

**IDAHO BOARD OF HEALTH AND WELFARE
MINUTES
May 16, 2019**

The Board of Health and Welfare convened at:
Pete T. Cenarrusa Building
450 W. State Street
Boise, Idaho 83720

BOARD MEMBERS PRESENT

Darrell Kerby, Chairman
Tom Stroschein, Vice-Chair
Dave Jeppesen, Secretary
Dr. Linda Hatzenbuehler
Dr. Timothy Rarick
Sara Stover
Senator Fred Martin

VIA PHONE

Wendy Jaquet (joined meeting at 8:34 a.m.)

STAFF PRESENT

Lisa Hettinger, Deputy Director, Behavioral Health, Medicaid, Health Policy Initiatives and Public Health
David N. Taylor, Deputy Director, Support Services
Elke Shaw-Tulloch, Division Administrator, Public Health
Dieuwke Disney-Spencer, Deputy Division Administrator, Public Health
Tamara Prisock, Division Administrator, Licensing and Certification (L&C)
James Aydelotte, Bureau Chief, Vital Statistics
Ryan Soukup, Community Resources Coordinator, Public Health
Kathie Brack, Special Assistant to the Director
Kelly Petroff, Director of Communications
Niki Forbing-Orr, Public Information Manager
Lynn Overman, Liaison to the Board

OTHERS PRESENT

Nicole McKay, Division Chief, Deputy Attorneys General
Emilie Jackson-Ednay, Citizen
Kathy Griesmeyer, ACLU
Ruby Mendez, ACLU

Melissa Davlin, IPTV
 Lindsay Atkinson, SMART
 Dianne Piggott, Counselor
 Amy Elder, Citizen
 Karen Erickson, Citizen
 Mistie Tolman, Planned Parenthood
 Sheri Morga, Recovery Idaho

CALL TO ORDER

Following proper notice in accordance with Idaho Code, Section 67-2343, and pursuant to call by the Chairman, the meeting of the Idaho Board of Health and Welfare was called to order by Darrell Kerby, Chairman of the Board, at 8:10 a.m. Thursday, May 16, 2019 at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.

ROLL CALL

Director Jeppesen, Secretary, called the roll. Roll call showed **seven (7)** members present. With **four (4)** voting members present, Chairman Kerby declared a quorum. Absent and excused was Representative Fred Wood, Jim Giuffré and Wendy Jaquet. (Wendy joined the meeting via phone at 8:34 a.m.)

PUBLIC COMMENT PERIOD

Chairman Kerby opened the floor for public comment. There being none, the Board advanced to the next order of business.

ADOPTION OF MINUTES FROM BOARD MEETING ON FEBRUARY 28, 2019

The number of Recovery Centers currently operating in the state was corrected from eight (8) to nine (9).

Motion: Tom Stroschein moved that the minutes of the February 28, 2019 Board meeting be adopted as amended.

Second: Linda Hatzenbuehler

Vote:

Ayes: **Kerby, Stroschein, Hatzenbuehler, Rarick**

Nays: **None**

Motion Carried

VITAL STATISTICS DOCKET NO. 16-0208-1901: GENDER MARKER

Nicole McKay, Division Chief Deputy Attorney General presented the docket. She directed Board member's attention to a letter received from Lambda Legal and its intention to commence litigation. **(See attachment 1)**

EXECUTIVE SESSION

Motion: Timothy Rarick moved that the Idaho Board of Health and Welfare, pursuant to Idaho Code §74-206(1)(f), convene into executive session to communicate with legal counsel regarding pending/imminently-likely litigation, and the vote to do so by roll call.

Second: Tom Stroschein

Roll Call Vote:

Ayes: **Kerby, Stroschein, Hatzenbuehler, Rarick**

Nays: **None**

Motion Carried

(Wendy Jaquet joined the meeting via phone at 8:34 a.m.)

Concluding all remarks, Chairman Kerby ended the Executive Session at 9:00 a.m.

Senator Martin stated that during the recent legislative session, a number of legislators were concerned with the pending rule that allowed for adults and minors to change gender markers on birth certificates and requested the additional application requirement contained in the docket. With the support of the Governor's office, the Department presented the docket for the consideration of the Board. The rule amendment requires adults and minors to submit a medical attestation from a medical or mental health professional stating that the gender to which the applicant is seeking to change is the gender in which the applicant identifies.

The Board inquired as to the number of applications the Department has received. Vital Statistics State Registrar James Aydelotte indicated there have been 101 requests for birth certificate gender marker changes since April 2018. Of those requests, fifteen (15) were minors – one as young as age seven (7).

On further discussion of the proposed rule, the board moved that Deputy Attorney General Nicole McKay amend the proposed rule **(See attachment 2)** to remove the medical or mental health attestation requirement for adults and limit it to minors age eighteen (18) and under. **(See Attachment 3).**

Motion: Tom Stroschein moved that legal counsel revise the docket such that the medical attestation apply only to minors.

Second: Timothy Rarick

Vote:

Ayes: **Kerby, Stroschein, Rarick, Hatzenbuehler**

Nays: **Jaquet**

Motion carried

The docket was revised to apply solely to minors, which was reviewed by the Board. Upon consideration of the amended docket, the following motion was made:

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the “Temporary and Proposed” rules for “Vital Statistics Rules – Gender Marker”, presented under Docket No. 16-0208-1901, effective as soon as practicable.

Second: Timothy Rarick

Vote:

Ayes: **Kerby, Stroschein, Rarick**

Nays: **Jaquet**

Abstain: **Hatzenbuehler**

Motion Carried

CONCURRENCE OF APPOINTMENT

Elke Shaw-Tulloch, Division Administrator of the Public Health Division, recommended Jana Perry-Ellis as chair of the Time Sensitive Emergency (TSE) Council. Ms. Perry-Ellis has worked with the council in the past and is well qualified for the position. A copy of her curriculum vitae was provided. **(See attachment 4)**

Motion: Timothy Rarick moved that the Idaho Board of Health and Welfare concur with the appointment of Jana Perry-Ellis to the TSE Council, by the Emergency Medical Services & Preparedness Bureau, Division of Public Health, Department of Health and Welfare.

Second: Tom Stroschein

Vote:

Ayes: **Kerby, Stroschein, Jaquet, Hatzenbuehler, Rarick**

Nays: **None**

Motion Carried

COMMENTS FROM BOARD MEMBERS

Linda Hatzenbuehler inquired about the protocol for handling documents she receives at her home from citizens requesting her assistance as a Board member. Per Chairman Kerby, all documents should be forwarded to the Department of Health and Welfare to be reviewed. The Department will apprise Board members of action being taken.

Nicole McKay instructed that authority lies with the Board as a whole, not with individual members. She also advised it is appropriate for Board members to convey to citizens that Board members cannot take unilateral actions.

UPDATE: NOTICE OF FEDERAL CLASS ACTION CLAIMS AND DEMAND – SWITC

Board members were provided a copy of the Notice and Demand letter filed by attorneys Shamus P. O’Meara and Charlene K. Quade regarding the Southwest Idaho Treatment Center (SWITC). (**See Attachment 5**). Ms. McKay stated that DHW has discuss possible settlement options. No Board action is required.

ADMINISTRATIVE RULES: DECLARATION OF TEMPORARY RULEMAKING

Tamara Prisock, Division Administrator for the Division of Licensing and Certification, provided a copy of the Declaration of Temporary Rulemaking. (**See Attachment 6**). Because the Legislature did not authorize the renewal of the Administrative Code during the 2019 Legislative Session, all rules will expire on June 30, 2019. Governor Little has issued an Executive Order to authorize all temporary rules in effect on July 1, 2019. Each state agency must provide a list of Fee and Non-Fee rules. The Board must vote to make “temporary” all rules under the Board’s jurisdiction.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the “Temporary” rules for Reauthorization of Health and Welfare Board Rules for Non-Fee and Fee Rules presented under Docket Nos. 16-0000-1900 and 16-0000-1900F; both are effective June 30, 2019.

Second: Linda Hatzenbuehler

Vote:

Ayes: **Kerby, Stroschein, Jaquet, Hatzenbuehler, Rarick**

Nays: None

Motion carried

This Legislative action provided an opportunity for the DHW to review all rule chapters for reauthorization, reduction, repeal, change or elimination. This is also in keeping with the Governor's "Red Tape Reduction Act". (See **Attachment 7**). Many rules are expected to be eliminated or reduced in accordance with the Act.

Wendy Jaquet ended her participation via phone at 11:40 a.m.

RECOVERY IDAHO FUNDING REPORT 2019-2020

Sheri Morga, Operations Manager for Recovery Idaho, provided a list of the nine recovery centers operating in the state. (See **Attachment 8**).

Ms. Morga reported the Millennial Fund is the primary funding source for the centers. The Fund budget for administration and transportation fees has been reduced, making it difficult to provide services to rural areas. A new budget has been submitted to the Fund that would allow outreach to these areas.

Idaho's Response to the Opiate Crisis (IROC) provides funds that are used to support all centers statewide.

Idaho Recovery Open Awareness Ride (IROAR) is an important annual fundraiser and is also supported by Optum. 99% of addiction clients also have a mental health diagnosis.

Last year over 12,000 people utilized the recovery centers. More money is needed to train more Recovery Coaches and Peer Support Specialists. The centers are hopeful that with Medicaid expansion these training costs may be covered or supplemented.

Ms. Hatzenbuehler complimented the work done at the Pocatello center, noting the comprehensive help clients receive including exercise programs, housing assistance, clothing donations, job searches, resumé and interview help.

Ms. Morga noted great success in coupling crisis centers with the recovery centers. This allows clients access to resources immediately.

MEDICAID/ BEHAVIORAL HEALTH/ PUBLIC HEALTH/ HEALTH POLICY INNOVATION UPDATE

Lisa Hettinger, Deputy Director of Medicaid, Behavioral Health, Public Health and Health Policy Initiatives, reported the SIM Grant has been finalized and the Idaho Healthcare Coalition (IHC), which oversaw the grant-funded transformation activities, has disbanded. The Office of Healthcare Policy Initiatives (OHPI) received a “Demonstration of Concept” budget for SFY20 which will assist with supporting the transformation group that is replacing the IHC: The Healthcare Transformation Council of Idaho (HTCI). Handouts were provided listing the Council members and a copy of the HTCI Charter. **(See Attachments 9 & 10).**

Public Health:

Lisa called upon Elke Shaw-Tulloch, Division Administrator of Public Health to provide an update to the Board for her Division. Ms. Shaw-Tulloch reported House Bill 109 created a committee to research maternal deaths in Idaho and make suggestions how to lower the maternal mortality rate. This committee is to report annually to the Legislature.

House Bill 180 provides for the implementation of a Needle/Syringe Exchange Program. The first stakeholder meeting was held May 6. The Program will report the number of individuals that participate in the Program and the number of needles exchanged. The next meeting will be held in September and an update will be presented to the Board at the November meeting.

Ms. Hatzenbuehler asked whether vaccination compliance effects *licensure* of daycare centers. Ms. Shaw-Tulloch explained daycares may choose not to accept children who have not been immunized, but immunization compliance is not a requirement for licensure.

Behavioral Health:

Ms. Hettinger reported two crisis centers have been opened since the last Board meeting in February.

Medicaid:

Increases to rates have been approved for several services including: \$12.2 million total for Developmental Disabilities (DD), \$8 million to Non-Emergency Medical Transportation (NEMT) and \$4.4 million to dental services.

Two primary goals for Medicaid Expansion are to create an uncomplicated enrollment process for citizens and to create a smooth process for providers to ensure continuity of care.

Waivers seeking federal approval of the Coverage Choice option sought by the legislature must be completed by Open Enrollment in October 2019.

WELFARE/ FAMILY AND COMMUNITY SERVICES UPDATE

Lori Wolff, Deputy Director, reported that the Welfare/Self-Reliance Division is responsible for all enrollment for Medicaid Expansion. 91,000 enrollees are expected. No additional staff was approved by the Legislature for implementation or enrollment. The first 60,000 clients should be

enrolled by January 1, 2020. The Department is also working to train clinics and medical offices to help direct people to apply and enroll in Medicaid.

Updates on Child Welfare (CW) and Southwest Idaho Treatment Center (SWITC) were deferred until the Board meeting in August.

DIVISION OF SUPPORT SERVICES UPDATE

Dave Taylor, Deputy Director of Support Services, provided several handouts regarding Idaho's FY2019 General Fund Revenues and the Department's FY2020 Budget Appropriation. (See **Attachments 11, 12, 13**).

On January 31, 2019, Idaho's year-to-date General Fund Individual Income Tax withholding was 15 % below the forecasted amount. Although the state saw significant recovery in February, March and April, it is believed this revenue shortfall put a damper on the Governor's budget recommendations and JFAC's appropriations for SFY 2020.

OS Inc., a claims management company that provides services to the DHW experienced a data breach. This breach related to Infant/Toddler and Mental Health clients' personal information. (See **Attachment 14**). There is no evidence that our clients' personal information was accessed, but the Department had OS Inc. notify 2,060 individuals potentially affected by the breach. Director Jeppesen has asked department staff to evaluate the lessons learned from this incident, so they can apply them to our overall cybersecurity efforts.

DIRECTOR'S UPDATE

Director Jeppesen introduced the Department's new Director of Communications, Kelly Petroff. He thanked Board members for their commitment and engagement. In response to member requests at the last Board meeting, three topics will be addressed:

- 1.) Clarity of the Board's authority, with training to be given by Nicole McKay at future meetings.
- 2.) Intensive instruction into Department programs as time allows.
- 3.) The Department's Strategic Plan is being developed; this will be the operating model for the Department and will include four strategic goals:
 - Provide Medicaid clients with quality healthcare and reduce program cost increases.
 - Manage crisis prevention for children and families and reduce time to permanency rates for children in foster care.
 - Accelerate a process to help citizens break out of the poverty cycle.
 - Focus on customer service to the citizens of Idaho and improve the public image of the Department.

Tom Stroschein complimented DHW staff for the way they interacted with Legislators from both political parties. He saw the interaction as a very positive influence during the Legislative Session.

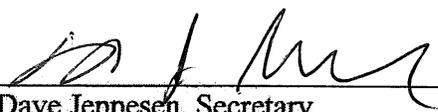
ADJOURNMENT

The next meeting of the Idaho Board of Health and Welfare is scheduled on August 15, 2019. There being no further business to come before the Board, Chairman Kerby adjourned the meeting at 12:40 p.m.

Respectfully signed and submitted by:



Darrell Kerby, Chairman *TOM STROSCHERIN, ACTING CHAIRMAN*



Dave Jeppesen, Secretary



Lynn Overman, Liaison to the Board



May 7, 2019

Via Email

Board of Health and Welfare
450 West State St., 10th Floor
P.O. Box 83720
Boise, ID 83720-0036

Re: Public Comment on Proposed Changes to Rules Governing Completion and Correction of Certificates; Vital Statistics Docket No. 16-0208-1901

Dear Chairman Kerby and Board Members,

As the legal team that represented the Plaintiffs in *F.V. v. Barron*, No. 17-160 (D. Idaho), we write to submit public comment on the proposed changes to the rules governing the Completion and Correction of Certificates.

We write to urge the Board to reject proposed revisions to the rule that would require transgender applicants, who are seeking to correct the gender marker on their birth certificates to match their gender identity, to submit proof from a medical or mental health professional, in addition to complying with existing requirements. The stated justification for the proposed revision is to promote the “veracity” of the application and integrity of vital records.

There is no basis for the proposed revisions. The current version of the rule—which took effect on April 6, 2018 and which the Idaho Department of Health and Welfare (IDHW) has now implemented for more than a year—already requires applicants to provide a notarized affidavit that the gender indicated on their birth certificate does not match their gender identity. Moreover, applicants must do so under criminal penalty for submitting a false application. The application cautions that “furnishing false or fraudulent information affecting any certificate is a felony punishable by a fine of not more than five thousand dollars (\$5,000) or imprisonment of not more than five (5) years, or both.” There is no basis for the suggestion that these and other existing safeguards to ensure the veracity of applications and integrity of vital records that have been enforced for more than a year are now somehow inadequate.

The proposed revisions are not consistent with the Court’s March 5, 2018 order. The Court recognized the “potential implications of restrictions and restraints IDHW may place on the ability of transgender people to apply for and receive approval of applications to change the sex listed on their birth certificates.” Order at 17. It then cautioned against any rule that would “subject one class of people to any more onerous burdens than the burdens placed on others without constitutionally-appropriate justification—for instance, to apply for a change in paternity information the applicant is not required to submit medical evidence, such as DNA confirmation, to prove paternity or non-paternity.” *Id.* at 18. Despite the Court specifically citing the example of “medical evidence” as an unjustified burden, the proposed revision would now expressly require such “medical evidence.” The Court also made clear that any “restrictions and restraints” imposed by IDHW would need to survive heightened scrutiny, which the proposed revisions fail.

The proposed medical provider requirement would create an unnecessary and harmful practical barrier for transgender people to correct their birth certificates to match their gender identity. As the Court’s order noted, mismatches between one’s identity documents and perceived gender can endanger the health and safety of transgender people. Order at 9. It is well documented that transgender people experience significant barriers to accessible, supportive, and comprehensive medical care.¹ Many transgender people report discrimination when visiting a health care provider or report avoiding seeking health care for fear that they will experience such discrimination.² Many civil rights experts report an increase in fears of discrimination against transgender people as more medical providers refuse to provide care on religious grounds.³ These issues and concerns increase in rural areas, as there are fewer health care providers who are knowledgeable, open, and affirming in providing care for transgender people as compared to urban areas.⁴

To comply with the Court’s order and the Constitution, and in the interests of the well-being of all transgender people born in Idaho, we therefore urge the Board to refrain from adding a medical provider requirement to the existing IDHW process.

¹ Joshua D. Safer, *Barriers to Health Care for Transgender Individuals*, 23 CURR OPIN ENDOCRINOL DIABETESE OBES. 168 (2016).

² National Public Radio, *et al.*, *Discrimination in America: Experiences and Views of LGBTQ Americans* (2017), <https://www.npr.org/documents/2017/nov/npr-discrimination-lgbtq-final.pdf>.

³ Brendan Pierson, *Trump move on healthcare religious freedom prompts discrimination fears*, REUTERS, Jan. 18, 2018, <https://www.reuters.com/article/us-usa-healthcare-religion-legal/trump-move-on-healthcare-religious-freedom-prompts-discrimination-fears-idUSKBN1F800L>.

⁴ Zacahry Toliver, *LGBTQ Healthcare: Building Inclusive Rural Practices*, THE RURAL MONITOR (May 4, 2016), <http://www.ruralhealthinfo.org/rural-monitor/lgbtq-healthcare/>.

May 7, 2019

Page 3

We appreciate the opportunity to provide comment on these important potential changes to IDHW rules and to help ensure the health and safety of all Idahoans, including those who are transgender.

Sincerely,

Peter C. Renn
Counsel

Kara Ingelhart
Staff Attorney

Monica Cockerille
Cockerille Law Office

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.02.08 - VITAL STATISTICS RULES

DOCKET NO. 16-0208-1901

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of the temporary rule is June 16, 2019.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Sections 39-242, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than July 17, 2019.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

In furtherance of formulating public policy promoting public health and welfare, this rule is proposed to ensure accurate and complete application information for the change of sex designation on a birth certificate.

A rule requiring an attestation from a medical or mental health professional that the requested change of sex designation is the gender to which the applicant identifies will promote the veracity of the application and protect the integrity of the vital record.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section(s) 67-5226(1)(a) Protection of the public health, safety, or welfare, Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

This temporary rule will require the submission of a medical or mental health professional attestation as part of the application process for gender change on a birth certificate. The attestation will provide an independent professional opinion that the requested change of sex designation is the gender to which the applicant identifies. This requirement will promote the veracity of the application and support the integrity of the vital records.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

There will be no impact to state general funds. There will be a small cost to modify the current instruction packet and forms and upload them to the Bureau's website which will be covered with current receipts budgets.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was not conducted because this additional requirement is narrowly tailored to promote the veracity of the application within the specific legal framework.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Elke Shaw-Tulloch - 208-334-5950.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before July 24, 2019.

DATED this _____ day of _____, 2019.

Tamara Prisock
DHW - Administrative Rules Unit
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5500 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

THE FOLLOWING IS THE TEMPORARY RULE AND THE PROPOSED TEXT
OF DOCKET NO. 16-0208-1901
(Only Those Sections with Amendments Are Shown)

201. COMPLETION AND CORRECTION OF CERTIFICATES.

(BREAK IN CONTINUITY OF SUBSECTIONS)

06. Amendment of Indicator of Gender. (4-11-19)

a. The State Registrar must issue an amended Idaho certificate of live birth for the change of the indicator of sex upon receipt of the following: (4-11-19)

i. For a registrant eighteen (18) years of age and older, a completed and notarized application on a form approved by the State Registrar that includes the following information: (4-11-19)

(1) The identity of the applicant; (4-11-19)

(2) The Idaho certificate of live birth to be amended; (4-11-19)

(3) A declaration that the registrant's indicator of sex on the Idaho certificate of live birth does not match the registrant's gender identity; ~~and~~ ~~(4-11-19)~~(6-16-19T)

(4) The gender indicator as it should appear on the amended certificate of live birth; ~~and~~ ~~(4-11-19)~~(6-16-19T)

(5) A signed form from one (1) of the following licensed professionals: physician (medical or osteopathic), psychiatrist, nurse practitioner, physician's assistant, psychologist, or professional counselor stating that in their professional judgment the requested change of sex designation accurately reflects the gender to which the registrant identifies. (6-16-19T)

ii. For a registrant under the age of eighteen (18), a completed and notarized application on a form approved by the State Registrar that includes the following information: (4-11-19)

- (1) The identity of the applicant; (4-11-19)
- (2) The Idaho certificate of live birth to be amended; (4-11-19)
- (3) A declaration that the registrant's indicator of sex on the Idaho certificate of live birth does not match the registrant's gender identity; (4-11-19)

(4) The gender indicator as it should appear on the amended certificate of live birth; ~~and~~
(~~4-11-19~~)(6-16-19T)

(5) The consent of all parents listed on the certificate of live birth or the consent of the registrant's legal guardian. If a parent is deceased, a copy of the death certificate must be submitted with the application. If a parent cannot be located, the applicant must also submit a certified copy of an order from an Idaho court of competent jurisdiction ordering that the consent of only one (1) parent is required; ~~and~~
(~~4-11-19~~)(6-16-19T)

(6) A signed form from one (1) of the following licensed professionals: physician (medical or osteopathic), psychiatrist, nurse practitioner, physician's assistant, psychologist, or professional counselor stating that in their professional judgment the requested change of sex designation accurately reflects the gender to which the registrant identifies.
(6-16-19T)

b. The amended certificate of live birth issued under this rule must not be marked amended, must not refer to the original certificate of live birth sex, and must show the amended gender as requested. The certificate of live birth being amended, application, signed form from one (1) of the following licensed professionals: physician (medical or osteopathic), psychiatrist, nurse practitioner, physician's assistant, psychologist, or professional counselor and court order if required, must be placed in a sealed file which may only be opened by an order from an Idaho court of competent jurisdiction.
(~~4-11-19~~)(6-16-19T)

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FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

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NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was not conducted because this additional requirement is narrowly tailored to promote the veracity of the application within the specific legal framework.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

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DATED this _____ day of _____, 2019.

Tamara Prisock
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(3) A declaration that the registrant's indicator of sex on the Idaho certificate of live birth does not match the registrant's gender identity; and (4-11-19)

(4) The gender indicator as it should appear on the amended certificate of live birth. (4-11-19)

ii. For a registrant under the age of eighteen (18), a completed and notarized application on a form approved by the State Registrar that includes the following information: (4-11-19)

(1) The identity of the applicant; (4-11-19)

(2) The Idaho certificate of live birth to be amended; (4-11-19)

(3) A declaration that the registrant's indicator of sex on the Idaho certificate of live birth does not match the registrant's gender identity; (4-11-19)

(4) The gender indicator as it should appear on the amended certificate of live birth; ~~and~~
~~(4-11-19)(6-21-19T)~~

(5) The consent of all parents listed on the certificate of live birth or the consent of the registrant's legal guardian. If a parent is deceased, a copy of the death certificate must be submitted with the application. If a parent cannot be located, the applicant must also submit a certified copy of an order from an Idaho court of competent jurisdiction ordering that the consent of only one (1) parent is required; ~~and~~
~~(4-11-19)(6-21-19T)~~

(6) A signed form from one (1) of the following licensed professionals: physician (medical or osteopathic), psychiatrist, nurse practitioner, physician's assistant, psychologist, or professional counselor stating that in their professional judgment the requested change of sex designation accurately reflects the gender to which the registrant identifies.
(6-21-19T)

b. The amended certificate of live birth issued under this rule must not be marked amended, must not refer to the original certificate of live birth sex, and must show the amended gender as requested. The certificate of live birth being amended, application, signed form from one (1) of the following licensed professionals: physician (medical or osteopathic), psychiatrist, nurse practitioner, physician's assistant, psychologist, or professional counselor for registrants under the age of eighteen (18), and court order if required, must be placed in a sealed file which may only be opened by an order from an Idaho court of competent jurisdiction.
~~(4-11-19)(6-21-19T)~~

BOARD AUTHORITY AND RESPONSIBILITIES FOR RULES

Under Section 56-1005, Idaho Code, **THE BOARD OF HEALTH AND WELFARE**, by an affirmative vote of four of its voting members, may adopt, amend, or repeal rules, codes, and standards of DHW that are necessary and feasible to carry out and enforce the laws of this state. Rules and orders adopted by the Board have the force and effect of law and may deal with matters deemed necessary to protect the health of the state. Rulemaking proceedings and hearings of the

Board are governed by the Idaho Administrative Procedure Act (APA), Title 67, Chapter 52, Idaho Code.

A proposed rule is one that is prepared in legislative format and has been published in the Idaho Administrative Bulletin. The rulemaking must include the specific statutory authority for the rule (Board/Director/Joint), and any federal statute or regulation that the rulemaking amendments are based on. DHW must provide a statement in plain language of the substance of the proposed rule including any fee or charge imposed or increased, any negative fiscal impact to the state general fund greater than \$10,000, the text of the proposed rule in legislative format, the location, date, and time of any public hearing on the proposed rule, the deadline for public comments, the manner in which written comments may be sent and to whom, and the contact person for answering technical questions. Prior to the adoption, amendment, or repeal of the proposed rule as a pending rule, DHW/Board must consider fully all written and oral comments received with regard to the proposed rule.

The APA requires only *temporary rules and pending rules* be adopted by the Director or Board prior to publication in the Idaho Administrative Bulletin.

A temporary rule must meet one of the following criteria under Section 67-5226, Idaho Code. A rule can be promulgated as temporary:

"(1) If the governor finds that:

(a) Protection of the public health, safety, or welfare; or

(b) Compliance with deadlines in amendments to governing law or federal programs; or

(c) Conferring a benefit;

requires a rule to become effective before it has been submitted to the legislature for review the agency may proceed with such notice as is practicable and adopt a temporary rule..."

Prior to adopting a pending rule under Section 67-5224, Idaho Code, DHW/Board must have published the proposed rule in the Idaho Administrative Bulletin, and have provided for public comment for a minimum of 21 days, and must have considered the written and oral comments received on the proposed rule.

"(2) Subject to the provisions of subsection (3) of this section, the agency shall publish the text of a pending rule and a notice of adoption of the pending rule in the bulletin. The notice of adoption of the pending rule shall consist of a concise explanatory statement..."

(b) A statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for any changes;..."

OAR allows DHW not to publish the full text of a pending rule if no significant changes have been made from the text of the proposed rule as published in the Bulletin. Notice of adoption of the pending rule must cite the volume and page numbers of the bulletin publication in which the proposed rule was published, and provide any changes to text in legislative format.

DHW/BOARD RULEMAKING PROCESS

Step 1	DHW determines a rulemaking is needed.
Step 2	DHW prepares a PARF for approval by DFM/ Governor's Office prior to a rulemaking being published.
Step 3	DHW prepares proposed rulemaking docket for publication. A <i>Temporary rule</i> published in conjunction with a proposed rule, or on its own, must be adopted by the Director and/or Board of Health and Welfare.
Step 4	DHW submits approved rulemaking to the OAR who reviews it and provides LSO a copy of the rulemaking.
Step 5	DHW rulemaking publishes in the Idaho Administrative Bulletin. The public comment period is open for 21 days; public hearings are scheduled at the time of publication or when requested.
Step 6	DHW reviews all written and oral comments received and prepares the pending rule. A <i>Pending rule</i> is adopted by the Director and/or Board.
Step 7	DHW submits pending rule docket to OAR for publication in the Idaho Administrative Bulletin. OAR publishes the pending rule and prepares a rules review book for the next Legislative Session for review.
Step 8	During the legislative session, DHW representatives testify before legislative committees in both houses. The Legislature approves or rejects all or part of the DHW Pending rules. At the close of the legislative session (Sine Die), pending rules become final unless rejected by Legislature.
Legend	
<p>DHW - Department of Health and Welfare DFM - Division of Financial Management/Governor's Office OAR - Office of Administrative Rules Coordinator LSO - Legislative Services Office Board - Board of Health and Welfare</p>	

Curriculum Vitae

Jana L. Perry-Ellis
Saint Alphonsus Health System
Regional Director of Emergency & Trauma Services
9745 W Geronimo Ct
Boise, Idaho 83709
(208) 362-5810 Home
(208) 861-7867 Cell
jana.perry@saintalphonsus.org

Educational Background

<u>Institution</u>	<u>Major</u>	<u>Date</u>	<u>Degree</u>
Shoreline Community College Shoreline, Washington	Nursing	1996	AASN
University of Washington Seattle, Washington	Nursing	1999	BSN
Walden University	Masters of Nursing Leadership and Management	2010	MSN

Work Experience

Regional Director of Emergency & Trauma Services at Saint Alphonsus Health System
March 2015-Present

- Operational responsibilities over 6 Emergency Department, including two Free standing Emergency Departments
- Oversight of three Trauma programs in two states, both American College of Surgeons verified and State designated.

Director of Emergency & Trauma Services at Saint Alphonsus Regional Medical Center
July 2013-March 2015

- Operational responsibility for two Emergency departments, one a Free standing ED.
- Regional Emergency Department, ACS verified Level II Trauma Center, Chest Pain Center and Primary Stroke Center.
- 42,000+ visits per year, 33 beds plus a 15 bed free standing with 9,000+ visits per year
- Successfully lead a 14 million dollar expansion project completed on time and under budget

Trauma Operations Director at Saint Alphonsus Regional Medical Center, ACS verified Level II Trauma Center June 2006- Present

- Operational responsibility for the largest Trauma Program in the State of Idaho
- ACS verified Level II with 1500+ patients annually, with 800 patients with an ISS >16
- TQIP Center

Assistant Nurse Manager of the Emergency Department at Saint Alphonsus Regional Medical Center. August 2005-June 2006

Preceptor Coordinator/Educator of the Emergency Department of Saint Alphonsus Regional Medical Center, Level II trauma center. 2002-August 2005

Staff Nurse in the Emergency Department of Saint Alphonsus Regional Medical Center, Level II trauma center. 1999-2005

Staff Nurse in the Emergency Department of Evergreen Hospital Community Healthcare, Kirkland Washington 1997-2000

Staff Nurse Neurological and Neurosurgical and Renal Transplantation unit and Critical Care Flex staff, Virginia Mason Medical Center, Seattle Washington 1997-1999

Staff Nurse Seattle Department of Public Health Jail Health services King County Correctional Facility, Seattle Washington 1996-1998

Emergency Department Technician/EMT, Evergreen Hospital Community Healthcare, Kirkland Washington 1988-1996

Committees

- *Trinity Health Emergency Care Clinical Excellence Council
Emergency Leader Representative 2018*
- *FACES Board Member 2013-2015*
- *State of Idaho Southwest Region III Time-Sensitive Emergency Committee
2014-2016 Vice Chair
2016-Present Chair*
- *Oregon State Trauma Site Survey Team
2000-Current*
- *State of Idaho Time-Sensitive Emergencies Trauma Site Surveyor
2016-Current*
- *Society of Trauma Nurses Bylaws Committee*
- *Oregon State Trauma Advisory Board*

Border State Representative
Appointment March, 2010-2013
Portland, OR

- *Oregon Area Trauma Advisory Board (ATAB)*
Region 9 Co-Chair 2008-2012
- *Community SAFE Team Member 1999-2008*
Boise, ID
- *Telemedicine Burn Project Coordinator 2004-2006*
Saint Alphonsus RMC
Boise, ID
- *Ski and Mountain Trauma Conference project lead*
Sun Valley, ID
2007-Present

Professional Affiliations

- Eastern Association of the Surgery of Trauma (EAST) member
- Trauma Center Association of America (TCAA)
- Emergency Nurses Association
- American Trauma Society

Honors

- Presidents Commendation Nomination 2017
- Tribute to Women in Industry (TWIN) award recipient 2011
- Recipient of Joyce Stein Memorial Award 2001
- Honorable Mention Emergency Department Summit Awards 2003
- Frontline Leadership Course-graduated 2006
- Gallup Institute Great Managers Training 2006

Mr. Lawrence G. Wasden
Mr. Nicholas A. Warden
Office of Attorney General – State of Idaho
May 2, 2019
Page 2

business days if the State and DHW are interested in such a meeting. There must be meaningful change at SWITC, and must begin now.

BACKGROUND

DHW owns and operates SWITC as the only state-run intermediate care facility for persons with developmental disabilities, and is currently licensed by the Bureau of Facility Standards for 20 beds. Admission is accomplished through the Family and Community Services Developmental Disabilities Program. The mission of SWITC, DHW explains, is “to provide services as a short term therapeutic stabilization and transition center for clients,” “with the goal of transitioning them to effective community placements for long-term services as quickly as possible.” DHW, Facts Figures Trends 2018-2019, p. 51. Over the last decade, SWITC has served approximately 30 to 50 persons annually, with an annual budget of nearly \$11 million for SFY2019.

DHW has failed over and over again to achieve its mission. Staff at SWITC continually and repeatedly inflicted abuse, neglect and humiliation upon residents, and SWITC leadership failed curtail such conduct. Instead of providing needed support and care intended to allow their return the community, their family and friends, and their homes, they were beaten, neglected, and abused. Some residents died from the abuse and neglect, and then SWITC staff tried to cover it up.

Applicable Rules

Both state and federal rules apply to the operation of SWITC. *See generally* IDAPA 16.03.11.000 *et. seq.*; 42 C.F.R. §483.400 *et.seq.*

Section 483.420 provides in relevant part:

(a) Standard: Protection of clients’ rights. The facility must ensure the rights of all clients. Therefore, the facility must –

* * *

(5) Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment;

(6) Ensure that clients are free from unnecessary drugs and physical restraints and are provided active treatment to reduce dependency on drugs and physical restraints;

(d) Standard: Staff treatment of clients.

(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.

(i) Staff of the facility must not use physical, verbal, sexual or psychological abuse or punishment.

(ii) Staff must not punish a client by withholding food or hydration that contributes to a nutritionally adequate diet.

(iii) The facility must prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect or mistreatment.

(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.

(3) The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress.

(4) The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident and, if the alleged violation is verified, appropriate corrective action must be taken.

42 C.F.R. §483.420(a), (d). DFW must further develop and implement written policies and procedures to manage conduct between staff and clients. *Id.* §483.450.

Incidents of Abuse and Neglect.

Review and investigation of the facts and circumstances of this matter, including our factual investigation and review of *No Safe Place to Call Home*, prepared by DisAbility Rights Idaho (October 29, 2018) and Southwest Idaho Treatment Center – Evaluation Report, prepared by the Idaho Office of Performance Evaluations (January 2019), has revealed the following improper and shocking conduct:

- Abuse and neglect leading to the death of a client, with attempts to cover up the actual facts.
- Abuse and neglect causing bruising all over the body, a large hematoma on the head and receiving a diagnosis of a traumatic brain injury while being served in SWITC.

- Staff permitting staff to practice martial arts on clients and clients to practice on each other.
- Physical abuse of a client by staff by physical attack lasting over 20 minutes, without report of the abuse to authorities.
- Neglect of a client resulting in the client missing for an extended period.
- Abuse and neglect of a client from the use of unauthorized physical restraints.
- Repeated failures by staff to report instances of abuse and neglect.
- Investigations conducted by SWITC and/or DHW revealed substantiated allegations of neglect and/or abuse.
- Multiple residents were abused or neglected on multiple occasions.
 - Conduct included sexual abuse, physical abuse, psychological abuse and neglect.
- Multiple staff persons committed multiple acts of abuse and neglect.
- SWITC failed to keep residents safe in violation of federal health and safety regulations.
- SWITC did not have policies and procedures in place that prevented abuse and neglect, and failed to sufficiently implement the policies that were in place.
- SWITC's failures promoted a continuous cycle of abuse, neglect and injury, which promoted the continuous risk of harm to residents.
- SWITC failed to provide proper care and services to residents, and failed to provide adequate staff to provide appropriate care.
- Corrective actions have been ineffective and lack accountability.

The State and DHW have failed to adequately or sufficiently address the continuous and ongoing abuse and neglect inflicted on the residents of SWITC, in violation of state and federal law. This persistent failure to address the horrible conditions at SWITC requires immediate and remedial action.

FEDERAL CLASS ACTION CLAIMS AND DEMAND

The conduct referenced above by the State and DHW, and relevant staff persons, has violated the civil rights and protections afforded our clients under federal and state law. They have been placed at SWITC with the expectation they would receive the respect, care and treatment to

Mr. Lawrence G. Wasden
Mr. Nicholas A. Warden
Office of Attorney General – State of Idaho
May 2, 2019
Page 5

which they are entitled under state and federal law, when in fact they have been abused and neglected, with reckless indifference towards their rights, causing injury, and in at least one case, death.

As noted, our clients' Complaint will be promptly served on the State and DHW if these issues are not adequately resolved. In summary, our clients will seek class action certification, injunctive relief to halt abusive and neglectful conduct as well as monetary damages for class members injured from the rights violated by the State and DHW. Our clients' claims will include but are not limited to:

Civil Rights Violation, Section 1983 (including an *Olmstead* violation based on the failure to provide services in the most integrated settings consistent with the individual's needs and preferences).

Violation of Title II of the Americans With Disabilities Act (41 U.S.C. § 12101(a)(2), (3), and (5)).

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 *et seq.*

Section 504 of the Rehabilitation Act, 29 U.S.C. §794(a)

State law claims (wrongful death, assault and battery, negligence, infliction of emotional distress)

Declaratory and Injunctive Relief (including attorneys' fees)

* * *

As an alternative to prolonged federal litigation, we request a meeting to take place within 30 days with appropriate State and DHW officials to address these issues and develop a commitment in the form of a Stipulated Class Action Settlement or proposed Consent Decree that appropriately addresses the claims and relief demanded.

Please contact lead counsel Shamus O'Meara within 10 business days if the State and DHW are interested in such a meeting. In advance of a meeting, we further request implementation of a tolling agreement to suspend any applicable limitations periods. We also request copies of any agreements in place between the State / DHW and any school districts regarding educational services provided to SWITC residents.

We look forward to your prompt response. Please note that our clients reserve all rights, whether or not expressly addressed in this communication, all of which are preserved to the fullest extent permitted under applicable law.

Mr. Lawrence G. Wasden
Mr. Nicholas A. Warden
Office of Attorney General – State of Idaho
May 2, 2019
Page 6

We have copied representatives of the United States Attorneys' office to the extent of their authority to review conditions and practices within institutions operated by state governments under the Civil Rights of Institutionalized Persons Act (CRIPA), 42 U.S.C. § 1997a.

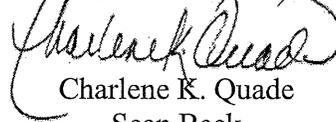
Respectfully submitted,

O'MEARA, LEER, WAGNER & KOHL, P.A.



Shamus P. O'Meara
Mark R. Azman
SPO:MRA:me

C.K. QUADE LAW, PLLC



Charlene K. Quade
Sean Beck
CKQ:SB

Via Email and U.S. Mail

cc: The Honorable Mark Harris
Co-Chair, Joint Legislative Oversight Committee
P.O. Box 83720
Boise, ID 83720-0038
mharris@senate.idaho.gov

The Honorable Mathew W. Erpelding
Co-Chair, Joint Legislative Oversight Committee
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The Honorable Fred S. Martin
Chair – Idaho Senate Committee on Health and Welfare
P.O. Box 83720
Boise, ID 83720-0081
e: fmartin@senate.idaho.gov

The Honorable Fred Wood
Chair – Idaho House of Representatives Committee on Health and Welfare
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Mr. Lawrence G. Wasden
Mr. Nicholas A. Warden
Office of Attorney General – State of Idaho
May 2, 2019
Page 7

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Executive Director, DisAbility Rights Idaho
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Superintendent
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Dr. Paula Kellerer
Superintendent
Nampa School District 619 S. Canyon Street
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superintendent@nsd131.org

Mr. William P. Barr
United States Attorney General
U.S. Department of Justice
950 Pennsylvania Avenue NW
Washington, DC 20530-0001

Mr. Steven Rosenbaum
Chief – Special Litigation Section
Civil Rights Division
U.S. Department of Justice
950 Pennsylvania Avenue NW
Washington, DC 20530-0001
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Mr. Bart M. Davis
United State Attorney for the District of Idaho
United States Attorneys' Office
Washington Group IV
800 Park Blvd, Suite 600
Boise, ID 83712



IDAHO DEPARTMENT OF
HEALTH & WELFARE

RAD LITTLE – Governor
DAVE JEPPESEN – Director

TAMARA PRISOCK – Division Administrator
DIVISION OF LICENSING AND CERTIFICATION
Administrative Rules
450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-5500

**DECLARATION OF TEMPORARY RULEMAKING
BY THE BOARD OF HEALTH AND WELFARE
CONCERNING: REAUTHORIZATIONS**

Pursuant to the authority granted to the Board of Health and Welfare in Title 56, Chapter 10, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in the following chapters in IDAPA 16:

Title 01, Chapter 01, "Emergency Medical Services (EMS) - Advisory Committee (EMSAC)"
Title 01, Chapter 02, "Emergency Medical Services (EMS) - Rule Definitions"
Title 01, Chapter 03, "Emergency Medical Services (EMS) - Agency Licensing Requirements"
Title 01, Chapter 04, "Emergency Medical Services (EMS) - Account III Grants"
Title 01, Chapter 05, "Emergency Medical Services (EMS) - Education, Instructor, & Examination Requirements"
Title 01, Chapter 06, "Emergency Medical Services (EMS) - Data Collection and Submission Requirements"
Title 01, Chapter 07, "Emergency Medical Services (EMS) - Personnel Licensing Requirements"
Title 01, Chapter 12, "Emergency Medical Services (EMS) -- Complaints, Investigations, and Disciplinary Actions"
Title 02, Chapter 06, "Quality Assurance for Idaho Clinical Laboratories"
Title 02, Chapter 13, "State of Idaho Drinking Water Laboratory Certification Program"
Title 02, Chapter 14, "Rules Governing Construction and Operation of Public Swimming Pools in Idaho"
Title 02, Chapter 27, "Idaho Radiation Control Rules"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 2, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 02, Chapter 08, "Vital Statistics Rules"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapters 6, 10, and 16, and Title 56, Chapter 10, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 02, Chapter 10, "Idaho Reportable Diseases"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 11, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 02, Chapter 11, "Immunization Requirements for Children Attending Licensed Daycare Facilities in Idaho"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 9, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 02, Chapter 12, "Procedures and Testing to be Performed on Newborn Infants"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 48, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 02, Chapter 15, "Immunization Requirements for Idaho School Children"

Pursuant to the authority granted to the Board of Health and Welfare in Title 37, Chapter 1, and Title 39, Chapter 16, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 02, Chapter 19, "Food Safety and Sanitation Standards for Food Establishments"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 13, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in the following chapters in IDAPA 16:
Title 03, Chapter 02, "Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities"
Title 03, Chapter 14, "Rules and Minimum Standards for Hospitals in Idaho"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 24, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 03, Chapter 07, "Rules for Home Health Agencies"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 13, and Title 56, Chapter 10, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 03, Chapter 11, "Intermediate Care Facilities for People with Intellectual Disabilities (ICFs/ID)"

Pursuant to the authority granted to the Board of Health and Welfare in Title 56, Chapter 10, and Title 39, Chapter 35, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 03, Chapter 19, "Rules Governing Certified Family Homes"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 46, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 03, Chapter 21, "Developmental Disabilities Agencies (DDA)"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 33, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 03, Chapter 22, "Residential Care or Assisted Living Facilities in Idaho"

Pursuant to the authority granted to the Board of Health and Welfare in Title 66, Chapters 1 and 3, and Title 67, Chapter 52, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in the following chapters in IDAPA 16:

Title 04, Chapter 07, "Rules Governing Fees for State Hospital North"

Title 04, Chapter 08, "Rules Governing Fees for State Hospital South Services"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 46 and Title 56, Chapter 10, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 04, Chapter 17, "Rules Governing Residential Habilitation Agencies"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapters 2 and 54, and Title 56, Chapters 2 and 10, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 05, Chapter 01, "Use and Disclosure of Department Records"

Pursuant to the authority granted to the Board of Health and Welfare in Title 16, Chapter 1, Title 56, Chapters 1, 2, and 10, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 05, Chapter 03, "Rules Governing Contested Case Proceedings and Declaratory Rulings"

Pursuant to the authority granted to the Board of Health and Welfare in Title 56, Chapter 2 and 10, Title 39, Chapters 11, 12, 35, 56, and 91, Title 66, Chapter 4, and Title 15, Chapter 5, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 05, Chapter 06, "Criminal History and Background Checks"

Pursuant to the authority granted to the Board of Health and Welfare in Title 16, Chapters 16 and 21, Title 39, Chapters 12, 56, and 75, and Title 56, Chapter 2, 8, and 10, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 06, Chapter 01, "Child and Family Services"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapters 11 and 12, and Title 56, Chapter 10, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 06, Chapter 02, "Rules Governing Standards for Child Care Licensing"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 3, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 07, Chapter 01, "Behavioral Health Sliding Fee Schedules"

Pursuant to the authority granted to the Board of Health and Welfare in Title 56, Chapter 10, and Title 39, Chapter 3, Idaho Code, and under the provisions for temporary rulemaking contained in Section 67-5226, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in the following chapters in IDAPA 16:

Title 07, Chapter 15, "Behavioral Health Programs"
Title 07, Chapter 17, "Substance Use Disorders Services"

The above chapters contained in Dockets 16-0000-1900 and 16-0000-1900F are hereby:

SECTION AFFECTED	ACTION TAKEN
All Chapters	Adopted

I hereby certify that these actions have been made in compliance with Title 67, Chapter 52, Idaho Code.

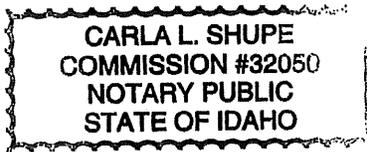
5-16-19
Date

Darrell Kerby
Darrell Kerby, Chairman

STATE OF IDAHO)
) ss.
County of Ada)

On this 16 of may, 2019, before me, the undersigned, a Notary Public in and for said State, personally appeared *Darrell Kerby, Chairman*, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal the day and year in this certificate first above written.



Carla Shupe
Notary Public for Idaho
Residing at: Boise, ID
Expires: 6-6-2023

ADMINISTRATIVE RULES

There are three types of work currently being performed related to the Department's administrative rules:

Rule Reauthorization	Red Tape Reduction Act	Proposed Rule Changes
----------------------	------------------------	-----------------------

DHW will be reauthorizing 71 rule chapters.

DHW identified 12 rule chapters to eliminate.

A special notice will publish in the Monthly Administrative Bulletin in June to propose the 71 rule chapters as temporary/proposed rules. Those rule chapters will be subject to public comment/public hearings.

The Board must approve the rules under its authority as temporary (May) and as pending in November.

DHW divisions are reviewing all rule chapters for possible reductions.

DHW must repeal or simplify two existing rules for any new rule implemented unless the new rule meets an exemption.

DHW currently has 18 rule dockets initiated.

Divisions are working on reductions in the rule chapters they are already proposing changes in.

Recovery Community Centers of Idaho

Peer-based recovery support services help prevent relapse and sustain long-term recovery by building recovery capital, demonstrating hope, inviting all to participate, promoting volunteerism, and creating public awareness.



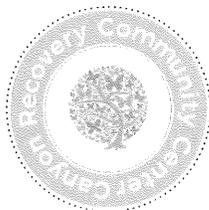
Kootenai Recovery Community Center
405 2nd Street • Coeur d' Alene ID 83843
208•932•8005 | contactus@kootenairecoverycenter.org

Latah Recovery Centers
531 Main Street • Moscow ID 83843
208•883•1045 | latahrecoverycenter@gmail.com



First Step 4 Life
838 Main Street • Lewiston ID 83501
208•717•3881 | info@firststep4life.org

Gem County Recovery Community Center
115 S McKinley Street • Emmett Idaho 83617
208•398•5151 | info@gemcountyrcc.org



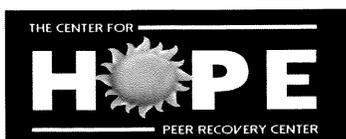
Canyon Recovery Community Center
524 Cleveland Boulevard Suite 230 • Caldwell Idaho 83605
208•800•0444 | info@canyonrecoverycc.org

PEER Wellness Center
5471 W Franklin Road • Boise Idaho 83705
208•991•3681 | joinus@peerwellnesscenter.org



Recovery In Motion
560 Shoup Ave W • Twin Falls Idaho 83301
208•712•3681 | info@recoveryinmotioncc.org

Hope and Recovery Resource Center
210 E Center Street Suite D • Pocatello Idaho 83201
208•417•1749 | info@hopeandrecovery.net



The Center for HOPE
530 E Anderson • Idaho Falls ID 83401
208•538•1888

HTCI Members

Updated 4/24/2019

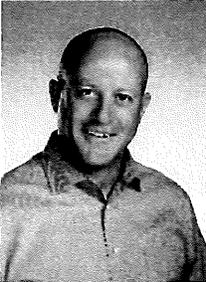
Dr. Andrew Baron



Dr. Andrew Baron
CMO
Terry Reilly Health Services

Member Since February 2019

Matt Bell



Matt Bell
Vice President, Idaho
PacificSource

Member Since February 2019

Dr. Kenny Bramwell



Dr. Kenny Bramwell
Executive Medical Director
Regence

Member Since February 2019

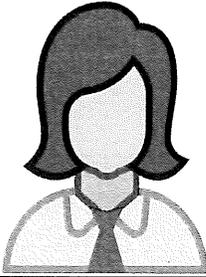
Kathy Brashear



Kathy Brashear
Senior Vice President/ CHRO
Futura Title and Escrow

Member Since February 2019

Denise Chuckovich



Denise Chuckovich
Consumer Representative

Member Since February 2019

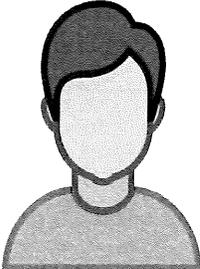
Dr. Keith Davis



Dr. Keith Davis
Owner, CEO, Medical Director
Shoshone Family Medical Center

Member Since February 2019

Dr. Scott Dunn



Dr. Scott Dunn
Owner/Family Practice Physician
Sandpoint Family Health Center

Member Since February 2019

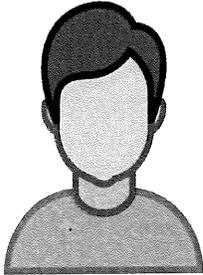
Dr. Ted Epperly, Co-Chair



Dr. Ted Epperly, Co-Chair
President/CEO
Family Medicine Residency of Idaho

Member Since February 2019

Dr. Mike Hajjar



Dr. Mike Hajjar
Medical Doctor/Neurosurgeon
Neuroscience Associate

Member Since February 2019

Lisa Hettinger



Lisa Hettinger
Deputy Director
Idaho Department of Health and Welfare

Member Since February 2019

Drew Hobby



Drew Hobby
Senior Vice President of Healthcare Economics
Blue Cross of Idaho

Member Since February 2019

Randall Hudspeth



Randall Hudspeth
Executive Director
Idaho Center for Nursing

Member Since February 2019

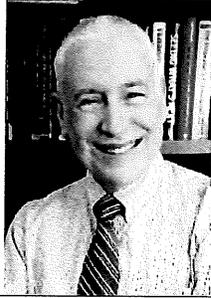
Yvonne Ketchum-Ward



Yvonne Ketchum-Ward
CEO
Idaho Primary Care Association

Member Since February 2019

Dr. David Pate, Co-Chair



Dr. David Pate, Co-Chair
CEO/President
St. Luke's Health Systems

Member Since February 2019

Susie Pouliot



Susie Pouliot
CEO
Idaho Medical Association

Member Since February 2019

Patt Richesin



Patt Richesin
President
Kootenai Care Network

Member Since February 2019

Neva Santos



Neva Santos
Executive Director
Idaho Academy of Physicians

Member Since February 2019

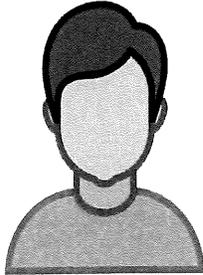
Larry Tisdale



Larry Tisdale
Vice President of Finance/CFO
Idaho Hospital Association

Member Since February 2019

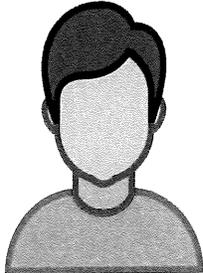
Dr. Karl Watts



Dr. Karl Watts
Medical Director, Population Health
Saint Alphonsus Medical Group

Member Since February 2019

Matt Wimmer



Matt Wimmer
Medicaid Administrator
Idaho Department of Health and Welfare

Member Since February 2019

Nikki Zogg



Nikki Zogg
Director
Southwest District Health

Member Since February 2019



Healthcare Transformation Council of Idaho Charter

Presented to the IHC, September 2018

Charge

Charge	Promote the advancement of person-centered healthcare delivery system transformation efforts in Idaho to improve the health of Idahoans and align payment to achieve improved health, improved healthcare delivery, and lower costs.
Functions	<ul style="list-style-type: none">• Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.• Serve as a trusted source and a credible voice to strategically drive improvements in the healthcare delivery system.• Serve as a convener of a broad-based set of stakeholders.• Identify delivery system barriers that are preventing healthcare transformation and prioritize and recommend solutions.• Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.• Recommend and promote strategies to reduce overall health care costs.• Utilize accurate and timely data to identify strategies and drive decision making for healthcare transformation.• Promote improved population health through policies and best practices that improve access, quality, and the health of all Idahoans.• Promote whole person integrated care, health equity, and recognize the impact of social determinants of health.• Support the efforts in Idaho to provide a healthcare workforce that is sufficient in numbers and training to meet the demand.• Promote efficiencies in the collection, measuring, and reporting of quality metrics.

Membership and Composition

<p>General Information</p>	<p>The membership composition will consist of representatives from the following stakeholder groups:</p> <ul style="list-style-type: none"> • 5 payers (Medicaid, Pacific Source, Blue Cross, Regence, Self-funded) • 4 primary care clinicians • 3 hospital representatives <ul style="list-style-type: none"> ○ 1 from a hospital system ○ 1 from a non-Critical Access hospital ○ 1 from a Critical Access Hospital • 1 Medical/Surgical Sub-Specialist • 1 Behavioral Health representative • 1 Consumer representative • 1 representative from one of Idaho's Public Health Districts • 1 representative from each of the following organizations: <ul style="list-style-type: none"> ○ Idaho Department of Health and Welfare ○ Idaho Hospital Association ○ Idaho Medical Association ○ Idaho Primary Care Association ○ Idaho Academy of Family Physicians ○ 1 Nursing representative • Up to 3 At-Large members
<p>Member Selection</p>	<p>The Governor will appoint the members and the chair and co-chair. The chair and co-chair will convene and preside over the HTCI meetings.</p>
<p>Terms</p>	<ul style="list-style-type: none"> • For initial appointment: <ul style="list-style-type: none"> ○ One-third would have three-year term ○ One-third would have four-year term ○ One-third would have five-year term • Ongoing appointments are three year terms, with one-third of members turning over each year. • Individuals' terms can be renewed for up to two three-year terms. • Individuals serving on the HTCI for the following organizations will not be subject to term limits: <ul style="list-style-type: none"> ○ Idaho Department of Health and Welfare ○ Idaho Hospital Association ○ Idaho Medical Association ○ Idaho Primary Care Association ○ Idaho Academy of Family Physicians • If there is a vacancy for any cause, a new member will be appointed to become immediately effective for the unexpired term
<p>Expectations of Members</p>	<ul style="list-style-type: none"> • Representatives from organizations must be in a senior leadership position. If the representative is not the CEO/President from the organization, the individual must be a subject matter expert, on the entities' senior leadership team, and in a decision-making position. • Members must participate in 75% of all meetings scheduled within the calendar year. • Members' designee may participate in up to 25% of the meetings scheduled within the calendar year. • Members are encouraged to send the same designee to the meetings instead of different individuals.
<p>Sponsor</p>	<p>Idaho Department of Health and Welfare (IDHW)</p>

Meetings

Meetings	The Council will meet at least quarterly; they will be public meetings.
Quorum	50% of the membership must be present to establish a quorum.

Subcommittees/Working Groups

Subcommittees/Working Groups	The Council may establish advisory or technical committees as needed to focus on specific and timely efforts that directly impact the achievement of Idaho's healthcare transformation activities.
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Staff Resources

Staff Resources	The IDHW Office for Healthcare Policy Initiatives will serve as staff to the Council
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Charter Approval

Date Approved by IHC:

October 10, 2018



Idaho General Fund Revenue Report

Brad Little, Governor
Alex J. Adams, Administrator

DIVISION OF FINANCIAL MANAGEMENT
Executive Office of the Governor

MAY 2019

VOLUME XLI NO. 11

April receipts moved the state's General Fund significantly closer to its FY 2019 forecast. General Fund collections of \$706.2 million for the month were \$36.1 million (5.4%) higher than the anticipated \$670.2 million. This month's showing represents a 32.2% increase over the previous April. This strong showing significantly reduced the fiscal year-to-date revenue shortfall compared to the previous month. The fiscal year-to-date shortfall through March was \$75.8 million. The April fiscal year-to-date shortfall is \$39.7 million, a nearly 50% reduction. April's fiscal year-to-date receipts of \$3,126.7 million are 1.3% below the forecast, which is an improvement from March when the fiscal year-to-date collections were 3.0% under the projection.

All the largest revenue sources had surpluses this month. The corporate income tax collections of \$80.6 million exceeded the predicted \$52.8 million by \$27.8 million—the largest surplus of the major revenue categories. The individual income tax posted its third consecutive surplus in April, with receipts of \$507.2 million topping its forecast by \$15.8 million. The sales tax contributed \$132.7 million to the General Fund, which is \$4.0 million above the expected amount. Both product tax and miscellaneous revenues were short this month. The former was \$0.1 million under its projection and the latter was \$11.4 million less than predicted.

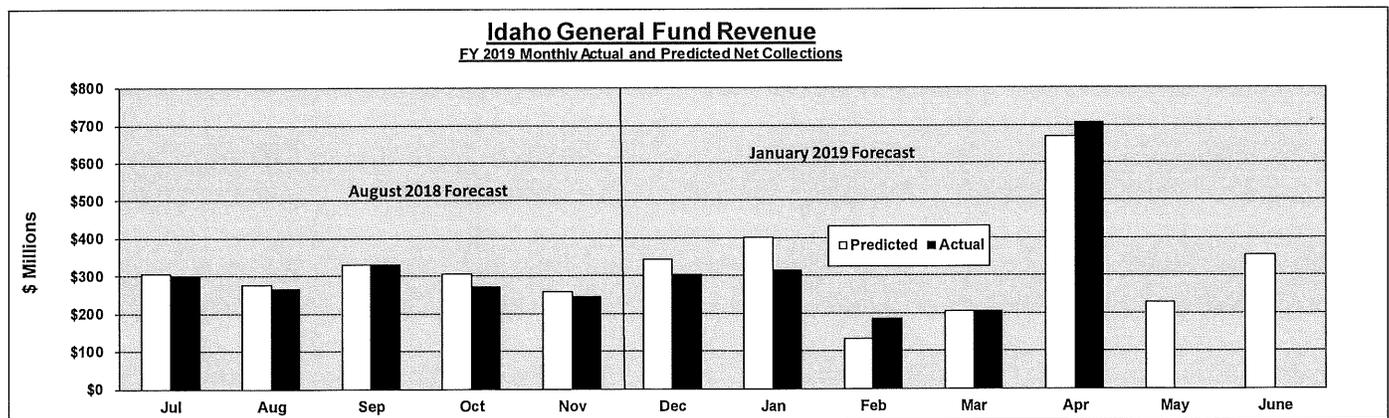
Over the past few months we have reported that persistent lower-than-expected monthly individual income tax withholding payments would be offset by higher-than-forecast filing collections and lower-than-anticipated refunds during the filing season. This turnaround began in February and continued through April. April withholding payments were \$23.2 million below the projected \$126.5 million. This shortfall was offset by filing collections that exceeded the forecast by \$43.9 million—\$490.9 million versus \$447.0 million. However, low refunds did not materialize this month; they were \$4.8 million higher than expected. Despite these higher refunds, individual income tax receipts still exceeded the month's forecast by \$15.8 million. April's surplus lowered the fiscal year-to-date individual income tax shortfall, but it did not eliminate it. This month's fiscal year-to-date individual income tax receipts are \$1,455.8 million, which is \$91.5 million less than expected. This drop is a noticeable improvement from the \$107.3 million fiscal year-to-date shortfall through March.

April's corporate income tax surplus of \$27.8 million was the highest in a fiscal year replete with surpluses. Both estimated payments and filing collections contributed to this month's strong results. Estimated payments provided the lion's share of the excess revenue. These payments of \$47.7 million were \$21.7 million ahead of the forecasted \$26.1 million. Filing collections

added a smaller amount to the month's surplus. These receipts of \$37.2 million were \$8.8 million above the forecast. However, the corporate income tax bottom line was slightly reduced by refunds that were \$2.7 million more than anticipated. This month's excess revenue increased this category's fiscal year-to-date surplus to \$46.5 million. The corporate income tax receipts passed a significant milestone this month. Collections through April are \$235.2 million, which already exceeds the full fiscal year projection of \$223.2 million by \$12.0 million.

After a rare stumble this March, sales tax receipts regained their footing in April, posting a \$4.0 million surplus. According to the Idaho State Tax Commission, the General Fund distribution of the sales tax this month was 6.2% higher than in the previous year, which is more than twice as fast as the predicted 3.0% pace. The April fiscal year-to-date sales tax receipts of \$1,324.4 million are up 7.2% from the previous fiscal year and exceed the forecast by \$9.9 million.

This month's negative miscellaneous receipts reflect the interest costs associated with fully funding this year's Tax Anticipation Note. The predicted revenue was -\$7.4 million, but it was actually -\$18.9 million. Year-to-date miscellaneous revenue is short by \$4.2 million compared to the forecast.



Prepared by Derek E. Santos, Chief Economist and Greg Piepmeyer, Economist.

Idaho Division of Financial Management • 304 North 8th Street • PO Box 83720 • Boise, Idaho 83720-0032 • 208-334-3900

Idaho General Fund Collections for April 2019

MONTHLY ACTUAL AND PREDICTED COLLECTIONS FOR APRIL					
	<i>Actual FY 2017</i>	<i>Actual FY 2018</i>	<i>Actual FY 2019</i>	<i>Predicted FY 2019</i>	<i>Forecast Performance FY 2019</i>
Individual Income Tax (\$000)	\$364,369.1	\$360,163.9	\$507,181.8	\$491,336.7	Difference \$15,845.1
Percent Change from Previous Year	1.8%	-1.2%	40.8%	36.4%	Percent 3.2%
Corporate Income Tax (\$000)	\$51,086.4	\$60,058.6	\$80,566.2	\$52,799.4	Difference \$27,766.8
Percent Change from Previous Year	24.3%	17.6%	34.1%	-12.1%	Percent 52.6%
Sales Tax (\$000)	\$116,858.8	\$124,902.2	\$132,672.1	\$128,674.3	Difference \$3,997.8
Percent Change from Previous Year	5.5%	6.9%	6.2%	3.0%	Percent 3.1%
Product Tax (\$000)	\$4,499.2	\$4,285.2	\$4,721.0	\$4,823.6	Difference (\$102.5)
Percent Change from Previous Year	14.1%	-4.8%	10.2%	12.6%	Percent -2.1%
Miscellaneous Revenue (\$000)	(\$208.2)	(\$15,085.8)	(\$18,894.3)	(\$7,444.7)	Difference (\$11,449.6)
Percent Change from Previous Year	97.1%	-7145.3%	-25.2%	50.7%	Percent -153.8%
Total (\$000)	\$536,605.3	\$534,323.9	\$706,246.9	\$670,189.2	Difference \$36,057.6
Percent Change from Previous Year	5.9%	-0.4%	32.2%	25.4%	Percent 5.4%

FISCAL YEAR-TO-DATE ACTUAL AND PREDICTED COLLECTIONS THROUGH APRIL					
	<i>Actual FY 2017</i>	<i>Actual FY 2018</i>	<i>Actual FY 2019</i>	<i>Predicted FY 2019</i>	<i>Forecast Performance FY 2019</i>
Individual Income Tax (\$000)	\$1,455,091.2	\$1,632,468.6	\$1,455,773.7	\$1,547,261.0	Difference (\$91,487.2)
Percent Change from Previous Year	8.1%	12.2%	-10.8%	-5.2%	Percent -5.9%
Corporate Income Tax (\$000)	\$174,255.3	\$191,123.1	\$235,223.1	\$188,754.7	Difference \$46,468.4
Percent Change from Previous Year	18.6%	9.7%	23.1%	-1.2%	Percent 24.6%
Sales Tax (\$000)	\$1,143,333.5	\$1,235,632.3	\$1,324,396.5	\$1,314,518.7	Difference \$9,877.8
Percent Change from Previous Year	5.7%	8.1%	7.2%	6.4%	Percent 0.8%
Product Tax (\$000)	\$49,480.9	\$49,443.4	\$54,612.3	\$55,038.4	Difference (\$426.0)
Percent Change from Previous Year	12.9%	-0.1%	10.5%	11.3%	Percent -0.8%
Miscellaneous Revenue (\$000)	\$54,927.0	\$57,369.4	\$56,644.7	\$60,824.6	Difference (\$4,180.0)
Percent Change from Previous Year	11.7%	4.4%	-1.3%	6.0%	Percent -6.9%
Total (\$000)	\$2,877,087.9	\$3,166,036.7	\$3,126,650.3	\$3,166,397.4	Difference (\$39,747.1)
Percent Change from Previous Year	7.8%	10.0%	-1.2%	0.0%	Percent -1.3%

Highlights of DHW's SFY 2020 Budget Request – Status Update

Behavioral Health (BH)

Decision Unit (DU) 12.03: Mental Health Court Enhancement - \$1.608 million in on-going general funds
- With passage of ballot initiative Proposition 2 - Medicaid Expansion, individuals previously served by this request will now be eligible for treatment through Medicaid.

Provides services to felony offenders in Idaho who suffer from serious mental illness. The \$1,608,000 requested is equal to the average annual cost of treatment for one mental health court participant, which is \$6,700, multiplied by 240 current mental health court slots statewide. The goal is to double the number of mental health court slots across the state and utilize the private mental health provider network to deliver the treatment services necessary. An expected impact is the avoidance of 240 felons being sent to prison.

DU 12.04: Substance Use Disorder Treatment Funding - \$2.05 million in on-going general funds -
With passage of ballot initiative Proposition 2 - Medicaid Expansion, individuals previously served by this request will now be eligible for treatment through Medicaid.

Provides services to Idahoans with addiction to alcohol and non-opioid substances. An additional 820 people will have access to services to assist them in recovery from addiction and dependence. It is anticipated that by treating patients early, they will not get involved in the criminal justice system.

Behavioral Health currently has a one-time \$2 million grant from the federal government and has received an additional \$4 million in grant funding for opioid treatment (see below).

DU 12.22: State Opioid Response (SOR) Grant - \$4.11 million in one-time federal authority -
Appropriated

Continues the efforts and treatment currently available in Idaho for opioid addiction. Research demonstrates that the most effective treatment for opioid addiction disorders is a mix of medication assisted treatment and traditional intensive outpatient services. The grant is for two years and makes available \$4 million dollars per year.

Family and Community Services (FACs)

DU 12.02: Child Welfare Transformation (CWT) Initiative - \$11.504 million one-time total funds (federal funds 50% / general funds 50%) – Appropriated \$8.628 million one-time total funds: “In an effort to provide continued attention to the child welfare system, partial funding is provided and the department is expected to provide monthly updates to the Legislative Services Office and request a supplemental if needed for the remaining three months”.

The second year of funding for the Child Welfare Transformation Initiative. Creates a new case management system for Child Welfare, additional staff capacity within the Child Welfare workforce, and improved performance in the Child Welfare Program. Idaho's goal is a low cost, low risk, more business configurable, federally compliant case management system to support staff in their day-to-day performance for the Child Welfare Program.

DU 12.08: Child Welfare Social Worker 2 (CWSW2) Stabilization - \$237,200 in on-going total funds (federal funds 50% / general funds 50%) – Appropriated \$300,600 - the addition of \$66,200 for the additional 1% pay line adjustment (JFAC approved 3% and the Governor recommended 2%)

With their social work training and experience the Child Welfare Social Worker 2 (CWSW2) position provides the critical evaluation, judgement, and decision making that determines the quality of Idaho’s Child Welfare Program.

Moving our CWSW2 staff to the “80% of policy” minimum and maintaining that pay-level for the critical work done by our social workers will improve recruitment of qualified applicants and aid in retention of trained and experienced social workers. The anticipated reduction in turnover will improve the continuity of services.

Office of Healthcare Policy Initiatives

DU 12.07: Office of Healthcare Policy Initiatives - \$795,900 in on-going total funds (General funds / Receipt authority (i.e. grant funding) ≈ 50%/ 50%) - Appropriated 2.00 FTP, \$139,300 from the general fund, \$347,200 from dedicated funds, and \$139,300 from federal funds for a grand total of \$625,800.

This funding request addresses healthcare transformations and the role that government agencies play in convening disparate stakeholders to achieve a common goal. The initiative builds upon the success of the Statewide Healthcare Innovation Plan (SHIP) effort. Continued leadership from the Department assures a coordinated approach across the state. Addressing both the clinical delivery system and the economics of affordability and sustainability benefits the bottom line of both Medicaid and the private insured.

Medicaid

DU 12.06: Children’s Developmental Services - \$2.86 million in on-going total funds (federal funds 70% / general funds 30%) - Appropriated

This initiative will serve children with autism and other intellectual or development disabilities. A new quality improvement program, the services will be tiered for evidence-based practitioners to improve the provided skill building services. The effort will be in compliance with federal Medicaid requirements. The goal is to help children develop skills at an age-appropriate level, yielding more positive interactions with their peers.

Public Health

DU 12.01: Suicide Prevention Program & Infrastructure - \$1.026 million in on-going general funds – Appropriated \$200,000 for suicide prevention – “the program shall continue to work with all relevant stakeholders to maximize the moneys appropriated for this purpose”.

Expected impacts include increases in suicide prevention information, programs and services provided at the community level, increases in protective factors for individuals at risk for suicide, and, over time, reductions in the rates of suicidal behavior and suicide deaths.

This request builds statewide capacity and infrastructure that is sustainable based on a comprehensive planning process and needs assessment.

1 **Support Services**

2 *DU 12.05: Workplace Safety and Security Improvements - \$690,500 in one-time & on-going (federal*
3 *funds 50% / general funds 50%) - **Appropriated \$345,200 onetime for the workplace safety***
4 **improvements the department has sufficient appropriation and the ability to make this line**
5 **item work without the total amount of requested funds. However, if the federal match for**
6 **the division is significantly reduced then the workplace safety line item may need to be**
7 **revisited.**

8 Workplace safety is essential to our ability to effectively deliver services and for the well-being of employees.
9 Individuals served by this request includes Idahoans who use Department of Health & Welfare services, or
0 visit our offices, and over 2,900 employees in Boise and communities throughout the state. The expected
1 impact is improved safety through strategic office building improvements, technology upgrades, and increased
2 availability of trained security professionals to prevent, deter and respond to safety incidents.

FY 2020 Executive Budget

Agency: 270 Health & Welfare, Department of

Comparison Matrix

Decision Unit	Priority	Request		Recommendation		Appropriation				
		FTP	General	Total	FTP	General	Total	FTP	General	Total
3.00 FY 2019 Original Appropriation		2,922.71	765,238,100	3,053,280,000	2,922.71	765,238,100	3,053,280,000	2,922.71	765,238,100	3,053,280,000
4.30 Supplemental		6.00	41,789,600	44,836,600	6.00	32,398,900	44,576,600	0.00	40,954,400	51,456,600
5.00 FY 2019 Total Appropriation		2,928.71	807,027,700	3,098,116,600	2,928.71	797,637,000	3,097,856,600	2,922.71	806,192,500	3,104,736,600
6.30 FTP or Fund Adjustments		0.00	0	4,000,000	0.00	0	4,000,000	0.00	0	4,000,000
6.40 Object Transfers		0.00	0	0	0.00	0	0	0.00	0	0
6.50 Transfer Between Programs		0.00	0	0	0.00	0	0	0.00	0	0
7.00 FY 2019 Estimated Expenditures		2,928.71	807,027,700	3,102,116,600	2,928.71	797,637,000	3,101,856,600	2,922.71	806,192,500	3,108,736,600
8.20 Object Transfers		0.00	0	0	0.00	0	0	0.00	0	0
8.30 Transfer Between Programs		0.00	0	0	0.00	0	0	0.00	0	0
8.40 Removal of One-Time Expenditures		0.00	(7,103,300)	(51,574,900)	0.00	(2,547,800)	(56,150,100)	0.00	(15,223,300)	(67,150,100)
8.50 Base Reduction		(8.60)	0	(9,356,800)	(8.60)	0	(9,356,800)	(8.60)	0	(9,356,800)
8.90 Other Adjustments		0.00	0	0	0.00	0	0	0.00	4,083,000	4,083,000
9.00 FY 2020 Base		2,920.11	799,924,400	3,041,184,900	2,920.11	795,089,200	3,036,349,700	2,914.11	795,052,200	3,036,312,700
10.10 Employee Benefit Costs		0.00	292,800	670,100	0.00	(569,700)	(1,299,400)	0.00	199,900	456,600
10.20 Inflationary Adjustments		0.00	133,600	203,100	0.00	116,500	186,000	0.00	133,600	203,100
10.30 Repair, Replacement Items/Alteration		0.00	2,263,800	3,941,600	0.00	1,523,800	2,846,300	0.00	1,205,600	2,105,500
10.40 Interagency Nonstandard Adjustments		0.00	592,100	1,117,700	0.00	592,100	1,117,700	0.00	592,100	1,117,700
10.50 Annualizations		0.00	2,592,500	2,592,500	0.00	2,592,500	2,592,500	0.00	2,592,500	2,592,500
10.60 Change in Employee Compensation		0.00	807,200	1,856,800	0.00	2,354,900	5,425,400	0.00	2,355,000	5,425,700
10.70 Nondiscretionary Adjustments		0.00	52,894,800	108,354,700	0.00	55,063,900	112,409,900	0.00	55,063,900	127,409,900
10.90 Other Adjustments		0.00	(930,600)	0	0.00	(860,800)	0	0.00	(860,800)	0
11.00 FY 2020 Total Maintenance		2,920.11	858,570,600	3,159,921,400	2,920.11	855,902,400	3,159,628,100	2,914.11	856,334,000	3,175,623,700
Physical Health Services										
12.01 Cancer Data Registry		0.00	106,000	116,000	0.00	0	116,000	0.00	0	10,000
12.02 Tuberculosis Program		0.00	272,600	259,700	0.00	272,600	259,700	0.00	179,000	166,100
12.03 Food Protection Program		1.00	25,700	25,700	0.00	0	0	0.00	0	0
12.04 Chronic Disease Health Education		1.00	0	27,500	1.00	0	32,400	0.00	0	0
12.05 Medicaid Expansion Offsets		0.00	0	0	0.00	0	0	0.00	(401,000)	0
Suicide Prevention and Awareness										
12.01 Suicide Prevention Program and		0.00	1,026,100	1,026,100	0.00	1,026,100	1,026,100	0.00	200,000	200,000

FY 2020 Executive Budget

Comparison Matrix

Agency: 270 Health & Welfare, Department of

Decision Unit	Priority	Request		Total		Recommendation		Total		Appropriation		
		FTP	General	FTP	General	FTP	General	FTP	General	FTP	General	Total
Self-Reliance												
Self-Reliance Program												
12.01 Medicaid Sideboards Costs - Trailer to		0.00	0	0	0	0.00	0	0.00	0	0.00	277,300	1,453,000
Medical Assistance												
Administration and Medical Management												
12.01 Children's Developmental Services		0.00	122,100	488,400	488,400	0.00	122,100	0.00	122,100	0.00	122,100	488,400
12.02 Medicaid Management Information		0.00	100,000	1,000,000	1,000,000	0.00	100,000	0.00	100,000	0.00	100,000	1,000,000
12.03 Medicaid Accountant Contract		0.00	157,000	314,000	314,000	0.00	0	0.00	0	0.00	0	0
12.04 Jeff D Settlement Staff		3.00	127,300	254,600	254,600	0.00	0	0.00	0	0.00	0	0
12.05 Healthcare Payment Reform		0.00	592,500	5,924,600	5,924,600	0.00	0	0.00	0	0.00	0	5,332,100
12.06 Case Management Module		0.00	610,000	4,000,000	4,000,000	0.00	0	0.00	0	0.00	0	0
12.07 Medicaid Appeals and Due Process		1.00	37,200	74,400	74,400	0.00	0	0.00	0	0.00	0	0
12.08 Medicaid Pharmacist		1.00	38,800	139,100	139,100	0.00	0	0.00	0	0.00	0	0
12.09 Proposition 2		0.00	0	0	0	3.00	0	0.00	0	0.00	0	754,300
12.10		0.00	0	0	0	0.00	0	0.00	0	0.00	506,800	1,157,600
Basic Medicaid Plan												
12.01 Dental Rate Increase		0.00	959,300	3,256,000	3,256,000	0.00	0	0.00	0	0.00	959,300	3,256,000
Enhanced Medicaid Plan												
12.01 Children's Developmental Services		0.00	698,700	2,371,600	2,371,600	0.00	698,700	0.00	698,700	0.00	698,700	2,371,600
12.02 Non-Emergency Medical Transportation		0.00	2,030,400	6,892,200	6,892,200	0.00	2,030,400	0.00	2,030,400	0.00	2,030,400	6,892,200
12.03 Dental Rate Increase		0.00	220,400	748,000	748,000	0.00	0	0.00	0	0.00	220,400	748,000
12.04 Developmental Disability Rate Increase		0.00	1,126,900	3,825,000	3,825,000	0.00	0	0.00	0	0.00	1,126,900	3,825,000
12.05 School-Based Services Rate Increase		0.00	0	5,628,900	5,628,900	0.00	0	0.00	0	0.00	0	5,628,900
12.06 ICF Rate Increase		0.00	0	0	0	0.00	0	0.00	0	0.00	0	2,000,000
Coordinated Medicaid Plan												
12.01 Dental Rate Changes		0.00	116,700	396,000	396,000	0.00	0	0.00	0	0.00	116,700	396,000
Expansion Medicaid Plan												
12.01 Proposition 2		0.00	0	0	0	0.00	9,267,000	0.00	9,267,000	0.00	9,267,000	196,555,600
12.02 Non-Emergency Medical Transportation		0.00	0	0	0	0.00	0	0.00	0	0.00	0	1,081,100
Family & Community Services, Div.												
Child Welfare												
12.01 Child Welfare Transformation Initiative		0.00	5,752,000	11,504,000	11,504,000	0.00	0	0.00	0	0.00	0	8,628,000
12.02 Child Welfare Social Worker 2		0.00	118,600	237,200	237,200	0.00	117,200	0.00	117,200	0.00	150,300	300,600
12.03 FTP Realignment from CW to DD		0.00	0	0	0	0.00	0	0.00	0	(1.00)	(57,000)	(142,600)
Licensure & Certification												
12.01 Additional Licensing and Certification		3.00	121,500	243,100	243,100	0.00	0	0.00	0	0.00	39,300	78,600
Healthcare Policy Initiatives												
12.01 Healthcare Policy Initiatives		7.00	396,800	795,900	799,400	7.00	267,100	7.00	267,100	2.00	139,300	625,800

FY 2020 Executive Budget

Comparison Matrix

Agency: 270 Health & Welfare, Department of

Decision Unit	Priority	Request		Total		Recommendation		Appropriation	
		FTP	General	FTP	Total	FTP	General	FTP	Total
Indirect Support Services									
12.01 Workplace Safety and Security		0.00	345,200	690,500	0.00	345,200	690,500	0.00	172,600
12.61 State Network Core Equipment		0.00	0	0	0.00	0	255,500	0.00	0
Behavioral Health Services									
Adult Mental Health									
12.01 Mental Health Courts Increase		0.00	1,608,000	1,608,000	0.00	0	0	0.00	0
12.03 Proposition 2 Offsets		0.00	0	0	0.00	(4,200,000)	(4,200,000)	0.00	(4,200,000)
State Hospital North									
12.01 Infection Prevention Officer		1.00	88,200	88,200	0.00	0	0	0.00	0
12.02 Psychiatry Services		0.00	392,200	392,200	0.00	144,200	144,200	0.00	144,200
State Hospital South									
12.01 Additional Hospital Staff		2.00	105,000	105,000	1.00	48,600	48,600	1.00	48,600
12.02 Reclassify Licensed Practical Nurses to		0.00	80,300	93,700	0.00	0	0	0.00	0
Substance Use Disorders									
12.01 Substance Use Disorder Treatment		0.00	2,050,000	2,050,000	0.00	0	0	0.00	0
12.02 Problem-Solving Court Population		0.00	(735,000)	(735,000)	0.00	(735,000)	(735,000)	0.00	(735,000)
12.03 State Opioid Response Grant		0.00	0	4,110,000	0.00	0	4,110,000	0.00	4,110,000
12.04 Proposition 2 Offsets		0.00	0	0	0.00	(1,200,000)	(1,200,000)	0.00	(1,200,000)
12.05 Management Services Contract		0.00	0	0	0.00	390,000	390,000	0.00	0
Community Hospitalization									
12.01 Proposition 2 Offsets		0.00	0	0	0.00	(1,000,000)	(1,000,000)	0.00	(1,000,000)
Developmental Disabilities Svcs.									
Community Developmental Disabilities									
12.01 FTP Realignment from Child Welfare to		0.00	0	0	0.00	0	0	1.00	57,000
Domestic Violence Council									
12.01 Victims of Crime Act Funds		0.00	0	4,000,000	0.00	0	4,000,000	0.00	0
12.62 Mobile Device Management and		0.00	0	0	0.00	0	2,000	0.00	0
12.63 Information Technology Modernization		0.00	0	0	0.00	0	2,900	0.00	0
Developmental Disabilities Council									
12.62 Mobile Device Management and		0.00	0	0	0.00	0	2,400	0.00	0
12.63 Information Technology Modernization		0.00	0	0	0.00	600	3,400	0.00	600
13.00 FY 2020 Total		2,940.11	877,261,100	3,221,872,000	2,932.11	863,597,200	3,394,290,600	2,917.11	865,297,500
Amount Change From Original Appropriation		17.40	112,023,000	168,592,000	9.40	98,359,100	341,010,600	(5.60)	100,059,400
Percent Change From Original Appropriation		0.60%	14.64%	5.52%	0.32%	12.85%	11.17%	(0.19%)	13.08%
									12.01%



IDAHO DEPARTMENT OF
HEALTH & WELFARE

www.healthandwelfare.idaho.gov

**NEWS RELEASE--FOR IMMEDIATE
RELEASE**

Date: May 8, 2019

Contact: Niki Forbing-Orr
Public Information Manager
(208) 334-0668

**DHW learns client data may have been
accessed without authorization**

The Department of Health and Welfare (DHW) has recently been informed that clients' personal information contained in a contractor's employee's email account may have been accessed without authorization.

OS Inc. provides claims management services to the Department of Health and Welfare. The access was obtained through an email phishing campaign. At this time, there is no evidence that personal information or financial account information was accessed because of this event. The 2,060 individuals potentially affected by this have been notified by OS with a notice sent by U.S. Postal Service.

"Protecting the personal health and financial information for the people we serve is critical for the Department of Health and Welfare," said DHW Director Dave Jeppesen. "We are working closely with OS to make sure proper notifications have been sent and that those affected have access to monitoring and assistance to make sure their information is safe. We are also working with OS to make sure this doesn't happen again. In addition, I've asked my staff to evaluate the lessons learned from this incident, so we can apply those to our overall cybersecurity efforts."

OS Inc. informed DHW that it immediately launched an investigation after discovering suspicious activity in an employee's email account and began working with forensic experts to determine the nature and scope of the activity. On Feb. 20, 2019, the investigation confirmed an unauthorized actor gained access to the employee's email account from Oct. 15, 2018, through

42 Dec. 21, 2018, using account credentials harvested through a phishing email
43 campaign. OS Inc. immediately secured the contents of the impacted
44 account and ensured that the unauthorized actor no longer had access. DHW
45 was notified in mid-March by OS Inc. "of a recent data security incident that
46 affected our (OS's) system and may have included your organization's
47 (DHW) protected health information."
48

49 On or about April 1, 2019, OS Inc. confirmed the identities of those
50 individuals whose information may have been accessible in the email account
51 and began working with affected healthcare providers, including DHW, to
52 confirm the contact information for these individuals. The impacted individuals
53 will receive notification in the mail sometime during the week of May 6 with
54 details about the type of information that may have been accessed.
55

56 The types of information contained in the employee's email account included
57 billing information for the Infant Toddler Program and Mental Health Services
58 such as full name, Social Security number, date of birth, address, and other
59 demographic and clinical information (i.e., diagnosis codes and nature of
60 services provided). Clinical information included service dates ranging from
61 Oct. 7, 2016, to Sept. 28, 2017.
62

63 The Department of Health and Welfare and OS Inc. take this incident and
64 the security of personal information very seriously. OS Inc. assures DHW it
65 has reviewed existing policies and procedures, implemented additional
66 safeguards, and secured the impacted email account. OS Inc. will continue
67 to further secure the information in its systems going forward.
68

69 Individuals seeking additional information regarding this incident can call the
70 toll-free dedicated assistance line at 1-866-775-4209 Monday through Friday
71 (excluding U.S. holidays), 8 a.m. to 5:30 p.m. Central Daylight Time, or 7
72 a.m. to 4:30 p.m. Mountain Daylight Time. Individuals may also write to OS
73 Inc. at: W237 N2920 Woodgate Road, Suite 100, Pewaukee, WI 53072.
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