department of Labor and the Idaho Division of Human Resources on enhancements to the state's online application system.

- The Contracts and Procurement Unit was instrumental in developing, coordinating and implementing critical contracted services and purchases of unique products to support the Department's ongoing Medicaid Readiness project and Information Technology initiatives. The unit has been approached recently by several other state agencies as a model for best practices for procurement processes and internal training requirements for staff.
- The Facilities and Business Operations Unit is progressing with the development and planning on the master plan for the SWITC property and surrounding land in coordination with the Division of Public Works, City of Nampa and public works contractors. The unit also increased safety measures in offices around the state by training Department staff on CPR/First Aid and installing AED defibrillator devices in most offices.
- The Privacy Officer has been participating in work groups that support the Department's Data Governance Project. Presently the Privacy Officer is helping the Information HUB work group design a prototype of a SharePoint Site, which will serve as a single location employees can go to regarding protecting sensitive data. The Privacy Officer also worked with the Division of Information Technology to confer the Department's Privacy and Confidentiality Database to a newer system. Finally, the Privacy Officer worked with the Administrative Procedures Section to update shared components in the Privacy Manual, which were necessary due to the Public Records Act being moved from Title, 9, Chapter 3, Idaho Code, to Title 74, Chapter 1, Idaho Code.

Division of Information Technology

A. Overview

The Information Technology Services Division (ITSD) provides office automation, information processing, local and wide area networking, including unified communications and Internet connectivity for the Department statewide. The Division utilizes best practices and sound business processes to provide innovative, reliable, high quality, and cost-effective information technology (IT) solutions to improve the efficiency and effectiveness in providing services to the citizens of Idaho. The Division also provides leadership and direction in support of the Department's mission to actively promote and protect the social, economic, mental and physical health, as well as safety, of all Idaho residents. For example, the Division is responsible for:

- Providing direction in policy, planning, budget, and acquisition of information resources related to all IT projects and upgrades to hardware, software, telecommunications systems, and systems security.
- Securing Department information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information.
- Maintaining all departmental information technology resources, ensuring availability, backup, and disaster recovery for all systems.
- Overseeing development, maintenance, and enhancement of application systems and programs for all computer services, local area networks, and data communication internally and with external stakeholders.
- Providing direction for development and management of Department-wide information architecture standards.
- Overseeing the review, analysis, evaluation, and documentation of IT systems in accordance with Idaho rules and policies.
- Participating in the Information Technology Leadership Council (ITLC), an advisory council to the Information Technology Authority (ITA), providing IT guidance and solutions for statewide business decisions.

- Implementing ITA directives, strategic planning and compliance.
- Collaborating with the Office of the Chief Information Officer in statewide messaging, telecommunications, video conferencing, networking initiatives, strategic planning and ITA initiatives or directives.

B. Highlights

- Technological improvements to support Department programs include:
 - Continued development and implemented enhancements for the Infant Toddler web application (ITPKids) improving performance which reduced processing time by 85%, enhancing administrative functionality, application continuity, capture of disclosure log data, collection of initial evaluation data for compliance with Medicaid billing standards and extending the library of online documentation and video training resources.
 - Modernized the Medicaid Fraud Investigative Tracking System (FITS) using a supportable language and technology.
 - Upgraded all Department network switches to support Cisco Identity Service Engine to meet security compliance requirements.
 - Replaced the Welfare FITS with a browser-based system eliminating dependency on antiquated non-support technology.
 - The Medicaid Readiness Initiative implemented automatic re-evaluation for the new enrollment period in support of the State Based Marketplace and are in the process of moving toward a single rules engine.
 - Completed the migration of all sites to SharePoint 2010. Conversion of the Department's Intranet to SharePoint is in process and 90 percent complete.
 - Implemented the Service Desk module of the LANDesk Total User Management System to enable us to more efficiently manage service desk calls within IT and business applications.
 - Acquired and installed Privilege Manager Software to eliminate the need for administrative rights for application users. Rollout is in process and will be deployed statewide.
 - Continued progress in deployment and implementation of network infrastructure at a Department co-location site to provide critical information systems fail-over for Disaster Recovery and Business Continuity.
 - Re-Write of the Privacy and Confidentiality Database replacing non-supported third party software and providing an up-to-date system that meets security requirements and allows for support and future development.
 - Implemented Varonis software on the Department's servers to assist in identifying where sensitive information is stored to aid us in addressing any privacy, security and compliance issues that may exist.
 - Continued use of data analytics to manage the utilization of data through the adoption and meaningful use of electronic medical records; data analysis by characterizing information in the enterprise data warehouse and use of analytic tools; and data sharing and the adoption of health information exchanges.
 - Deployed Application Delivery Controller the framework for consolidation of application delivery for external and internal customers and to meet data services delivery growth.

- Network Admission Control implementation providing authentication for wired and wireless devices for security compliance.
- Installed Cisco FirePOWER Intrusion Prevention System to protect the Department's network from intrusion and track in-coming connections.
- Accomplishments directly associated with protecting the health and safety of Idahoans include:
 - Completed Phase IV of the Health Alert Network (HAN) providing text messaging alerts, removing options for Fax alerting for new users and improving administrative management capabilities.
 - Year 4 of the Idaho Electronic Health Record Incentive Management System, providing users with an efficient means of processing & tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant Electronic Health Record Technology.
 - Implemented the Electronic Verification of Vital Events, providing the ability to verify the identity of a person real time and reducing the opportunity for identity theft.
 - Deployed the Outbreak Management System statewide to support the Division of Public Health during the Ebola crisis.
 - Implementation of the Ekahau people tracking security system at State Hospital South, providing staff-to-staff communication for life safety and immediate response in crisis situations is in process.
 - Replaced the 3rd Party Electronic Birth Certificate system with an in-house developed web application (EBC4) improving Idaho's hospitals and birthing centers ability to enter data on Idaho births for upload into the Vital Statistics database.
 - Rollout of a web-based hosted solution for Nursing Home Certification and Inspection, improving efficiency by replacing paper processes.
 - Successful integration with the Idaho Health Insurance Exchange providing interfaces with carriers, the Department of Insurance, the Centers for Medicare and Medicaid Services and the Department of Health and Welfare to get an eligibility determination for Medicaid or the Advance Payment of the Premium Tax Credit (APTC) via an Affordable Care Act compliant State Based Marketplace for Idahoans to purchase Qualified Health Plans (QHP) and obtain APTC.
- Initiatives to "Go Green" include:
 - Continued virtualization of our servers to reduce overall the number of physical devices on the network to reduce power and cooling requirements.
 - Pilot of thin client technology at State Hospital South reducing the cost of workstations by providing virtual desktops.
 - Continuation of work to bring on smaller hospital and laboratory users for WebPortal access to the Bureau of Laboratories' Laboratory Information Management System, which replaces manual faxing of laboratory results saving staff time and reducing faxing costs.
 - Completed the FoIP (Fax over IP) technology rollout statewide replacing legacy analog fax machines and integrating with Enterprise messaging. FoIP allows the Department to realize savings by reducing the number of analog telephone line charges and reduces printing of paper faxes.
 - Completed the implementation of Voice over IP (VoIP) phones for funded locations, saving tax dollars by not replacing aging and obsolete PBX-based telephone systems and reducing long distance calling costs.

Medically Indigent Administration

The Medically Indigent Administration Program was discontinued with the establishment of the Office of Healthcare Policy Initiatives.

Office of Healthcare Policy Initiatives

A. Overview

The Office of Healthcare Policy Initiatives (OHPI) was created on February 1, 2015, and is housed within the Director's Office. This office was created to manage a Center for Medicare and Medicaid Innovation (CMMI) grant received by the Department for the implementation of Idaho's Statewide Healthcare Innovation Plan (SHIP). The SHIP was developed to redesign Idaho's healthcare system to improve Idahoan's health by strengthening primary and preventive care through the patient centered medical home, and evolve from a fee-for-service, volume-based payment system of care to a value-based payment system that rewards improved health outcomes. The OHPI currently has seven employees for the implementation of this initiative, and plans to add one more staff member in the fall of 2015.

B. Highlights

- Work on the SHIP began in 2013 when Idaho stakeholders came together to study Idaho's current healthcare system and develop a plan for transformation. The 6-month planning process involved hundreds of Idahoans from across the state working together to develop a new model of care. In early 2014 Governor Otter established the Idaho Healthcare Coalition (IHC), which has continued to build on earlier stakeholder work and momentum. IHC members include private and public payers, legislators, health system leaders, primary care providers, nurses, healthcare associations and community representatives.
- In December 2014 the Department of Health and Welfare received the CMMI grant for \$39.7 million. The grant funds a four-year model test that began on February 1, 2015, to implement the SHIP. During the grant period, Idaho will demonstrate that the state's entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care, and the broader medical neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other ancillary care services.
- The SHIP identifies seven goals that together will transform Idaho's healthcare system:
 - *Goal 1: Transform primary care practices across the state into patient-centered medical homes (PCMHs):* Idaho will test the effective integration of PCMHs into the larger healthcare delivery system by establishing them as the vehicle for delivery of primary care services and the foundation of the state's healthcare system. The PCMH will focus on preventive care, keeping patients healthy and keeping patients with chronic conditions stable. Grant funding will be used to provide training, technical assistance and coaching to assist practices in this transformation.
 - *Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood:* Idaho's proposal includes significant investment in connecting PCMHs to the Idaho Health Data Exchange (IHDE) and enhancing care coordination through improved sharing of patient information between providers.
 - *Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood:* At the local level, Idaho's seven public health districts will convene Regional Collaboratives that will support provider practices as they transform to PCMHs.
 - *Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs:* This goal includes training community health workers and integrating telehealth services into rural and frontier practices. The virtual PCMH model is a unique approach to developing PCMHs in rural, medically underserved communities.

- *Goal 5: Build a statewide data analytics system:* Grant funds will support development of a statewide data analytics system to track, analyze and report feedback to providers and regional collaboratives. At the state level, data analysis will inform policy development and program monitoring for the entire healthcare system transformation.
- *Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value:* Idaho's three largest commercial insurers, Blue Cross of Idaho, Regence BlueShield and PacificSource, along with Medicaid will participate in the model test. Payers have agreed to evolve their payment model from paying for volume of services to paying for improved health outcomes.
- *Goal 7: Reduce healthcare costs:* Financial analysis conducted by outside actuaries indicates that Idaho's healthcare system costs will be reduced by \$89 million over three years through new public and private payment methodologies that incentivize providers to focus on appropriateness of services, improved quality of care and outcomes rather than volume of service. Idaho projects a return on investment for all populations of 197 percent over five years.
- The first year of the award period, February 1, 2015, through January 31, 2016, is considered a pre-implementation year.
 - Project staff was hired to provide support for the grant, manage the multiple contracts and provide staff support for the Idaho Healthcare Coalition, the advisory group for the SHIP, and the workgroups that report to the coalition.
 - A contract has been awarded to Mercer for the technical assistance needed for project management and financial analysis.

Bureau of Financial Services

A. Overview

The Bureau of Financial Services provides important administrative support for the Department's operations and service delivery units. Centralized office services include budgeting, grant reporting and monitoring, cash flow management, fixed asset tracking, general ledger accounting and reconciliation, financial reporting, accounts receivable and receiving, accounts payable, and payroll services.

Financial Services staff is in regional field offices, as well as in the central office, and provide administrative support, electronic benefits services, and institutional accounting services.

B. Highlights

- The Financial Services Bureau continues to support all Department programs and operations through some of the most financially challenging years the Department has experienced.

Bureau of Audits and Investigations

A. Overview

The Bureau of Audits and Investigations includes four separate units that perform compliance and integrity reviews for the Department. Internal Audit evaluates the Department's overall system of controls. Medicaid Program Integrity Unit audits Medicaid provider claims for fraud, waste and abuse. Welfare Fraud Investigation Unit investigates allegations of public assistance fraud. The Criminal History Unit conducts background checks for various Department programs and services.

B. Highlights

- This year, the Medicaid Program Integrity Unit recovered a record \$2.9 million with total costs of \$1.2 million. The total measure of Identified overpayments, penalties, and cost savings declined significantly in

SFY 2015. This is because we can no longer estimate cost savings for providers receiving reimbursement through managed care contracts.

- The Welfare Fraud Unit continues to expand the use of data analysis. In the six years the cases identified through data analysis has grown from 58 to 2,400. Public complaints, which had been running 3,000 per year has increased to about 4,500 in the last two years. Investigation of child care providers and Food Stamp retailers is improving. Collections from child care providers increased from \$34,000 in FY 2013 to \$161,000 in FY 2015.
- The Internal Audit Unit is implementing the "LEAN" process improvement methods as part of its basic services to the Department.
- Criminal History checks increased 7 percent last year so the Unit has added a fingerprint collation office in Nampa.

STATUTORY RESPONSIBILITIES

Specific statutory responsibilities of the Department are outlined in Idaho Code:

Title and Chapter	Heading
Title 6, Chapter 26	Clandestine Drug Laboratory Cleanup Act
Title 7, Chapters 10	Uniform Interstate Family Support Act
Title 7, Chapters 11	Proceedings to Establish Paternity
Title 7, Chapters 12	Enforcement of Child Support Orders
Title 7, Chapters 14	Family Law License Suspensions
Title 15, Chapter 3	Probate of Wills and Administrations
Title 15, Chapter 5	Protection of Persons Under Disability and their Property
Title 16, Chapter 1	Early Intervention Services
Title 16, Chapter 15	Adoption of Children
Title 16, Chapter 16	Child Protective Act
Title 16, Chapter 20	Termination of Parent and Child Relationship
Title 16, Chapter 24	Children's Mental Health Services
Title 18, Chapter 2	Persons Liable, Principals and Accessories
Title 18, Chapter 5	Pain-Capable Unborn Child Protection Act
Title 18, Chapter 6	Abortion and Contraceptive
Title 18, Chapter 15	Children and Vulnerable Adults
Title 18, Chapter 45	Kidnapping
Title 18, Chapter 86	Human Trafficking
Title 19, Chapter 25	Judgment
Title 19, Chapter 56	Idaho Drug Court and Mental Health Court Act
Title 20, Chapter 5	Juvenile Corrections Act
Title 31, Chapter 35	Medically Indigent
Title 32, Chapter 4	Marriage Licenses, Certificates, and Records
Title 32, Chapter 7	Divorce Actions
Title 32, Chapter 10	Parent and Child
Title 32, Chapter 12	Mandatory Income Withholding for Child Support
Title 32, Chapter 16	Financial Institution Data Match Process
Title 32, Chapter 17	De Facto Custodian Act
Title 37, Chapter 1	Idaho Food, Drug, and Cosmetic Act
Title 37, Chapter 31	Narcotic Drugs – Treatment of Addicts
Title 39, Chapter 2	Vital Statistics
Title 39, Chapter 3	Alcoholism and Intoxication Treatment Act
Title 39, Chapter 6	Control of Venereal Diseases
Title 39, Chapter 9	Prevention of Blindness and other Preventable Diseases in Infants
Title 39, Chapter 10	Prevention of Congenital Syphilis
Title 39, Chapter 11	Basic Day Care License
Title 39, Chapter 12	Child Care Licensing Reform Act

Title and Chapter	Heading
Title 39, Chapter 13	Hospital Licenses and Inspection
Title 39, Chapter 14	Health Facilities
Title 39, Chapter 15	Care of Biological Products
Title 39, Chapter 16	Food Establishment Act
Title 39, Chapter 24	Home Health Agencies
Title 39, Chapter 31	Regional Behavioral Health Services
Title 39, Chapter 32	Idaho Community Health Center Grant Program
Title 39, Chapter 33	Idaho Residential Care or Assisted Living Act
Title 39, Chapter 34	Revised Uniform Anatomical Gift Act
Title 39, Chapter 35	Idaho Certified Family Homes
Title 39, Chapter 37	Anatomical Tissue, Organ, Fluid Donations
Title 39, Chapter 39	Sterilization
Title 39, Chapter 45	The Medical Consent and Natural Death Act
Title 39, Chapter 46	Idaho Developmental Disabilities Services and Facilities Act
Title 39, Chapter 48	Immunization
Title 39, Chapter 51	Family Support and In-Home Assistance
Title 39, Chapter 53	Adult Abuse, Neglect and Exploitation Act
Title 54, Chapter 17	Relating to Pharmacy
Title 39, Chapter 55	Clean Indoor Air
Title 39, Chapter 57	Prevention of Minors' Access to Tobacco
Title 39, Chapter 59	Idaho Rural Health Care Access Program
Title 39, Chapter 60	Children's Trust Fund
Title 39, Chapter 61	Idaho Conrad J-1 Visa Waiver Program
Title 39, Chapter 75	Adoption and Medical Assistance
Title 39, Chapter 82	Idaho Safe Haven Act
Title 41, Chapter 61	Idaho Health Insurance Exchange Act
Title 46, Chapter 12	Statewide Communications Interoperability
Title 49, Chapter 3	Motor Vehicle Driver's License
Title 54, Chapter 11	Morticians, Funeral Directors, and Embalmers
Title 54, Chapter 33	Freedom of Choice of Dentures Act
Title 55, Chapter 8	Requirements Regarding a Request for Notice of Transfer or Encumbrance--Rulemaking
Title 56, Chapter 1	Payment for Skilled and Intermediate Services
Title 56, Chapter 2	Public Assistance Law
Title 56, Chapter 8	Hard-To-Place Children
Title 56, Chapter 9	Telecommunications Service Assistance
Title 56, Chapter 10	Department of Health and Welfare
Title 56, Chapter 13	Long-Term Care Partnership Program
Title 56, Chapter 14	Idaho Hospital Assessment Act
Title 56, Chapter 16	Idaho Intermediate Care Facility Assessment Act
Title 57, Chapter 17	Central Cancer Registry Fund
Title 57, Chapter 20	Trauma Registry
Title 63, Chapter 30	Relating to Tax Information
Title 66, Chapter 1	State Hospitals
Title 66, Chapter 3	Hospitalization of Mentally Ill
Title 66, Chapter 4	Treatment and Care of the Developmentally Disabled
Title 66, Chapter 13	Idaho Security Medical Program
Title 67, Chapter 4	Legislature
Title 67, Chapter 14	Attorney General
Title 67, Chapter 24	Civil State Departments -- Organization
Title 67, Chapter 30	Criminal History Records and Crime Information
Title 67, Chapter 31	Department of Health and Welfare -- Miscellaneous Provisions
Title 67, Chapter 65	Local Land Use Planning

Title and Chapter	Heading
Title 67, Chapter 69	Food Service Facilities
Title 67, Chapter 73	Idaho State Council for the Deaf and Hard of Hearing
Title 67, Chapter 74	Idaho State Lottery
Title 67, Chapter 81	Idaho Housing Trust Fund
Title 67, Chapter 88	Idaho Law Enforcement, Firefighting, and EMS Medal of Honor
Title 68, Chapter 14	Court Approved Payments or Awards to Minors or Incompetent Persons
Title 72, Chapter 13	Employment Security Law
Title 72, Chapter 16	State Directory of New Hires

Revenue and Expenditures

Revenue	FY 2012	FY 2013	FY 2014	FY 2015
ID Health Ins. Access Card	\$ 5,780,500	\$ 5,780,500	\$ 3,842,300	\$ 3,842,300
Prev. Minors' Access to Tobacco	\$ 50,100	\$ 50,300	\$ 50,400	\$ 50,400
Domestic Violence Project	\$ 484,000	\$ 490,200	\$ 491,900	\$ 496,400
Cancer Control	\$ 401,000	\$ 400,800	\$ 401,700	\$ 404,000
Emergency Medical Services	\$ 2,566,600	\$ 2,629,000	\$ 2,647,900	\$ 2,705,700
Medical Assistance	\$ 6,000	\$ 6,000	\$ 3,500	\$ 3,500
Central Cancer Registry	\$ 182,700	\$ 182,700	\$ 182,700	\$ 182,700
Alcohol Intox. Treatment	\$ 0	\$ 0	\$ 0	\$ 0
Health and Welfare – EMS III	\$ 1,400,000	\$ 1,400,000	\$ 1,400,000	\$ 1,400,000
Hospital Assessment Fund	\$ 55,831,500	\$ 58,989,300	\$ 30,000,000	\$ 30,000,000
Coop.Welfare Acct – Federal	\$1,465,208,900	\$1,523,743,700	\$1,609,559,300	\$1,602,046,600
Coop.Welfare Acct – General	\$ 569,502,300	\$ 606,099,500	\$ 615,357,900	\$ 620,120,600
Coop.Welfare Acct – Other	\$ 147,441,700	\$ 165,258,900	\$ 213,475,200	\$ 261,437,700
Liquor Control	\$ 650,000	\$ 650,000	\$ 650,000	\$ 650,000
Drug and Family Court Services	\$ 253,100	\$ 257,800	\$ 257,800	\$ 257,800
State Hospital Endowment	\$ 3,092,200	\$ 3,691,900	\$ 3,846,500	\$ 4,672,800
Economic Recovery Funds	\$ 0	\$ 0	\$ 0	\$ 0
Immunization Dedicated Vaccine Fund	\$ 15,500,000	\$ 17,300,000	\$ 18,970,000	\$ 18,970,000
Millennium Fund	\$ 650,000	\$ 2,250,000	\$ 2,245,000	\$ 2,825,000
Time Sensitive Emergency Fund (new for SFY 2015)				\$ 225,800
Total	\$2,269,000,600	\$2,389,180,600	\$2,503,382,100	\$2,550,291,300
Expenditure	FY 2012	FY 2013	FY 2014	FY2015
Personnel Costs	\$ 163,848,800	\$ 171,755,500	\$ 171,218,700	\$ 180,658,200
Operating Expenditures	\$ 135,415,400	\$ 154,526,200	\$ 160,098,600	\$ 155,557,800
Capital Outlay	\$ 3,985,600	\$ 1,941,000	\$ 2,336,300	\$ 7,305,000
Trustee/Benefit Payments	\$1,839,714,500	\$1,999,564,000	\$2,040,016,300	\$2,131,458,700
Total	\$2,142,964,300	\$2,327,786,700	\$ 2,373,669,900	2,474,979,700

Note: Some revenue and expenditures do not show up on the graphs due to their small percentages relative to other financial figures. SFY 2015 revenue is based upon the Total Appropriation for that year.

Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	FY 2012	FY 2013	FY 2014	FY 2015
• Total Medicaid Expenditures (w/Admin)	\$1,704,408,900	\$1,875,835,200	\$1,920,439,500	\$1,997,242,800
• Medicaid T&B Expenditures Only	\$1,645,667,500	\$1,813,459,700	\$1,852,831,300	\$1,943,230,871

Cases Managed and/or Key Services Provided	FY 2012	FY 2013	FY 2014	FY 2015
% Spent as payments to providers	96.0%	96.7%	96.5%	97.3%
• Total Average Medicaid enrollees per month (Adjusted to include retroactive enrollees)	228,897	236,352	252,778	277,567
• Avg. Monthly Eligible Basic Plan Children (0-20 yrs)	147,677	148,043	155,399	178,257
• Avg. Monthly Eligible Basic Plan Adults	20,467	23,016	25,926	26,892
• Avg. Monthly Eligible Enhanced Plan Children (0-20 yrs)	23,365	25,189 (corrected number)	30,842	30,037
• Avg. Monthly Eligible Enhanced Plan Adults	14,726	23,352	17,099	17,483
• Avg. Monthly Dual-Eligible Coordinated Plan Adults	22,663	23,058	23,513	24,928
• Total number of initial licensing or certification surveys conducted	213	218	263	286
• Total number of re-licensure or recertification surveys conducted	2,157	2,345	2,379	2,426
• Total number of follow-up surveys conducted	185	173	218	308
• Total number of fire/life safety surveys conducted	344	330	321	362
• Total number of complaint-only surveys conducted	234	215	253	311
• Total number of other surveys conducted	8	30	27	22
Children's Mental Health Services				
• Total children's mental health clients served	2,288	2,468	2,554	2,487
• Court-ordered clients (20-511A)	485	528	600	583
• Total support services provided to children and families ¹	600	239	237	203

¹ Support services include Wraparound, Functional Family Therapy, and Parenting with Love and Limits.
State of Idaho

Cases Managed and/or Key Services Provided	FY 2012	FY 2013	FY 2014	FY 2015
Adult Mental Health Services				
• Total adult mental health clients served	10,263 (revised)	10,921	13,207	13,503
Substance Use Disorders Services				
• Total adult and adolescent substance abuse clients served ²	All – 8,150	6,619	2,214 (unduplicated client count)	2,987 (unduplicated client count)
State Hospital South				
Adult Psychiatric				
• Patient days	29,555	26,241	27,375	26,005
• Number of Admissions	484	550	608	547
• Percentage of Occupancy	89.7%	79.9%	83.3%	79.2%
• Indirect/Direct Costs Allocation Cost per Patient Day	\$452	\$533	\$533	\$600
Syringa Skilled Nursing				
• Patient days	9,071	8,986	8,856	8,837
• Number of Admissions	10	15	11	14
• Percentage of Occupancy	95.5%	84.9%	83.7%	83.5%
• Indirect/Direct Costs Allocation Cost per Patient Day	\$476	\$568	\$588	\$621
Adolescent Unit				
• Patient days	3,877	4,176	4,181	4,562
• Number of Admissions	81	110	122	149
• Percentage of Occupancy	62.8%	71.5%	71.6%	78.1%
• Indirect/Direct Costs Allocation Cost per Patient Day	\$647 (revised)	\$676	\$643	\$724
State Hospital North				
• Number of patient days	17,514	17,408	16,153	16,834

² SFY 2015 is the first full year where Idaho Department of Health and Welfare (IDHW) data is being reported without the inclusion of the Idaho Department of Correction (IDOC), Idaho Department of Juvenile Corrections (IDJC), and Idaho Supreme Court (ISC). SFY 2014 represented a partial year of data due to the transition of data systems. The reduction in clients served from SFY13 to SFY14 was because of the transition of Medicaid clients to Optum Idaho and the sun-setting of Access to Recovery (ATR) III. Access to Recovery (ATR) III funding ended in 2014, and Access to Recovery (ATR) IV funding began 2014.

Cases Managed and/or Key Services Provided	FY 2012	FY 2013	FY 2014	FY 2015
• Daily occupancy rate	80.0%	79.0%	74%	77%
• Number of admissions	289	278	217	243
• Cost per patient day	\$443	\$463	\$506	\$509
Public Health				
• Children's vaccines distributed	745,776	709,255	710,766	737,269
• Immunization Rates (19-35 Months) ³ (4:3:1:3:3:1 series)	42.6%	58.1%	63.0%	Data not yet available
• Immunization Rates (School Age Children - Kindergarten)	80.7%	81.7%	82.4%	84.0%
• Total number of childhood vaccine preventable diseases (HIB, Measles, Mumps, Whooping Cough, Rubella) ³	195	235	341	393
• Women, Infants and Children (WIC) served monthly	43,858	43,887	41,616	40,951
• (WIC) Average Monthly Voucher Value	\$49.70	\$52.86	\$52.81	\$57.92
• Women's Health Check (Women Screened) ⁴	4,474	4,717	3,972	3,063
• Women's Health Check (Breast Cancer Diagnosed)	71	79	56	36
• Women's Health Check (Cervical Cancer Diagnosed)	3	4	5	1
• New HIV Reports ⁵	42	41	39	41
• Idahoans living with HIV/AIDS ⁶	1,283 (revised)	1,356	1,535	1,589
• Acute Hepatitis B	3	6	12	9

³2010-2014 vaccine series has been revised from previous reports to show the 4:3:1:3*:3:1:4# series for each year (#4+ doses DTaP, 3+ doses poliovirus vaccine, 1+ dose MMR vaccine, 3 doses Hib vaccine, *depending on vaccine type, 3+ doses HepB, 1+ dose varicella vaccine, and 4+ doses of PCV).

⁴ SFY2013 for women's health check are preliminary and based on records received as of 8/5/2013.

⁵ Reports among residents of Idaho at first diagnosis with HIV infection.

⁶ Total number of HIV infection cases ever reported in Idaho that have not been reported deceased, regardless of residence at first diagnosis.

Cases Managed and/or Key Services Provided	FY 2012	FY 2013	FY 2014	FY 2015
• Acute Hepatitis C	14	12	13	5
• Total New Bloodborne Diseases	59 (revised)	59	64	55
Emergency Medical Services				
• Total EMS Personnel Licensure	673	569	499	554
• Total EMS Personnel License Renewal	1,231	1,363	1,231	1,367
• EMS grant requests for vehicles and care equipment	\$3,070,183	\$2,475,671	\$2,586,583	\$3,001,342
• EMS grants for vehicles and care equipment	\$1,331,483	\$1,333,533	\$1,196,410	\$1,338,549

Family and Community Services				
Idaho CareLine/211				
• Total # of call received by CareLine/211	162,587	158,570	142,718	132,063
Navigation Program				
• Total referrals to Navigation	5,885	10,318	9,890	8,298
Child Protection, Prevention, Foster Care, Adoptions				
• Total Child Prot. and Prev. Referrals	19,104	19,324	20,755	21,013
• # of children placed in foster care.	2,563	2,388	2,481	2,434
• Adoptions finalized	271	230	203	215
Infant Toddler Program				
• Number of children served	3,446	3,611	3,773	3,712
Developmental Disabilities Services				
• Service Coordination utilization	5,336	5,325	4,793	3,036
• Intensive Behavior Intervention for children	750	1,012	1,356	1,678
Southwest Idaho Treatment Center				
• Census	46	37	31	24
• Crisis Bed Admissions	9	6	6	6
• Cost per patient day	\$721	\$819	\$788	\$758
Applications				

Cases Managed and/or Key Services Provided	FY 2012	FY 2013	FY 2014	FY 2015
• Temporary Assistance for Families in Idaho (TAFI) applications processed	7,444	7,363	6,425	5,466
• Aid to the Aged Blind and Disabled (AABD) applications processed	7,025	7,060	6,966	7,034
• Medicaid applications processed (excluding nursing home)	70,626	65,701	70,481	122,555 ⁷
• Child care applications processed	10,443	12,825	10,140	10,181
• Food Stamps applications processed	111,893	109,365	102,805	96,146
• Total applications processed	207,431	202,314	196,817	241,382
Self-Reliance Benefit Programs				
• TAFI cash assistance avg. monthly participants	2,998	2,906	2,825	2,833
• TAFI annual benefits provided	\$7,068,909	\$6,855,668	\$6,768,193	\$6,850,079
• AABD cash assistance avg. monthly participants	14,683	15,363	15,586	16,045
• AABD annual benefits provided	\$7,971,353	\$8,283,728	\$8,418,368	\$8,683,753
• Food Stamps avg. monthly participants	235,502	229,586	217,553	201,094
• Food Stamps annual benefits provided	\$366,313,353	\$350,139,641	\$309,656,830	\$277,346,735
• Child Care avg. monthly participants	6,559	6,734	7,100	7,246
• Child Care annual benefits provided	\$19,298,544	\$19,698,010	\$22,453,661	\$25,488,800
Self-Reliance Child Support Services				
• Paternity established ⁸	5,993	5,918	5,924	Available Nov. 15, 2015
• Support orders established ⁹	6,871	5,860	6,021	Available Nov. 15, 2015
• Child support caseload ¹⁰	148,890	151,787	156,326	Available Nov. 15, 2015

⁷ The significant increase in Medicaid applications is due to the requirement that individuals applying for the advance premium tax credit to purchase insurance on the state insurance exchange must first have a determination made whether they qualify for Medicaid.

⁸ Data collected by Federal Fiscal Year. Data is reported November 15, 2015

⁹ Data collected by Federal Fiscal Year. Data is reported November 15, 2015

¹⁰ Data collected by Federal Fiscal Year. Data is reported November 15, 2015

Cases Managed and/or Key Services Provided	FY 2012	FY 2013	FY 2014	FY 2015
• Total child support dollars ¹¹ collected	\$198,445,259	\$205,159,608	\$205,349,282	Available Nov. 15, 2015
• Collections through wage withholding ¹²	\$97,333,696	\$103,792,831	\$105,821,933	Available Nov. 15, 2015
Community Services Grant				
• Grant amount	\$3,522,847	\$3,304,029	\$3,479,189	\$3,513,458

Indirect Services				
Financial Services – Electronic Payment System/Quest Card				
• Food Stamp and cash assistance payments	\$382,991,321	\$366,627,692	\$326,404,625	\$294,347,896
• Child Support electronic payments	\$175,967,057	\$178,028,591	\$185,862,921	\$192,446,635
Bureau of Audits and Investigations				
• Criminal History Background Checks ¹³	25,405	26,629	27,881	28,642
• Medicaid Program Integrity: Identified Overpayments and Cost Savings (Millions) ¹⁴	\$3.2	\$4.6	\$5.8	\$3.9
• Internal Audit Reports Issued ¹⁵	8	5	8	5
• Welfare Fraud Investigation Unit: Identified Overpayments and Cost Savings (in millions) ¹⁶	\$3.4	\$3.8	\$5.6	\$2.5

¹¹ Data collected by Federal Fiscal Year. Data is reported November 15, 2015

¹² Data collected by Federal Fiscal Year. Data is reported November 15, 2015

¹³ Criminal History Unit continues to deter ineligible participation over time. The number of disqualified or self-disqualified applicants was 269, 263, 277 and 303 in Fiscal Years 2012, 2013, 2014, and 2015 respectively.

¹⁴ The Medicaid Program Integrity Unit overpayments confirmed, in millions were \$1.3, \$2.5, \$2.3, and \$2.5 in Fiscal Years 2012, 2013, 2014, and 2015. Penalties and Interest were \$312,565, \$873,960, \$875,474, and \$732,029 in Fiscal Years 2012, 2013, 2014, and 2015.

¹⁵ Internal Audit measures its performance by tracking audit reports issued and successful resolutions to audit issues.

¹⁶ The Welfare Fraud Investigation Unit continues to see a high volume of leads and complaints to be investigated. Complaints were 2,985, 3,577, 4,497, and 4,537 in Fiscal Years 2012, 2013, 2014, and 2015. Data leads were 6,524, 15,539, 25,651, and 17,068 in Fiscal Years 2012, 2013, 2014, and 2015.

Part II – Performance Measures

Performance Measure	FY 2012	FY 2013	FY 2014	FY 2015	Benchmark
1. Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).	74.1%**	73.1%	74.6%	Data not yet available	77.1%
2. Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC).	69.4%**	67.9%	68.5%	Data not yet available	70.3%
3. Percent of DHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).	83.8%**	81.4%**	82.2%	78.8% ^	84.3%
4. Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).	40.2%	41.4%	42.2%	Data not yet available	50.5%
5. Percent of children who are safe as measured by the Safety Composite (SC)	89.2%**	94.6%	89.8%	Data not yet available	89.9%
6. Geographic areas of Idaho that meet Health Professional Shortage Area (HPSA) criteria which have been submitted for Health Professional Shortage Area designation. ¹⁷	100%	100%	100%	100%	100%
7. Percent of Idahoans with health and dental care coverage	75.4%	75.2%	76.9%	Data not yet available	78.7%
8. Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.	96.2%	96.1%	96.2%	89.7% ^^	97.2%
9. Accuracy rates of key identified programs.	94.7%	88.9%	90.2%	Data not yet available	87.6%
10. Customer service performance at DHW based on four key indicators (Caring, Competency, Communication, and Convenience).	Data Not Collected	72.5%	75.5%	Data not yet available	85.6%

** Figure changed due to minor data updates

^ Composite includes changes to individual measure calculation

^^ Decrease is due to conversion to a state based marketplace

The data being reporting are composites from several sources. Data that is not available is due to several reasons:

- Some of these are based on federal reporting standards. Before data can be shared, it often takes 12 to 18 months for federal agencies to confirm the accuracy of data.
- Some of the data items used to construct the composites are collected every other year.

Performance Measure Explanatory Notes:

1. Performance Measure #1 Explanatory Note

A. Objective

Improve healthy behaviors of adults to 77.1 percent by 2018.

B. Performance Measure

Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).

C. Rationale for Objective and Performance Measure

The Healthy Behaviors Composite gauges health risks for the leading causes of mortality and morbidity in the state. Increasing healthy behaviors for the most prevalent diseases can decrease future morbidity and mortality resulting from chronic diseases, such as cancer and heart disease.

D. Performance Measure Description

The performance measure is a composite of five healthy behavior indicators for Idaho adults who:

- Are not current smokers;
- Participate in leisure time physical activities;
- Consume five or more fruits and vegetables/day;
- Are not heavy drinkers of alcoholic beverages; and
- Have not used illicit drugs in the past 12 months.

E. How Target Was Created

The overall target of 77.1 percent is a composite of individual health indicator targets. These targets were developed through a combination of analysis of trend data, comparisons to the U.S. state median, high, and low values, and seven-year projections, along with relevant Healthy People 2010 goals.

2. Performance Measure #2 Explanatory Note

A. Objective

Increase the use of evidence-based clinical preventive services to 70.3 percent by 2018.

B. Performance Measure

Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC). Note that the immunization measure was updated. The trend and targets were recalculated.

C. Rationale for Objective and Performance Measure

The performance measure reflects the use of three screening services commonly used to detect the two leading causes of death in Idaho, cancer and heart disease. The performance measure also reflects three preventive services directly linked to improving cancer health, heart disease, oral health, and maternal and child health.

Research indicates that using evidence-based clinical preventive services is directly related to improving individual health.

Screenings provide an opportunity for early diagnosis of health problems before they become significant and expensive. Screenings also provide an opportunity for patient education by healthcare providers.

D. Performance Measure Description

The performance measure is a composite of six evidence-based clinical preventive service indicators for Idahoans that impact health. They include the number of:

- Adults screened for cholesterol in the last five years;
- Women age 40 and over who received a mammogram in the last two years;
- Adults 50 and over who have ever received colorectal cancer screening;
- Adults who had a dental visit in the last 12 months;
- Women who received adequate prenatal care; and
- Children 19-35 months whose immunizations are up to date.

E. How Target Was Created

The overall target of 70.3 percent was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicators that make up the overall target were created from trend data, a seven year projection, the relevant Healthy People 2010 goal and comparisons to the US state median, high, and low values.

3. Performance Measure #3 Explanatory Note

A. Objective

Increase the percent of Department clients living independently to 84.3% by 2018.

B. Performance Measure

Percent of Department clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).

C. Rationale for Objective and Performance Measure

Living independently aligns with our state's values for self-sufficiency by encouraging personal choice in a lower cost, safe setting.

The performance measure reflects the Department's ability to help those eligible for institutionalization (e.g. nursing homes, state hospitalization) live independently.

D. Performance Measure Description

The performance measure is an aggregate of five indicators of Department clients who are eligible but not institutionalized.

- Percent of year hospitalized clients lived independently in community;
- One-Time Admission Rates to State Hospital (not readmitted within 30 days of state hospital discharge);
- Percent of people with Severe and Persistent Mental Illness (SPMI) diverted to community-based services;

- Percentage of people with a Serious Emotional Disturbance (SED) who are diverted to community-based services; and
- Non-Long Term Care to Aged and Disabled Waiver Ratio.

E. How Target Was Created

The overall target of 84.3 percent was created by using the average of individual targets (i.e., a composite target).

The targets for the individual indicators that make up the overall target were created from trend data and program input based on Department research of circumstances that impact performance capabilities.

4. Performance Measure #4 Explanatory Note

A. Objective

Increase the percent of individuals and families who no longer have to rely on benefit programs provided by the Department to meet their needs to 50.5 percent by 2018.

B. Performance Measure

Percent of individuals and families who no longer use the Department's benefit programs as measured by the No Longer Use Services Composite (NLUSC).

C. Rationale for Objective and Performance Measure

- One of the Department's primary roles is to help families and individuals develop the natural supports, skills and tools necessary to effectively manage their lives without government supports;
- The performance measure includes those services most often delivered by the Department; and
- Most benefit programs are intended to be short term in an effort to assist individuals and families to become self-reliant. One exception would be the Child Support Program. This program is a long-term service to promote financial responsibility in families, which leads to less dependence on government services. The Division of Family and Community Services also administers several services with a similar ideal.

D. Performance Measure Description

The measure tracks changes in the participation rates for services and a reduction in the number of contacts with participants. As people become self-reliant, they reduce their need for the Department's benefit programs.

The performance measure is a composite of service indicators for the Department participants including:

- Graduation from the Infant Toddler Program;
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication of children improving or graduating out of Department programs);
- Successful completion of substance abuse treatment program;
- Amount of current child support collected vs. current child support owed;
- The "all family" work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program. People receiving TAFI are required to participate in work-related activities, such as job training, that will help them become employed. Many TAFI participant families are single-parent households;

- Idahoans using Food Stamp benefits (100 percent of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities, such as transportation or housing);
- Annual caseloads resulting from people who exit Department programs because they no longer need support for medical care, food or cash assistance (Department clients enrolled in Food Stamp, Medicaid, TAFI, in a state fiscal year who do not enroll in those services the following state fiscal year).

E. How Target Was Created

The overall target of 50.5 percent was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicators that make up the overall target were created from federal requirements (benchmarks), historical data, trend data and program input based on Department research of circumstances that impact performance capabilities.

5. Performance Measure #5 Explanatory Note

A. Objective

The percent of children who are safe from maltreatment and preventable illness will reach 89.9 percent by 2018.

B. Performance Measure

Percent of children who are safe as measured by the Safety Composite (SC). Note that the immunization measure was updated. The trend and targets were recalculated.

C. Rationale for Objective and Performance Measure

The objective reflects a public expectation and aligns with the Department's mission to help keep Idahoans safe.

The performance measure reflects trauma factors the Department can impact, such as preventable physical disease and physical or mental abuse and/or neglect. People who are safe from these trauma factors are healthier and more productive members of society, and require fewer health, social, and law enforcement services from the state.

D. Performance Measure Description

This measure serves as an aggregate measure of Department clients who have been maltreated. The measure includes:

- The percent of children without a recurrence of abuse or neglect within six months of prior maltreatment;
- The percent of children in foster care not maltreated while in state custody;
- Rate of unsubstantiated complaints of abuse or neglect;
- Percent of children who do not re-enter foster care within 12 months after being discharged from a prior foster care entry;
- Percent of children 19-35 months who have up-to-date immunizations.

E. How Target Was Created

The overall target of 89.9 percent was created by using the average of the individual targets (i.e., a composite target).

The individual indicators that make up the overall target were created from federal requirements (benchmarks), trend data, and program input based on Department research of circumstances that impact performance capabilities.

6. Performance Measure #6 Explanatory Note

A. Objective

Assure that in 2016, 100 percent of Idaho's geographic areas that meet Health Professional Shortage Area (HPSA) criteria will be submitted for designation as areas of health professional shortage.

B. Performance Measures

Geographic areas of Idaho that meet HPSA criteria that have been submitted for Health Professional Shortage Area designation.

C. Rationale for Objective and Performance Measure

- Assure Idaho is reviewing areas of the state for HPSA designation eligibility. These designations establish eligibility for federal and state resources, such as National Health Service Corps (NHSC) scholarship and loan repayment programs, the Medicare Incentive Payment Program, and Rural Health Care Access Program funding. Programs such as these and others can strengthen the healthcare system and improve healthcare access.
- On-going primary and prevention services are less expensive to the state than emergency services.
- The number, distribution and availability of healthcare providers are strong indicators of access to healthcare. Without access, Idahoans can't get the care needed to be healthy.

D. Performance Measure Description

The performance measure is a measure of the submission of Idaho areas for designation as Health Professional Shortage Areas. The three types of shortage areas used are:

- Primary Care HPSA;
- Mental Health HPSA; and
- Dental Health HPSA.

Health Professional Shortage Area (HPSA) means any of the following that has been designated through a federal formula to have a shortage of health professional(s): (1) An area that is rational for the delivery of health services; (2) An area with a population group such as low-income persons or migrant farm workers; or (3) A public or nonprofit private medical facility that may have a shortage of health professionals (42 U.S.C. 254e).

- The types of health professionals counted in a primary care HPSA are all medical doctors who provide direct patient and out-patient care. These doctors practice in one of the following primary care specialties -- general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology. Physicians engaged solely in administration, research and teaching are not included. The types of health professionals who are counted in a dental health HPSA are all dentists who provide direct patient care, except in those areas where it is shown that specialists (those dentists not in general practice or pedodontics) are serving a larger area and are not addressing the general dental care needs of the area under consideration.
- The types of health professionals who are counted in a mental health HPSA are all psychiatrists providing mental health patient care (direct or other, including consultation and supervision) in ambulatory or other short-term care settings to residents of the area.

E. How Target Was Created

The overall target of 100 percent was created by consulting with the division administrator and program manager and discussing program performance.

7. Performance Measure #7 Explanatory Note

A. Objective

Increase the percent of Idahoans with healthcare coverage to 78.7 percent by 2018.

B. Performance Measures

Percent of Idahoans with health and dental care coverage.

C. Rationale for Objective and Performance Measure

- Along with access, coverage reflects an individual's ability to use primary care services.
- Health insurance coverage impacts people's use of healthcare services which is linked to improved health, safety, and self-reliance.

D. Performance Measure Description

The performance measure is a composite of three indicators that measure healthcare coverage. The performance measures are:

- Adults with healthcare coverage;
- Adults with dental insurance; and
- Children with healthcare coverage.

E. How Target Was Created

The overall target of 78.7 percent was created by using the average of the individual Performance Indicator targets (i.e., a composite target).

- The target for adult healthcare coverage was determined after examining the actual trend, the projected trend, the relevant Healthy People 2010 goal, and comparisons to the U.S. state median, high, and low values.
- The target for adult dental insurance was determined after examining the actual trend and the projected trend.

The target for child healthcare coverage was determined after examining the actual trend (from two sources), the projected trends, the relevant Healthy People 2010 goal, and comparisons to the U.S. value, and high and low values

8. Performance Measure #8 Explanatory Note

A. Objective

By 2018, Department timeliness standards will be met for 97.2 percent of participants needing eligibility determinations for, or enrollment in, identified programs.

B. Performance Measures

Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.

C. Rationale for Objective and Performance Measure

Timely delivery of health and human services can avoid development of chronic conditions that would lead to more costly and intensive services. Furthermore, people who are eligible for services have a right to receive those services in the most efficient manner possible.

Timely application and recertification processing increases the accuracy of those functions.

The performance measure reflects the ability of key programs to meet timeliness standards, many of which are federally mandated.

D. Performance Measure Description

This performance measure is a composite of federally mandated timeframe standards for these key Department services and programs.

- Medicaid - Application timeliness;
- Percent of child protection cases meeting timeliness standards;
- Percent of eligible Infants and Toddler Program children enrolled within 45 days after referral; and
- Food Stamp - Application timeliness for non-emergency (non-expedite) cases.

E. How Target Was Created

The overall target of 97.2 percent was created by using the average of the individual performance Indicator targets (i.e., a composite target).

The targets for the individual indicator that make up the overall target were created from federal requirements (benchmarks), trend data, and program input based on Department research of circumstances that impact performance capabilities.

9. Performance Measure #9 Explanatory Note

A. Objective

The Department accuracy rates of key identified programs will reach 87.6 percent by 2018.

B. Performance Measures

Accuracy rates of key identified programs.

C. Rationale for Objective and Performance Measure

Accurate delivery of services is important to the health and safety of those in need of services. The objective provides a way for the Department to monitor use of resources and accountability for providing services.

The performance measure reflects the Department's ability in key programs to meet accuracy standards, many of which are federally mandated.

D. Performance Measure Description

This performance measure is made up of federally required error or accuracy rate standards for these "high profile" Department services and programs.

- Food Stamps - Federally Adjusted Payment Accuracy Rate;
- Food Stamps - Federally Adjusted Negative (closure and denial) Accuracy Rate;
- Child Protection - Percent of children receiving a caseworker visit each and every month while in care;

- Child Protection - Percent of months in which a caseworker visit occurred in a child's placement provider home or a child's own home;
- Child Support - Financial Accuracy; and
- Child Support - Data Reliability Standards.

E. How Target Was Created

The overall target of 87.6 percent was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicator that make up the overall target were created from federal requirements (benchmarks), historical data, trend data, program input and program goals based on Department research of circumstances that impact performance capabilities.

10. Performance Measure #10 Explanatory Note

A. Objective

The Department will improve customer service to 85.6 percent by 2018.

B. Performance Measures

Customer service performance at the Department is a composite of indicators in four areas:

1. *Caring* - Percent of Department clients treated with courtesy, respect, and dignity.
2. *Competency* - Percent of Department clients who have a high level of trust and confidence in the knowledge and skills of Department personnel.
3. *Communication* - Percent of Department clients who are communicated with in a timely, clear, and effective manner.
4. *Convenience* - Percent of Department clients who can easily access Department services, resources and information.

C. Rationale for Objective and Performance Measures

Improving customer service is an important component of the Department's mission, vision, and values. Improved customer service will lead to better delivery of service, higher personal satisfaction for employees, reduced job stress, and increased cost effectiveness.

The four areas of improvement were selected because research has identified these as core underlying factors that have the biggest impact on quality customer service.

D. Performance Measure Description

The composite measure is made up of separate performance measures or indicators.

- Food Stamps - Federally Adjusted Payment Accuracy Rate (U.S. Food and Nutrition Services (FNS));
- Food Stamps - Federally Adjusted Negative (closure and denial) Accuracy Rate (FNS);
- Department - Percent of agency hearings upheld;
- Child Support - Child Support data reliability standards (Idaho Child Support Enforcement System Data Reliability)

- CareLine - Percent of 2-1-1 CareLine telephone calls with wait/hold times of 60 seconds or less;
- Welfare - Percent of Temporary Assistance for Families in Idaho (TAFI) and Food Stamp applicants who meet with a Work Services Contractor within five days of the client's referral to the contractor by the Department;
- Vital Statistics - Percent of time Vital Statistics responded to mail requests in four days or less;
- IT - Percent of time that Department computing servers are functioning; and

E. How Targets Were Created

The overall target of 85.6 percent was created by using the average of the caring, competency, communication, and convenience composite targets.

The targets were created from federal requirements (benchmarks), historical data, survey data, comparisons to other states, trend data, and program input into the circumstances that impact performance capabilities.

For More Information Contact

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Mission and Priority Document
Federal Fiscal Year 2016
Bureau of Facility Standards
Idaho Department of Health and Welfare

The Bureau of Facility Standards is comprised of four teams, Long Term Care (LTC), Non-Long Term Care (NLTC), Facility Fire Safety and Construction (FFS&C), and Administration. Each team (excluding Administration) includes supervisors, dedicated survey staff, and administrative support. This staff performs the work described in the Mission and Priority Document.

The following information is pertinent to the 2016 budget and anticipated performance.

The 2016 Medicare budget amount (\$1,619,779) is based on a one percent (1%) increase of our 2015 award (\$1,603,742) as directed in the CMS "Admin Info 16-03" memorandum dated October 9, 2015.

The Mission and Priority document articulates well some of the challenges and barriers that State survey agencies face on a day-to-day basis, such as the costs associated with salaries for professional staff and increased travel expense (fuel and lodging) and the increasing numbers of providers seeking federal certification.

There is a tremendous amount of certification activity not captured using survey hours. The Budget is based on the numbers of staff currently performing the work, administrative appeals, actual costs associated with travel, training, equipment, and indirect costs associated with shared functions such as information technology services, attorneys, human resources, office space, etc.

The Governor's 2017 State budget requests salary increases for state employees. At this time, we do not have a freeze on hiring positions or furloughs, and a reduction in force is not anticipated. In fact, I have been able to hire retired qualified survey staff who want to work part time. The upturn in the economy has resulted in survey staff leaving the State employment and retiring or moving into the private sector. We are aggressively recruiting RNs for open survey positions. We have expanded our recruitment for health facility surveyors to statewide, which will allow trained survey staff to live outside of Boise. Currently there are nine open surveyor positions in the Bureau, three on the Medicare Certification team and six on the Long Term Care Team. The Department has contracted with HMS to provide SMQT-qualified survey staff to supplement the Idaho team, to improve the statewide average and to meet the 15.9 months survey frequency. However, the numbers of contract staff will be limited and sporadic due to HMS's contractual obligation to CMS. The Department may consider an additional contract with Aschelion for SMQT-qualified survey staff.

Mission and Priority Document
Bureau of Facility Standards
Idaho Department of Health and Welfare
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Nursing Home MDS surveys:

While I believe this is a worthwhile endeavor, our current staffing will not allow Idaho to complete the additional surveys at this time.

Hospital Worksheets:

The use of the two tools increases the amount of time needed to complete hospital survey activities.

IMPACT Act 2014, Hospice surveys:

Hospice Agencies in Idaho are only federally certified; there is no State licensure.

We identified in FFY 2015 Idaho would not be able to meet the additional workload associated with the IMPACT ACT for at least three (3) years.

I am renewing my request that the CMS contract staff complete eight (8) of the ten (10) surveys for FFY 2016 and five (5) of the ten (10) in 2017. Idaho will be accountable for meeting the survey requirements in FFY 2018. Completion of survey activity means conducting the recertification survey and all required follow-up surveys and associated report review. We will identify the surveys the SA will complete in FFYs 2016 and 2017 at the beginning of each of the FFY (2016 attached).

Staff training:

I have four (4) survey staff trained and CMS qualified to survey hospice agencies. I have three (3) open positions so I will need the capability for two (2) staff to complete hospice basic in FFY 2016 and two in FFY 2017.

Baseline Activity:

TIER 1. In FFY 2016, we will strive to accomplish all of Tier 1 work to include surveys of the providers identified and at the frequency identified in Appendix 1 of the Mission and Priority Document. The greatest challenge to meeting Tier 1 requirements is hiring, training, and retention of staff. Staffing and survey outcomes are the greatest challenges to getting Tier 1 work completed. The LTC statewide average exceeds the 12.9-month average but we are committed to catching up and meeting the 15.9 survey interval. As described above we are actively exploring other methods of recruiting and retaining qualified RNs for all programs. I will be taking advantage of the training opportunities available and will be making nominations as outlined in the Training addendum included with this document.

TIER 2. I anticipate that we will be able to complete the majority of Tier 2 work outlined in Appendix 1 of the Mission and Priority Document. We recognize complaints as a priority and make every attempt to meet the timing requirements. However, there are times, due to staffing or other planned survey activity, travel distance, and weather that decisions are made to delay a non-immediate jeopardy investigation to use resources more effectively.

The cumulative effect of not surveying non-long term care providers at more than the minimum requirements has resulted in an increased number of CoPs and CfCs found out of compliance and the increasing number of substantiated complaints affecting workload. In the NLTC Tier 2 area, we are prioritizing the work as follows:

- 5% Targeted ESRD
- 5% Targeted Non-Accredited Hospitals and CAH surveys
- Ambulatory Surgical Centers 25% sample
- ESRD recertification surveys
- Non-Accredited Hospitals & CAHs recertification surveys
- Rural Health Clinics recertification surveys
- Outpatient Physical Therapy Provider recertification surveys

Tier 3 work is prioritized as follows:

- LTC initials (1)
- ESRD recertification
- Non-Accredited Hospitals & CAHs
- Ambulatory Surgical Centers
- Rural Health Clinics
- Outpatient Physical Therapy Providers
- Portable X-ray suppliers
- IPPS Exclusion Verification
- Survey of Previously Terminated Providers

Idaho does not have transplant centers, psychiatric residential treatment facilities, or comprehensive outpatient rehab facilities.

TIER 4. We do not anticipate being able to complete Tier 4 work. We anticipate forwarding at least one (1) request for exception review for an initial survey of two (2) Medicare-only SNFs one in Boise, and the other in Coeur d'Alene, Idaho. These areas do not have an access-to-care or Medicare-bed shortage, but are important to the Governor and the local communities they serve.

Core Infrastructure:

The core infrastructure requires:

- Timely and accurate data entry and maintenance of information databases (ASPEN suite of products).
- Maintenance of the MDS, OASIS repository, and nurse aide registry are accomplished by contractors. The contractors do an excellent job but have experienced business related expenses that have driven our costs higher.
- Maintenance of the Home Health Hot Line.
- State performance measures are taken seriously and our capability to meet contract expectations is monitored on a regular basis.

Emergency Preparedness. We are working with internal partners in the development of this plan and will utilize CMS Emergency Preparedness Resource Inventory (EPRI) software when it is available for use.

The baseline budget submitted reflects a request of \$1,619,742. This budget recognizes the cost share for home health surveys, staff vacancies, personnel dollars, additional office equipment, and computers and tablets for three new staff, and replacement of task chairs, and operating costs. Should you have any questions, please call me at 208 / 334-6626.



Debby Ransom, R.N., R.H.I.T., Chief
Bureau of Facility Standards—DHW

Date: 2/5/16

DR/nm
Attachments

Provider Name	Previous Survey	Current Survey Date	Months between Surveys	
Minidoka Memorial Hospice	03/29/2006	09/30/2016	126.1	
Heart N Home Hospice & Palliative Care Fruitland	06/14/2006	09/30/2016	123.6	SA will complete in FFY 1016
Access Hospice Care	07/25/2006	09/30/2016	122.2	
Harrison's Hope	09/21/2006	09/30/2016	120.3	
Journey's Hospice	02/06/2007	09/30/2016	115.8	
Idaho Home Health and Hospice	04/10/2007	09/30/2016	113.7	SA will complete in FFY 1016
Crest Home Health and Hospice	08/27/2007	09/30/2016	109.1	
XL Hospice	03/29/2010	09/30/2016	78.1	
Solace HealthCare	04/20/2011	09/30/2017	77.4	
Alliance Hospice	09/13/2011	09/30/2017	72.6	

FY 2015 State Performance Evaluation - Summary Score Sheet
FREQUENCY DIMENSION

IDAHO

F1: OFF-HOUR SURVEYS FOR NURSING HOMES		
Measure Score		MET
Percentage		17.0%

F2: FREQUENCY OF NURSING HOME SURVEYS		
Measure Score		NOT MET
# of Active Nursing Homes		78.0
# Surveyed		71.0
# Exceeding 15.9 Months		10
% Surveyed		91.0%
Threshold 1 Score		NOT MET
Statewide Avg Interval (Months)		14.4
Threshold 2 Score		NOT MET

F3.1: FREQUENCY OF NON-NURSING HOME SURVEYS-TIER I		
Measure Score		NOT MET
HHAs		NOT MET
# of Active HHAs		36
# Surveyed		35
# Exceeding 36.9 Months		1
% Surveyed		97.2%
ICFs/IID		MET
# of Active ICFs/MR		66
# Surveyed		66
# Exceeding 15.9 Months		0
% Surveyed		100.0%
Threshold 1 Score		MET
Statewide Avg Interval (Months)		11.9
Threshold 2 Score		MET
NON-DEEMED HOSPICES - Developmental		MET
# of Active Hospices		28
# Surveyed		10
% Surveyed (33% Required)		35.7%
DEEMED HOSPITALS		MET
# of Hospitals in Sample (1)		27
# of Hospitals in Sample (2)		
# of Hospitals Surveyed		2

FY 2015 State Performance Evaluation - Summary Score Sheet
FREQUENCY DIMENSION

IDAHO

F3.3: FREQUENCY OF NON-NURSING HOME SURVEYS-TIER III		
	Measure Score	NOT MET
OPTs		NOT MET
	Max # of Years between Surveys	12.1
	# Exceeding Max Interval	8
CORFs		N.A.
	Max # of Years between Surveys	N/A
	# Exceeding Max Interval	N/A
RHCs		NOT MET
	Max # of Years between Surveys	13.3
	# Exceeding Max Interval	40
NON-DEEMED ASCs		MET
	Max # of Years between Surveys	4.2
	# Exceeding Max Interval	0
ESRDs		MET
	Max # of Years between Surveys	3.2
	# Exceeding Max Interval	0
NON-DEEMED HOSPITALS & CAHS		NOT MET
	Max # of Years between Surveys	8.9
	# Exceeding Max Interval	12

F4: FREQUENCY OF DATA ENTRY OF STANDARD SURVEYS FOR NON-DEEMED HOSPITALS AND NURSING HOMES		
	Measure Score	MET
Nursing Homes		
	# of Surveys Entered	52
	Mean # of Days to Data Entry	36.6
	% of Surveys-Data Entry Exceeds 70 Days	0.0%
Non-Deemed Hospitals		
	# of Surveys Entered	3
	Mean # of Days to Data Entry	46.7
	% of Surveys-Data Entry Exceeds 70 Days	0.0%

FY 2014 State Performance Evaluation - Summary Score Sheet
QUALITY DIMENSION

IDAHO

Q1: DOCUMENTATION OF DEFICIENCIES ON FORM CMS-2567

Measure Score	MET	
Threshold 1 Score	MET	
Threshold 2 Score	MET	
	Nursing Homes	Non-Nursing Homes
	Score	Score
Requirement 1	98.0%	100.0%
Requirement 2	92.0%	100.0%
Requirement 3	100.0%	100.0%
Requirement 4	97.0%	100.0%
Requirement 5	97.0%	100.0%
Requirement 6	100.0%	100.0%
Requirement 7	100.0%	100.0%
Requirement 8	100.0%	100.0%

Q2: CONDUCT OF NH SURVEYS IN ACCORDANCE WITH FEDERAL STANDARDS (FOSS SURVEYS)

Measure Score	MET	
Average Rating #1	3.3	
Average Rating #2	4.0	
Average Rating #3	4.0	
Average Rating #4	4.0	
Average Rating #5	4.0	
Average Rating #6	3.3	

Q3: DOCUMENTATION OF NONCOMPLIANCE IN ACCORDANCE WITH FEDERAL STANDARDS (FOSS SURVEYS)

Measure Score	MET	
Unjustified Disparity Rate	0%	

Q4: ACCURACY OF DOCUMENTATION DURING (COMPARATIVE SURVEYS)

Measure Score	MET	
Measure Percentage	100.0%	

* Agreement Rate must be 90% or above to meet this Measure.

FY 2015 State Performance Evaluation - Summary Score Sheet
ENFORCEMENT DIMENSION

IDAHO

E1: TIMELINESS OF PROCESSING IMMEDIATE JEOPARDY CASES	
Measure Score	MET
# of Accepted Cases	2
# of Cases Reviewed	2
Percentage	100.0%

E2: TIMELINESS OF MANDATORY DENIAL OF PAYMENTS FOR NEW ADMISSIONS (DPNA) NOTIFICATION FOR NURSING HOMES	
Measure Score	MET
# of Accepted Cases	40
# of Cases Reviewed	49
Percentage	81.6%

E3: PROCESSING OF TERMINATION CASES FOR NON-NURSING HOME PROVIDERS/SUPPLIERS	
Measure Score	MET
# of Accepted Cases	28
# of Cases Reviewed	32
Percentage	87.5%

E4: SPECIAL FOCUS FACILITIES FOR NURSING HOMES	
Measure Score	MET
# of Selected Facilities	1
# of Standard Surveys for SFFs	2
Threshold 1 Score	MET
Threshold 2 Score	MET



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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February 24, 2016

Patrick Thrift, Manager
Survey, Certification, & Enforcement Branch
CMS Region X – HHS M/S RX-48
701 Fifth Street, Suite 1600
Seattle, WA 98104

Re: Comments on Draft FFY 2015 State Performance Standards Review

Dear Mr. Thrift:

Thank you for the opportunity to review, comment, and provide additional information on the Draft FFY 2015 Idaho State Performance Standards. In addition, I want to thank you and the Region X staff for clarification of information. Our comments on the Draft document and our Plan of Correction (POC) are below.

Standard F2—Frequency of Nursing Home Surveys

We are acutely aware that the statewide average and the 15.9 survey interval do not meet the performance measures. I have talked with CMS on multiple occasions, both in person and by phone, and shared the steps we have taken to improve performance in this area. The upturn in the economy resulted in survey staff leaving State employment and retiring or moving into the private sector. Steps that we have taken to improve performance in this area:

- We have hired retired and trained survey staff to work part time to free up survey staff for recertification and complaint surveys.
- Supplementing the LTC team with SMQT qualified staff from other programs.
- We are aggressively recruiting RNs for open survey positions. We have expanded our recruitment for health facility surveyors to statewide, which will allow trained survey staff to live outside of Boise.

- The Department has contracted with HMS to provide SMQT-qualified survey staff to supplement the Idaho team, to improve the statewide average, and to meet the 15.9 months survey frequency. However, the numbers of contract staff will be limited and sporadic due to HMS's contractual obligation to CMS. The Department may consider an additional contract with Ascillon for SMQT-qualified survey staff.
- We are actively working with the Department's Human Resources section exploring a career ladder for survey staff. We believe based on employee engagement surveys and exit interviews this will aid in our retention of trained staff.
- We are working with Idaho State University of Health Sciences to provide a guest lecture regarding regulatory oversight and policy as a career path.
- We are writing an article for publication in RN Idaho about regulatory oversight and policy.
- We continue to work with staff and with the assistance of CMS Regional survey staff exploring methods to improve efficiency and effectiveness on survey.
- Retention and reassignment of a trained supervisor to train staff on how to conduct on-site revisits and complaint investigations.
- We will continue to ensure no further surveys go over 15.9 months and work to bring the others under 15.9 with a survey frequency of no greater than six to nine months based on our conversation of January 29, 2016.

Currently there are four LTC surveyors assigned to the long-term care unit. The only member who is not SMQT qualified is at LTC basic this week (February 22—25, 2016), and is scheduled to take her test in April. We have hired a former LTC surveyor who is an RN and SQMT qualified, while she has been gone a number of years, we anticipate that she will be an independent team member and team leader in a short time. We have one RN with many years of LTC experience and a RD starting on March 22, 2016. The long-term care supervisors are actively interviewing.

F3.1 Frequency of Non-Nursing Home Surveys

While I would like to take credit for meeting this requirement, we did not. Due to a miscalculation of dates, we missed meeting the 36.9 requirement for Aspen Home Care. The F3.1 Scoring Checklist identified we met this metric; however, the raw data demonstrates and notes that we did not. We have corrected the excel spreadsheet we use to identify when surveys are due and have a second person checking the schedule to ensure we do not miss a survey due to this type of error in the future.

Patrick Thrift, Manager
February 24, 2016
Page 3 of 4

F3.1 identified that we did not complete a survey for Boise Group Homes Delmar 1, CCN#13G058. The facility closed March 13, 2015; we have asked that the RO close this facility and have provided the information on 3/10/15 and 12/3/15. We respectfully request you process this closure.

F3.1 identifies that we did not complete the 90-day termination for Hospice Alliance of Idaho. This was a survey completed by CMS contractors and CMS had the responsibility for revisit and enforcement.

F3.1 ASC Idaho Surgicenter North (number 9 on the list, survey date 8/21/15). The 45th day was 10/5/15. We did get an extension from Aileen. The first follow-up was conducted on 10/13/15 and the second follow-up was conducted on 11/10/15. The 10/30/15 data on the "Revisit #1" is reflective of the 2567B correction dates. Idaho Surgicenter North (number 29 on the list, survey date 9/2/15) appears to be a LSC survey.

Millennium Surgery Center (number 11 on the list, survey date 2/2/15). The 45th day was on 3/19/15 and the first 45-day follow-up was conducted on 3/18/15. The data on the "Revisit #1" is reflective of the second follow-up exit and the 2567B correction dates.

F3.2 & F3.2 Frequency of Non-Nursing Home Surveys—Tier 2 & 3

F3.2 The Non-Deemed Hospices were excluded from this measure per Admin Info Letter 15-9.

We met the Tier 2 priorities, with enforcement attached to the survey activity and as outlined in our Fiscal Year 2015 Budget Narrative. There will continue to be challenges to meeting the Non-Long Term Care (NLTC) work in Tier 2 as identified in our Mission and Priority Document. We have been able to hire and retain two trained and qualified temporary RN staff, which has allowed us to remain current on hospital, ASC, HHA, and complaint surveys. One of the program supervisors is retiring after 21 years in the position. I have promoted from within the program. We currently have four empty RN positions; however, two of the positions have been filled with RNs who will begin their employment on March 22, 2016.

F3.3 As I have shared with CMS in the last four Mission and Priority Documents I did not believe we would be able to complete Tier 3 work. We continue to monitor progress and are trying to improve survey intervals, and to ensure the staff assigned to this unit are trained in all programs.

Patrick Thrift, Manager
February 24, 2016
Page 4 of 4

E.3 Processing of Termination Cases for Non-Nursing Home Providers/Suppliers

E.3 was corrected to "Met" as the HHA alternative remedies were in effect for the three agencies where the State Agency was identified as not meeting the 90-day termination track.

If there are questions or concerns, please contact me at 208-334-6626, option 5.

Sincerely,


Debby Ransom, R.N., R.H.I.T.
Bureau Chief

DR/nm

Licensing and Certification Performance/Work Measures

Access Measures:

- Number of Facilities by type
- Number of facilities by type and region
- Number of facilities by type that are Medicare certified
- Number of facilities by type accepting Medicaid
- Total number of beds (by residential facility type)
- Population/conditions served in each facility
- Facilities with special units (memory care, respiratory care, etc.)

Safety/Quality measures (available by facility type)

- Number of initial surveys due and completed
- Number of overdue surveys
- Number of recertification surveys due and completed
- Number of follow-up surveys due and completed
- Individual facility/agency survey results
- Number of complaints received
- Average number of allegations per complaint
- Number of complaints alleging immediate jeopardy
- Number of complaints investigated
- Number of complaints substantiated
- Average time to complete complaint investigation
- Number of overdue complaint investigations
- Number of facilities with core deficiencies (include number and type of deficiency)
- Number of facilities with non-core deficiencies (include number and type of deficiency)
- Number of facilities with repeat core deficiencies (include number and type of deficiency)
- Number of facilities with repeat non-core deficiencies (include number and type of deficiency)
- Enforcement actions taken (by facility type and enforcement type)
- Awards given (by facility type and type of award)

Priority for Complaints

Priority 1 – Immediate jeopardy

Priority 2 – Negative outcome for residents

Priority 3 – Noncompliance but no direct negative outcome to residents