IDAHO BOARD OF HEALTH AND WELFARE
MINUTES
August 20, 2015

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
Richard Armstrong, Secretary
Jim Giuffré
Wendy Jaquet
Richard Roberge, M.D.
Tom Stroschein
Janet Penfold
Stephen Weeg
Senator Lee Heider
Tammy Perkins

STAFF PRESENT

Denise Chuckovich, Deputy Director, Behavioral Health, Medicaid, and Managed Care Services
David N. Taylor, Deputy Director, Support Services
Gary Moore, Division Administrator, Family and Community Services
Paul Spannknebel, Division Administrator, Operational Services
Tamara Prisock, Division Administrator, Licensing and Certification
Niki Forbing-Orr, Public Information Officer
Diane Foote, Administrative Assistant to the Board

OTHERS PRESENT

Nicole McKay, Lead Deputy Attorney General
Sara Stover, Division of Financial Management
Jarod Tatro, Senior Budget & Policy Analyst

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 8:40 a.m, Thursday, August 20, 2015, at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.

ROLL CALL

Director Armstrong, Secretary, called the roll. Roll call showed **ten (10)** members present. With **seven (7)** voting members present, Chairman Kerby declared a quorum. Absent and excused was Representative Wood.

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 May 14, 2015

Motion: Stephen Weeg moved that the minutes of the May 14, 2015 Board meeting be adopted with edits requested.

Second: Janet Penfold

Roll Call Vote:

Ayes: **Giuffré, Jaquet, Kerby, Roberge, Stroschein, Weeg, Penfold**
Nays: None

Motion Carried

DEPUTY ATTORNEY GENERAL'S REVIEW OF PETITION PROCESS FOR THE BOARD

REVIEW AND DELIBERATION OF Appeal #14-975

Nicole McKay, Deputy Attorney General, requested to reverse the agenda and discuss Appeal #14-975 prior to reviewing petition process.

The parties have stipulated to a stay of appeal until the spring meeting. Absent a resolution, Palouse Area Care and Transport (PACT) will file a petition for an appeal hearing and oral argument before the Board in the spring and will lose no appeal rights because of the stay.

Nicole discussed roles and responsibilities of the Board of Health and Welfare when an appeal has been filed that falls under the Board's jurisdiction. The Board is to make a decision upon the information on record, including briefing, testimony, and four corners of evidence.

The Board granted the stay of the appeal with a motion by Wendy Jaquet, seconded by Tom Stroschein and all in favor for the motion to carry.

Board Member Jim Giuffre requested the Director and Department staff review the primary responsibilities of the Board and determine if additional clarity is needed in the decision-making process of the Board.

COMMENTS FROM BOARD MEMBERS

Board members discussed several items such as negotiated rulemaking for ambulance and fire services in the community.

Commissioner Stroschein thanked the Department for their support of behavioral health and recovery centers. He stressed that crisis centers are needed to complete the process.

CONCURRENCE OF APPOINTMENT FOR GARY MOORE AS FAMILY AND COMMUNITY SERVICES DIVISION ADMINISTRATOR

Director Armstrong introduced Gary Moore to the Board members and enumerated many of his accomplishments while working for the Department of Health and Welfare. Director Armstrong described the strengths and skills Mr. Moore exhibited while Hospital Administrative Director for State Hospital North (2008-2011) as the same skills needed in FACS. Gary was able to implement a work flow change with employees to increase efficiency in order to serve more people and improve moral. Child protection will be a major task of his to undertake in his new position as he and staff are determined to shorten the time children are waiting to be placed in permanence

Mr. Moore has been traveling the state to visit with department staff in the regions and to learn and understand the operational processes.

Motion: Stephen Weeg moved that the Idaho Board of Health and Welfare concur with the Director's appointment of Gary Moore as the Family and Community Services Division Administrator for the Idaho Department of Health and Welfare.

Second: Darrell Kerby

Roll Call Vote:

Ayes: **all**
Nays: None

Motion Carried

HEALTH, MEDICAID, BEHAVIORAL HEALTH and STATE HEALTH INNOVATION PLAN (SHIP) UPDATES

Deputy Director Denise Chuckovich discussed the status of programs and how each division is part of healthcare transformation with a workgroup focused on population issues and how to impact health on population as oppose to the individual.

Regional collaboratives are hiring staff for the patient-centered home model and the Health Division is expanding telehealth and focusing on rural health care to identify health clinics to develop the home model along with Behavioral health utilizing telehealth for counseling.

The Expanded Access Program provides an FDA-approved drug, Epidiolex, to children with treatment-resistant epilepsy in Idaho. The program will serve up to 25 children between the ages of 0-18 and administered in a clinical setting with a local neurologist specializing in epilepsy. Enrollment is expected to begin this fall with an expected program cost of $223,500.

The Division of Public Health continues to track individuals who have returned to Idaho or are passing though Idaho who have visited Ebola-affected countries in Africa. Monitoring includes any changes in CDC guidance and regular reporting to CDC. According to CDC guidance, several levels of hospital readiness exist for serious infectious disease situations:

- Frontline: Capability to isolate and stabilize
- Assessment: Idaho has a handful of hospitals volunteering to be prepared to isolate and do minimal treatment for up to 96 hours and then have the patient transported to a treatment hospital.
- Treatment: Idaho does not have a treatment hospital, but Sacred Heart in Spokane has agreed to be the treatment hospital for all of Region X (AK, WA, OR and ID).

Medicaid is taking the lead on payment reform and engaged to move away from paying for volume into paying for value.

The Health Home Pilot program implemented January 1, 2013 is seeing terrific results. Enrollment peaked at over 10,000 participants with Health Homes numbering 24 different health care organizations operating in over 50 service locations through the state.

The Idaho Falls Crisis Center, which opened December of 2014, has had approximately 950 admissions to date. A second center is projected to open in November or December of 2015 with DHW requesting a third crisis center in the next legislative cycle.

The Jeff D. lawsuit reached a settlement agreement approved by Federal Court in early July. Our department, in partnership with other child serving agencies in Idaho, will have until March of 2016 to implement a plan. DHW will then have four years to implement the new system.

The agreement focuses on four areas for change:

- Maximizing Medicaid resources
- Delivery of Services
- Greater emphasis on the most needy children and their families
- Quality assurance committed to improving the children's health system

SHIP contracts have been awarded to Mercer for technical assistance on project management and with IHDE to improve care coordination. Intent to award was given to Briljent for technical assistance to transform primary care practices across the stat into Patient Care Medical Homes. Contracts have also been signed with the seven Health Districts to develop Regional Health Collaboratives to support the integration of each PCMH with the broader medical neighborhood.

STRATEGIC PLAN UPDATE

Division Administrator Tamara Prisock presented an update on the Plan regarding communicating the goals and implementation. Handouts for the Board members included a timeline of work completed and work to do, along with high-level talking points. Also shared were articles from the Department's Info Net and Headline News which highlight specific initiatives for department staff. Future articles will be forwarded to the Board.

The Leadership team will be developing performance measures to monitor and working on a process for a performance review.

DIVISION OF SUPPORT SERVICES REPORT

Deputy Director David Taylor gave the Board members hand-outs and discussed each subject:

- FY2015 Recap:
  - Summary of fiscal year 2015 funds for the Department of Health and Welfare was discussed.
- 2017 Budget Request:
  - Supplemental request: Describe changes to the appropriation that adds to or adjusts spending authority in the current fiscal year (SFY 2016).
  - Maintenance Items: Request for resources needed to continue current levels of service (SFY 2017).
  - Line Items: Additional decision units requesting funding for new or expanded activities after maintenance of current operations (SFY 2017).
- Possible federal shut-down.

DIRECTOR'S REPORT

Director Armstrong presented on primary care for low-income and uninsured adults. Historically, assistance has been in the form of crisis care which is expensive and least effective. The option of care coordination allows direct influence of disease progression and cost escalation using private sector partners.

Board member Stephen Weeg reported an update on the health exchange. Idaho is 4th in the nation with 90,000 enrolled in the third year of the exchange all while utilizing their own technology – the first and only state to do so. Nearly 55,000 Idahoans screened last year are too poor for the tax credit which makes them perfect candidates for the Director's proposed program.

APPOINTMENT OF CHAIR AND VICE-CHAIR NOMINATION COMMITTEE

Darrell Kerby appointed Board members Stephen Weeg and Wendy Jaquet to serve on the Nomination committee.

ADJOURNMENT

The next meeting of the Idaho Board of Health and Welfare is scheduled to be held November 19, 2015. There being no further business to come before the Board, Chairman Kerby adjourned the meeting at 12:45pm

Respectfully signed and submitted by:

_____
Darrell Kerby, Chairman

_____
Richard M. Armstrong, Secretary

_____
Diane Foote, Administrative Assistant

ATTACHMENT 1

IDAHO BOARD OF HEALTH AND WELFARE
MINUTES
May 14, 2015

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

BOARD MEMBERS PRESENT

Darrell Kerby, Chairman
Richard Armstrong, Secretary
James Giufffré
Wendy Jaquet
Commissioner Tom Stroschein
Stephen Weeg
Janet Penfold
Tammy Perkins

STAFF PRESENT

Russ Barron, Deputy Director, Welfare, and Family and Community Services, Regional Directors
Denise Chuckovich, Deputy Director, Behavioral Health, Medicaid, and Public Health
Tamara Prisock, Division Administrator, Licensing and Certification
Elke Shaw-Tulloch, Division Administrator, Public Health
Dr. Christine Hahn, State Public Health Medical Director
Paul Spannknebel, Division Administrator, Operational Services
Ross Edmunds, Division Administrator, Behavioral Health
Rosie Andueza, Program Manager, Behavioral Health
Nikki Forbing-Orr, Public Information Officer
Kim Thurston, Administrative Assistant to SHIP
Diane Foote, Administrative Assistant to the Board

OTHERS PRESENT

Nicole McKay, Lead Deputy Attorney General
Jared Tatro, Senior Budget & Policy Analyst

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 9:11 a.m. Thursday, May 14, 2015, at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.

ROLL CALL

Director Armstrong, Secretary, called the roll. Roll call showed **eight (8)** members present. With **six (6)** voting members present, Chairman Kerby declared a quorum. Absent and excused were Dr. Robert Roberge, Senator Heider, and Representative Wood.

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 19, 2015

Motion: Stephen Weeg moved that the minutes of the February 19, 2015, Board meeting be adopted as prepared.

Second: Wendy Jaquet

Roll Call Vote:

Ayes: **Giuffré, Jaquet, Kerby, Stroschein, Weeg, Stroschein**
Nays: None

Motion Carried

CEC UPDATE

Division Administrator Paul Spannknebel reported on a new parking policy that went into effect May 11th. He also reported on the Change in Employee Compensation (CEC), a three percent increase in personnel funding granted by the 2015 legislature for fiscal year 2016. Statute and guidance from the Governor's office require the CEC be distributed based on merit. A total of 1,200 evaluations were completed over a five-week period. Early implementation of the raises was realized in employee paychecks received on May, 8th 2015. Below are details:

PE Rating	Count	Annual Cost
EX	587	$ 1,349,500
SS	1,299	$ 2,277,000
APS	545	$ 691,200
DNA	25	$ -
Probation	196	$ -
Payline Move Only		$ 5,100
Non-Classified		$ 84,300
	2,652	$ 4,407,100
Cost of 4 PP Early Implementation		$ 678,000

OPE – OPTUM / FAIR HEARINGS PURCHASING STUDY

Division Administrator Paul Spannknebel presented a copy of a letter from Representative John Rusche to the Joint Legislative Oversight Committee regarding behavioral health services concerns managed under the Medicaid contract with Optum Idaho.

Mr. Spannknebel discussed an OPE Evaluation Request on the subject of Administrative Hearing Officers and a possible conflict of interest when hearing officers are employed and contracted by DHW. A response has been for the hearing officers responsible for Medicaid becoming part of the Office of the Attorney General. A letter from Representative Luker and Senator Burgoyne to JLOC was presented to the Board listing questions on this subject.

A new appointed committee will meet next week to study purchasing laws and to make recommendations. Currently, purchases up to 25 million can be made without permission/oversight. Suggested changes meant the Board would have to oversee approximately twelve contracts on specific subject matter and be forced to reconfigure several contracts. (Update: The committee has been chosen and is as follows: Co-Chairs Sen. Fred Martin and Rep. Neil Anderson. Members are Senators Bart Davis, John Tippets, Lori Den Hartog, Maryanne Jordan, and Representatives Maxine Bell, Brent Crane, John Vander Woude, and Mark Nye.)

EXECUTIVE ORDER 2015-03: EXPANDED ACCESS PROGRAM FOR EPIDIOLEX

Division Administrator Elke Shaw-Tulloch and Dr. Christine Hahn, State Public Health Medical Director, presented details on EO 2015-03 regarding an expanded access program for Epidiolex, a drug for treatment-resistant epilepsy for children ages 0-18. Division Administrator Shaw gave a brief overview of the drug which contains purified, plant-based cannabidiol (CBD) oil and the legislation surrounding it during Idaho's 2015 session. Alexis' Law, S1146, provided affirmative defense for families found with the oil which is considered a Schedule I drug.
Dr. Hahn presented the details of the Epidiolex compassionate use program. A preliminary agreement has been made with GW Pharma out of Great Britain and a memorandum signed by the Director. A local provider has begun the application process and Dr. Hahn hopes to have a contract signed in a few days. Once approved, providers and families statewide will be notified. The Idaho Medical Association will be assisting with the roll out of the program. A fact sheet with the study details was in each member's meeting binder.

2015 LEGISLATIVE SESSION – RULES AND LEGISLATION

Division Administrator Tamara Prisock reported results on rules and legislation resulting from the 2015 session. Currently, an estimated 24 dockets are on the agenda for next year.

STRATEGIC PLAN UPDATE

Division Administrator Tamara Prisock updated the Board on DHW strategic goals:

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

Details on the strategic objectives and initiatives to support these goals were also presented.

COMMENTS FROM BOARD MEMBERS

Board member Wendy Jaquet addressed the concern of a backlash to immigrants and refugees in the Twin Falls area. She expressed concern for transgender children and their families looking for support. Division Administrator of Behavioral Health, Ross Edmunds, commented the division is promoting a national hotline service for the LGBT community which is sensitive to the spectrum of diversity.

STATE HEALTHCARE INNOVATION PLAN UPDATE (SHIP)

Deputy Director Denise Chuckovich updated the Board on the current status of the Idaho State Healthcare Innovation Plan (SHIP). SHIP received a state innovation model (SIM) grant for $39,683,813. This grant will fund a four-year model test that began February 1, 2015.
We are presently in year one, the pre-implementation year as we prepare for full implementation to begin 2/1/2016.

Staff has been hired with six of the eight positions filled. A detailed organizational chart was distributed with staff names noted. The organizational chart also displays the many IHC workgroups and external groups that advise the IHC as subject matter experts. The Idaho Oral Health Alliance has recently been added as an advisory group to the IHC on oral health/primary care integration.

Current contracts under development include a contract with the Idaho Health Data Exchange (IHDE) which will take the lead in connecting all the patient centered medical homes with the IHDE. We expect this contract to be in place by mid-June.
We are also developing contracts with Idaho's 7 public health districts which will stand up regional health collaboratives that assist local clinics transforming to patient centered medical homes. Our goal is to have these contracts in place by July 1, 2015.

Deputy Director Chuckovich recently returned from a conference hosted by the National Governor's Association and the Center for Medicare and Medicaid Innovation where knowledge was shared between states on the transformation of their health care systems. It was announced at the conference that there would be no model test funding for the 19 Round 2 Model Design States that are currently in the planning phase. This reinforced how fortunate Idaho is to have already received model test funds.

RECOVERY IDAHO PRESENTATION

Division Administrator Ross Edmunds and Program Manager Rosie Andueza presented on Recovery Idaho. Program Manager Andueza and Board Member Stroshein have recently visited the Connecticut Community for Addition Recovery (CCAR) which is the model for Recovery Idaho. Topics ranged from community acceptance, employment, training, resources and referrals. While CCAR's focus is substance addiction, Idaho will also include mental health issues. Ada County's site is scheduled to open June 1st with other sites planned for Canyon, Gem, and Latah counties. Commissioner Stroschein has led the effort and also possibly secured a site on Main Street in Moscow.

DIVISIONS OF WELFARE AND FAMILY AND COMMUNITY SERVICES UPDATES

Deputy Director Russ Barron reported Gary Moore has been appointed Division Administrator of FACS. Mr. Moore was with the Department as SHN Administrator 2008-2011 and most recently, the CEO of Shoshone Medical Center in Kellogg. His first day will be May 27th.

Child Welfare direct service employees received salary increases which brought most staff up to at least 78% of policy. This action was needed to stabilize the workforce and reduce turnover.

Northwest Children's Home issues with licensing are being worked out with the ban on admissions being lifted soon.

The Division of Welfare staff was involved in processing an estimated 80,000 individuals for possible re-enrollment during open enrollment. An additional 40,000 new applications were also processed. As of May, those eligible and receiving the tax credit is approximately 105,000. The number of members who have selected a plan stands at 82,000 and 77,000 who have received an estimate. Approximately, 5000 life event changes are processed each month.

Mr. Barron commented the child support operations continued despite the outcome of the 2015 legislative session. The Director will provide more information regarding the upcoming Special Session.

DIRECTOR'S REPORT

Director Armstrong updated the Board regarding the upcoming Special Session and HB 1 (Child Support Bill) and section amendments that have been added to the original bill (S1067). Monday, May 18th, at Special Session he will outline what the bill is, what it does and also, present information on what child support is and what it isn't.

The Director reported on the success of the insurance exchange and the focus now on those 78,000 in the gap who are too poor to receive federal assistance. The goal is to encourage hospitals to participate in the project where the state pays 10% and the federal government paying 90%. Currently fifty organizations have joined the Close the Gap Project.

ADJOURNMENT

The next meeting of the Idaho Board of Health and Welfare is scheduled to be held August 20, 2015. There being no further business to come before the Board, Chairman Kerby adjourned the meeting at 1:08p.m.

Respectfully signed and submitted by:

_____
Darrell Kerby, Chairman

_____
Richard M. Armstrong, Secretary

_____
Diane Foote, Administrative Assistant

ATTACHMENT 2

GARY M. MOORE

107 Silver Avenue
Kellogg, ID
208-691-3819
Gmoore@shomed.org

Qualifications:

I have over thirty years of healthcare experiences combining clinical, surgical, and administrative responsibilities, in addition to overseeing a wide range of hospital construction projects. Particular areas of expertise: Hospital turn-around, new construction with project financing, Medical Staff / Trustee relations and management team development.

Chief Executive Officer **2011-present**
Shoshone Medical Center
Kellogg, ID

Employed as CEO in September 2011. Responsible for managing the day to day operations of the hospital and its affiliated entities; establishing a system for assuring that high quality care is provided; assuring the sound fiscal operation of the hospital while promoting services that are produced in a cost-effective manner; ensuring compliance with laws, regulations, and accrediting body requirements while continually monitoring the organization's service and delivery system; and assuring optimal fulfillment of the hospital's mission and philosophy in response to identified needs of the community and patients. To work closely with the Board of Trustees and leadership of the organized Medical Staff in fulfilling the CEO's duties and in developing the strategic direction and major policies of the hospital.

Hospital Administrative Director and State Service Hub Administrator **2008-2011**

Appointed by State of Idaho Director of Health and Welfare to provide management oversight to a 60 bed adult inpatient psychiatric hospital. Responsible for reviewing business practices to identify cost savings opportunities, improving admission and discharge practices and recruiting physicians and other health professionals. Additional operations responsibilities related to Mental Health Regions I and II included, oversight of adult and children's outpatient programs, operations, budgets, capital improvements, and contracts. Collaborate with state's community leaders, agencies, legislators to advocate for inpatient and outpatient services. Lead regional management teams in developing quality assurance and cost saving strategies.

- Received Director's Award of Excellence 2010.
- Reduced State Hospital North's expenditures by $1.2M through increased efficiencies.
- Increased hospital admissions by 33% while reducing expenditures by 14%.
- Successfully recruited three new psychiatrists.

Moore Management, LLC Meridian, ID **2007-2008**

President of hospital interim management and consulting company. Served as interim CEO for Iron County Hospital District in Ironton, MO.

Regional Associate Vice President **2006-2007**
Quorum Health Resources
Region 3

Worked providing operational support and oversight for hospitals under management and consulting agreements with Quorum Health Resources (QHR). This included a total of 8 hospitals in Idaho, Montana, and Washington. Worked with hospital CEO's and Trustee's providing consultation that maintained and improved operations supported by long ranged Strategic Planning.

Chief Executive Officer **1999-2006**
Shoshone Medical Center
Kellogg, ID

- Converted 40 bed Acute Care Hospital to 25 bed Critical Access Hospital and realigned hospital/clinical operations to stabilize financial performance and physician relations.
- Worked with Board of Trustees, Medical Staff, hospital employees and community to stabilize healthcare delivery system.
- Successfully applied for and received HUD 242 Mortgage Insurance to access $17.5M loan to replace aged physical plant with modern, state of the art, CAH model facility.
- Digitalized hospital radiology department improving quality and diagnostic capabilities.

President & Chief Executive Officer **1994-1999**
DeSoto Memorial Hospital
Arcadia, FL

- Recruited 3 Family Practice physicians and 4 Specialty physicians to the community
- Oversight of design and construction of 8600 sqft primary care clinic and 9000 sqft of hospital renovation projects.
- Improved overall JCAHO accreditation scores and developed rural rotation sites for 4th year medical students.
- Converted outdated Information System to in-house Meditech System and developed telemedicine program for area State Juvenile Justice System.

Chief Executive Officer **1990-1994**
Fort Duncan Medical Center
Eagle Pass, TX

- Improve Broad of Directors/Medical Staff relationships and successfully changed negative hospital image with local media.
- Increased Gross Revenue from $7M to $17M and issued $3M in Revenue Bonds for construction project.
- Completed Facility Master Plan and initiated $5M renovation/modernization project.
- Improved quality of plant and operations with over $4M in medial equipment purchases.

Administrator **1985-1990**
Holdenville General Hospital
Holdenville, OK

- Renovated under utilized hospital space and developed Specialty Clinic which ultimately offered 12 different specialties for staff physicians and the community.
- Recruited 2 Family Practice physicians and 3 Physician Assistants to the community.
- Fostered in hospital continuing education programs which produced 3 graduate degrees, 2 associate degrees, and 1 GED for hospital employees.

Physicians' Assistant **1977-1985**
Surgical Center Administrator
Center of Ambulatory Surgery
Oklahoma City, OK

- Served as surgical first assistant and center administrator, to include, providing property management responsibilities for over 100,000 sqft of commercial office rental space.
- Consulted on the design, development, construction and licensure of 4 freestanding Ambulatory Surgical Centers.

Ponca City Surgical Center	1982
Center for Ambulatory Surgery	1980
Meridian Surgical Center	1979
Shartel Surgery Center	1977

- Assisted in the design, development, and management of a new 5 building commercial medical office complex.

Education:

Oklahoma City University **1987-1989**
Attended MBA program

Oklahoma University **1974-1977**
Bachelors of Science
Physicians' Assistant Program

United States Navy **1969-1973**
- Hospital Corps School
- Field Medical School USMC
- Operating Room Technician School
- California LVN licensed

Past Board Memberships:

Idaho Hospital Association, Chairman 2006
Yellowstone Insurance Exchange
Texas Hospitals Education & Research Foundation
Leadership Florida Class XV
Leadership Oklahoma Class II

References available on request

ATTACHMENT 3

24 Strategic Plan Spotlight: Transform Idaho's health care delivery system

Back

posted on July 24, 2015 13:38

Strategic Plan Spotlight: Transform Idaho's health care delivery system

The three main objectives for Department of Health and Welfare's **Strategic Plan** encompass 13 initiatives. Starting today, Headline News will highlight each of the initiatives and offer a brief explanation of each, including who is taking the lead on it.

This week, the focus is on Initiative #1: Transform Idaho's health care delivery system (SHIP). Cynthia York, program administrator for the newly created Office of Health Policy Innovation, is the lead on it. It is part of Strategic Plan Objective 1, which is to transform Idaho's health care delivery system to increase value and improve the health of Idahoans.

The Idaho State Healthcare Innovation Plan (SHIP) is a plan to improve access to care for all Idahoans, make them healthier, and lower overall healthcare costs. In 2013, a six-month planning process to develop the plan involved hundreds of Idahoans from across the state, including private and public payers, legislators, health system leaders, primary care providers, nurses, healthcare associations and community members. SHIP's goal is to transform Idaho's healthcare system from a fee-for-service, volume-based system to a value-based system of care that rewards improved health outcomes.

SHIP has seven goals that together will transform Idaho's healthcare system:

1. Transform primary care clinics across the state into patient-centered medical homes (PCMH).
2. Improve care coordination through the use of electronic health records and health data connections among PCMHs and across the medical neighborhood.
3. Establish seven regional collaboratives to support the integration of each PCMH with the broader medical/health neighborhood.
4. Improve rural patient access to patient-centered medical homes by developing virtual PCMHs.
5. Build a statewide data analytics system.
6. Align payment mechanisms across payers to transform payment methodology from volume to value.
7. Reduce overall healthcare costs through preventative care.

The SHIP model test period began Feb. 1, 2015, and will last for four years. It will be funded with a grant from Centers for Medicare and Medicaid Innovation that was awarded in December 2014. By the end of calendar year 2015, the first cohort of primary care clinics will be identified and beginning their transformation to patient-centered medical homes.

Comments

There are currently no comments, be the first to post one.

Post Comment

Name (required)

Email (required)

Website

Add Comment

Notify me of followup comments via e-mail

31 **Strategic Plan Spotlight: Long-term care for people with chronic mental illness**

Back

posted on July 31, 2015 13:12

Strategic Plan Spotlight: Long-term care for people with chronic mental illness

The three main objectives for Department of Health and Welfare's **Strategic Plan** encompass 13 initiatives. Headline News is highlighting each of the initiatives and offering a brief explanation of each, including who is taking the lead on it. Last week, **Initiative #1** was featured.

This week, the focus is on Initiative #2: Long-term care for people with chronic mental illness. Behavioral Health Administrator Ross Edmunds is leading the initiative, which is part of Strategic Plan objectives 2 and 3. Objective 2 is to protect children and vulnerable adults, and Objective 3 is to promote stable and healthy individuals, families and populations through medical coverage, program access, support services and policy.

Idaho struggles to meet the needs of its residents with mental illness who are not severe enough to require hospitalization but who also can't live independently because of their illness. Further challenges surface when chronic mental illness causes individuals to have behaviors that are difficult to manage and can lead to individuals harming themselves or others.
<!--[endif]-->

People with mental illness are often housed in assisted living facilities,

skilled nursing facilities, or certified family homes. These residential settings are not always appropriate for individuals with mental illness who have difficult-to-manage behaviors because the settings are not:

- Designed to meet the more intense mental health needs.
- Licensed to meet the mental health needs. The facilities place their licenses at risk if a patient assaults a staff member or other patient, and by not having the resources necessary to provide appropriate services.
- Reimbursed using a method intended to address their mental health needs.

An appropriate model for providing the level of support necessary to safely manage and effectively treat patients with mental illness of a certain severity in a safe residential setting does not exist in Idaho. This strategic priority is designed to establish a best-practice model to meet the residential treatment needs of this population.
<!--[endif]-->

The planning is just beginning. Steps will be taken to determine current need, cost, and short-term strategies. As the best model is designed, other states' systems and solutions will be considered and evaluated.

Comments

Chelsea
Friday, July 31, 2015 1:31 PM

I am so excited that the Strategic Plan includes the initiatives highlighted in this article! Having appropriate housing for individuals with mental illnesses who are unable to live independently in Idaho will be such a huge blessing and improve the quality of life so many people. I can't wait to see how this progresses!

Wendy
Friday, July 31, 2015 3:17 PM

Thank you for doing a thorough assessment so we know how to improve :)

Post Comment

Name (required)

Email (required)

Website

07 **Strategic Plan Spotlight: Full integration of Medicaid eligibility with the state insurance marketplace**

Back

posted on August 07, 2015 12:45

Strategic Plan Spotlight: Full integration of Medicaid eligibility with the state insurance marketplace

*The three main objectives for Department of Health and Welfare's **Strategic Plan** encompass 13 initiatives. Headline News is highlighting each of the initiatives and offering a brief explanation of each, including who is taking the lead on it.*

*This week, the focus is on **Initiative #3**: Full integration of Medicaid eligibility with the state insurance marketplace, Your Health Idaho (YHI). Welfare Administrator Lori Wolff is leading the initiative, which is part of **Strategic Plan Objective 3**. That objective focuses on promoting stable and healthy individuals, families and populations through medical coverage, program access, support services and policy.*

DHW is a critical partner in Idaho's health insurance exchange because all applications are screened for Medicaid eligibility first. If an applicant is not eligible for Medicaid, DHW determines tax credit and cost-share reductions for people seeking assistance in paying for their healthcare costs. This requires aligned policies and technology to ensure subsidies are calculated correctly and can be sent to the marketplace for consumers to shop, compare, and select health plans.

Idaho's health insurance exchange was implemented on Nov. 15,

2014. Idaho was the first state to transition from the federal exchange at healthcare.gov to a fully operated and supported state-run health exchange. Although many state exchanges continue to struggle with technical functionality, operational challenges, and affordability, Idaho is considered a huge success. The integrated model in Idaho is one of the lowest-cost, highest-functioning exchanges in the country.

Building on the successes of the first year, many policy and technology changes are needed this year and next to ensure full integration and sustainability in the future. Real-time eligibility, better connections with agents and brokers, streamlined account transfers, improved communication and web tools, and automated re-evaluation processes all need to be built and implemented to ensure effective operations.

The department also operates the consumer call center for Your Health Idaho. Because many of the questions from consumers and agents begin with questions about eligibility and tax credits, DHW and YHI partnered to create a one-stop support center for Idahoans.

DHW allocates all costs for the Your Health Idaho portion of support directly to Your Health Idaho for full reimbursement; no state funds are used to support the work related to the state's health insurance exchange.

Resources and training will be aligned to improve the overall customer experience before the next open enrollment period, which begins Nov. 1st. This will require decisions with Your Health Idaho on operational processes, better system access and staff training, and more integrated processes between the eligibility and plan systems to improve customer experience and operational designs.

DHW will continue to work with Your Health Idaho on a sustainability plan for ongoing operations and automation support to ensure the shared services model remains effective, and that DHW's cost allocation model supports legislative intent that no state funds are used to operate Idaho's marketplace.

The department will continue to work closely with partners at Your Health Idaho, Idaho Insurance Carriers, Agent and Brokers, and Assistors across the state to ensure Idaho families have access to affordable health care coverage.

Comments

There are currently no comments, be the first to post one.

IDAHO DEPARTMENT OF HEALTH & WELFARE

Strategic Plan -2016 through 2020
Communication and Implementation Milestones

Work Completed:
Developed new strategic plan
Conducted Orientation for Division/Bureau Management in June
Launched a Strategic Plan SharePoint Site in June
Submitted new strategic plan to Division of Financial Management and Legislative Services Office on July 1st
Published a Headline News Article on July 1st announcing the new plan and SharePoint site
Introduced new strategic plan to staff in all organizational units in the Department
Developed talking points about the Department's strategic initiatives to use to educate staff and external stakeholders about the initiatives.
Developed an online course for staff
Posted new plan to our external DHW website
Launched a weekly Headline News feature in July called *Strategic Plan Spotlight* highlighting one of the strategic initiatives
Implemented monthly Executive Leadership Team meetings to monitor progress with communication and implementation tasks
Work to Do:
Develop additional performance measures for strategic objectives
Develop a PowerPoint presentation to introduce new strategic objectives and initiatives to external partners and stakeholders
Continue weekly *Strategic Plan Spotlight* articles educating staff about the strategic initiatives
Continue communication and education to staff about the new plan in all organizational units
Update strategic plan document with new performance measures when completed
Submit updated plan to Division of Financial Management and Legislative Services Office
Develop process for monitoring progress on initiatives during monthly Executive Leadership Team meetings
Develop process for monitoring progress in achieving strategic objectives during monthly Executive Leadership Team meetings

IDAHO DEPARTMENT OF HEALTH & WELFARE

Strategic Planning: High level talking points

Initiatives and leads:

1. SHIP: Transform Idaho's healthcare delivery system (Cynthia York)
2. Long-term care for people with chronic mental illness (Ross Edmunds)
3. Full integration of Medicaid eligibility with state insurance marketplace (Lori Wolff)
4. Analytics tool for provider networks (connected to SHIP) (Cynthia York)
5. Transform child welfare systems to improve outcomes for children (Russ Barron)
6. Develop a therapeutic stabilization and transition center for clients with developmental disabilities (Gary Moore)
7. Address gap population healthcare and access needs (Lisa Hettinger)
8. Time sensitive emergency system of care (Elke Shaw-Tulloch)
9. Develop system for comprehensive oversight of delivery of services to individuals with developmental disabilities. (Gary Moore and Lisa Hettinger)
10. Integration of information systems (Michael Farley)
11. Improve the timeliness while maintaining accuracy of financial reporting (Dave Taylor)
12. Succession readiness (Paul Spannknebel)
13. Expand DHW identity to remove stigma (Lori Wolff, Niki Forbing-Orr and Tom Shanahan)

Initiative#1 SHIP: Transform Idaho's healthcare delivery system

Talking points:

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

2. SHIP has seven goals that together will transform Idaho's healthcare system:
    a. Transform primary care clinics across the state into patient-centered medical homes (PCMH).
    b. Improve rural patient access to patient-centered medical homes by developing virtual PCMHs.
    c. Establish seven regional collaboratives to support the integration of each PCMH with the broader medical/health neighborhood.
    d. Improve care coordination through the use of electronic health records and health data connections among PCMHs and across the medical neighborhood.
    e. Build a statewide data analytics system.
    f. Align payment mechanisms across payers to transform payment methodology from volume to value.
    g. Reduce healthcare costs through preventative care.

3. The SHIP model test period began Feb. 1, 2015, and will last for four years. It will be funded with a grant from Centers for Medicare and Medicaid Innovation that was

awarded in December 2014. By the end of calendar year 2015, the first cohort of primary care clinics will be identified and beginning their transformation to patient-centered medical homes.

Initiative #2: Long-term care for people with chronic mental illness

Talking points:

1. Idaho struggles to meet the needs of its residents with mental illness who are not severe enough to require hospitalization but who also can't live independently because of their illness. Further challenges surface when chronic mental illness causes individuals to demonstrate behaviors that are difficult to manage and can lead to individuals harming themselves or others.

2. People with mental illness are often housed in assisted living facilities, skilled nursing facilities, or certified family homes. These residential settings are not always appropriate for individuals with mental illness who demonstrate difficult-to-manage behaviors because the settings are not:
    a. Designed to meet the more intense mental health needs.
    b. Licensed to meet the mental health needs.
        i. The facilities place their licenses at risk if a patient assaults a staff member or other patient, and by not having the resources necessary to provide appropriate services.
    c. Reimbursed using a method intended to address their mental health needs.

3. The appropriate model for providing the level of support necessary to safely manage and effectively treat patients with mental illness of a certain severity in a safe residential setting does not exist in Idaho. This strategic priority is designed to establish a best practice model to meet the residential treatment needs of this population.

4. The planning for this initiative is just beginning. Steps will be taken to determine current volume of need, cost, and short-term strategies. As the best model is designed, other states' systems and solutions will be considered and evaluated.

5. The following factors are being appraised for this initiative:
    a. Should there be a mechanism to ensure appropriate services are arranged for the patient while in the facility from an outside provider?
    b. Should there be a modification to the facility that would allow for Medicaid reimbursement?
    c. Should the State of Idaho create a new facility license specifically for this population under the statute and rules governing assisted living facilities?
    d. Should the State of Idaho develop an entirely different model of adult residential care to meet the needs of the population?
    e. What consideration is being given to additional special populations for which the same challenge exists, specifically dementia, Alzheimer's, developmental disabilities, and traumatic brain injury populations?
    f. What consideration/services are being considered for the physical health needs of this population?

Initiative #3: Full integration of Medicaid eligibility with the state insurance marketplace, Your Health Idaho (YHI)

Talking points:

1. DHW is a critical partner in Idaho's health insurance exchange because the department determines all eligibility first for Medicaid and then for advanced payment of tax credit and cost-share reductions for people seeking assistance in paying for their healthcare costs. This requires aligned policies and technology to ensure subsidies are calculated correctly and can be sent to the marketplace for consumers to shop, compare, and select health plans.

2. Although the first year of implementation was considered a success, there are many policy and technology changes in 2015 and 2016 to ensure full integration with the state marketplace. Real-time eligibility, better connections with agents and brokers, streamlined account transfers, improved communication and web tools, and automated re-evaluation processes will all need to be built and implemented.

3. DHW also operates the consumer call center for YHI. Since many of the questions from consumers and agents begin with questions related to eligibility and tax credit determinations, DHW and YHI partnered to ensure we could create a one-stop support center for Idahoans. DHW allocates all costs for the YHI portion of support directly to YHI for full reimbursement so no state funds are used to operate the call center. There are initiatives and priorities in 2015 and 2016 to align resources and training to improve overall customer service and training before the next open enrollment period. This will require decisions with YHI on operational processes, better system access and staff training, and more integrated processes between the eligibility and plan system to improve customer experience and operational designs.

4. DHW will continue to work with YHI on a sustainability plan for ongoing operations and automation support to ensure the Shared Services model remains effective and our cost allocation model supports legislative intent that no state funds are used to operate Idaho's Marketplace.

5. (Background) Since DHW already conducts Medicaid eligibility determinations and the tax credit eligibility determinations are done in a similar manner, Centers for Medicare and Medicaid Services expected Idaho to leverage the existing case management, application, and technology to determine tax credit eligibility. Since Medicaid must be considered before giving someone an advanced payment of tax credit to help pay for their insurance costs, DHW built on its current system and functionality to support Your Health Idaho in determining eligibility.

Initiative #4: Analytics tool for provider networks (connected to SHIP)

Talking points:

1. A state-wide data analytics system would track, analyze and report claims and clinical patient feedback to providers and regional collaboratives as part of the State Healthcare Innovation Plan. This analysis will inform policy development and program monitoring for the entire healthcare system transformation at the state level.

2. A four-year grant from Centers for Medicare and Medicaid Innovation that was awarded in December 2014 for the SHIP will pay for the development of the data analytics system. System sustainability eventually will be covered by the payers.

Initiative #5: Transform child welfare systems to improve outcomes for children

Talking points:

1. The transformation of child welfare systems is an important initiative because it will help create better long-term outcomes for children requiring Child Protection services. If it's appropriate, we'd like to keep children in their homes as often as possible, and work with families to stop abusive and neglectful situations from happening. We'd like to reduce the time it takes to place children in a permanent home, whether that's with their families or through adoption.

2. This initiative is still in the planning phase, but the goal over the next 3-5 years focuses on continued streamlining of processes; improved coordination with partners such as law enforcement, schools, courts, and the medical and behavioral health communities; and improvements to the foster care program and supporting technology. Improving legal representation for DHW in court cases involving children also would be addressed.

3. Children who have been in neglectful or abusive situations face a variety of challenges they must overcome so they don't continue the cycle of abuse and neglect with their own children when they mature into adults. They are some of the most vulnerable Idaho residents. We want to give them the tools they need to move to a better path of productivity and healthy relationships. The trauma they have experienced is long-lasting; our system of care should help children manage the traumatic effects, both the immediate and long-term. Communities will greatly benefit with the successful completion of this initiative. If we don't complete it, there are higher costs to taxpayers and higher emotional prices paid by the children that will likely continue to plague them into adulthood.

4. Because this is still in the planning phase, it is too early to quantify resource gaps for the entire initiative, but we do know that $1.4 M. in state funding is needed to get started on the legal piece.

Initiative #6: Develop a therapeutic stabilization and transition center for clients with developmental disabilities

Talking points:

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

2. This initiative is in the planning phase, and DHW is in the process of developing a blueprint for this facility so a suitable location can be found.

3. After DHW is able to provide a proper facility and intensive treatment services for this population, the risk of injury will be reduced to DHW staff and the other residents at SWITC.

Initiative #7: Address gap population healthcare and access needs

Talking points:

1. The Medicaid Redesign Workgroup established by Gov. Otter recommended the state change eligibility requirements for the 78,000 Idahoans who make less than 100 percent of the federal poverty level. They don't make enough to earn a tax credit to help pay for insurance on the state-based exchange, and they don't earn enough to pay for health insurance outright.

2. There is no consensus among policymakers in the state that expanding Medicaid is the best solution. The Department remains poised to work with policymakers to explore options and develop solutions for healthcare coverage for this population.

Initiative #8: Develop a Time-Sensitive Emergency System of Care

1. The 2014 Idaho Legislature approved and funded $225,000/year for two years for a plan to develop a statewide Time Sensitive Emergency system of care that will include three of the top five causes of deaths in Idaho: trauma, stroke and heart attack. The program is expected to be self-sustaining after that because it will be collecting verification/designation fees from participating hospitals.

2. Organized systems of care improve patient outcomes, reduce the frequency of preventable death and improve a patient's quality of life. States that have implemented just the trauma system of care were able to decrease their mortality rates for trauma patients between 15-25 percent. Implementing all three parts will have even better results.

3. The system-of-care model is an organizational philosophy and framework that involves collaboration with several agencies with the common goal to improve the outcome of TSE patients. The Idaho TSE system-of-care model includes stakeholders all across the state, including large urban hospitals, rural Critical Access hospitals, urban EMS and rural volunteer agencies. This includes all levels of care, both in-hospital and pre-hospital treatment and transportation for patients suffering from trauma, stroke and heart attack.

4. The primary goals of the Idaho TSE system are to:

    a. provide nationally accepted evidence-based practices for time sensitive emergencies
    b. reduce morbidity and mortality from time sensitive emergencies
    c. design and implement a system that is inclusive and voluntary
    d. collect and analyze data to measure the effectiveness of the system

5. Legislation was approved in February 2015 to allow the program to begin designating facilities that want to participate in the TSE system. The program will accept and designate facilities that are currently verified by a national accreditation body. However, with the maturation of the TSE system, the intent is for the state to have the ability to self-designate TSE centers without reliance on national accreditation groups by July 2015. By then, the program will have the ability to designate Trauma Centers level I-V, Pediatric Trauma Centers Level I-II, Stroke Centers Level I-III, and STEMI(Heart Attack) Centers level I-II. Designation criteria can be found at www.tse.idaho.gov in the standards manual.

Initiative #9: Develop system for comprehensive oversight of delivery of services to individuals with developmental disabilities.

1. This initiative is in the early planning phase. Developmental disability services are coordinated and provided in different places within the department. We have started to look at the current situation and determine what improvements are needed.
2. This initiative will allow us to explore the potential to improve the effectiveness of service delivery by looking at the needs and services in a more comprehensive manner from birth through adulthood.
3. This initiative could be completed in a year or two, depending on the results of the assessment/planning phase.
4. We hope to gain efficiencies, more effective processes, and possibly cost savings.

Initiative #10: Integration of Information Systems

1. The department is a diverse agency made up of eight divisions that deal with a variety of programs and services including information technology, financial and operational processes needed for daily business. Our agency uses over 120 computer applications in a very complicated structure. Two systems, for example, must interface with about 20 other computer systems and external business partners.
2. This ongoing initiative means that DHW is constantly looking for ways to utilize technology across divisions within the department to help staff deliver services as effectively as possible. This initiative will allow the department to integrate more systems across programs and share information across the agency to gain efficiencies, be more effective, and reduces the cost and maintenance of supporting multiple systems doing the same function.
3. The timeline is on-going as we continually assess any new system or functionality required by a division or program to ensure proper review and evaluation in this regard. One example is a recent request by FACS for a document management solution. Rather than obtain an independent solution, we are examining the use of an existing system within the department to meet their needs.

Initiative #11: Improve the timeliness while maintaining accuracy of financial reporting

1. DHW receives funding in a variety of ways, including grants and state and federal funds. The complexities of this makeup mean that deadlines and objectives for the funding often compete. Quarterly reports to the state's Division of Financial Management take 45 days to prepare because of those conflicting objectives and deadlines.
2. This ongoing initiative involves staff analyzing processes to see where efficiencies and improvements can be made, so when the state gets a new accounting system, DHW is prepared to automate some processes and be as accurate, timely and efficient as possible.

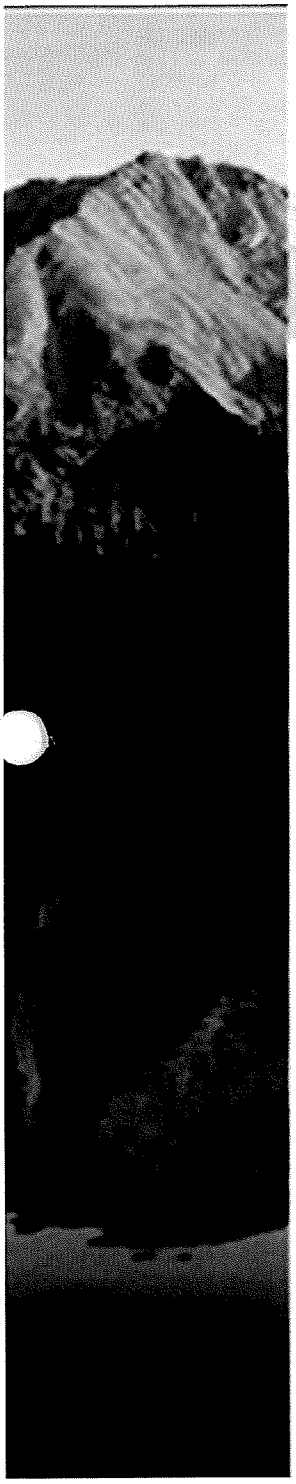
Initiative #12: Succession readiness

1. With more than 2,800 employees state-wide, turnover is a constant. Being prepared to fill positions as quickly as possible with qualified and engaged employees is critical to the daily operations and to our partners, vendors, and clients who rely on our ability to do our jobs efficiently.
2. Close to 14 percent of the DHW workforce is eligible for retirement now and in the next five years. Nearly 14 percent of the DHW workforce voluntarily left for other employment. We've had 41 changes in the executive leadership alone in the last eight years.
3. This initiative is ongoing. Human resources is working with the divisions to identify critical skill sets and needs and then to provide training and possible experience so

that when vacancies happen, staff is prepared to fill in and possibly apply for that position.

Initiative #13: Expand DHW identity to remove stigma

1. As the department worked with Your Health Idaho to calculate APTC or Medicaid eligibility with Idahoans who were figuring out their healthcare coverage options, it became clear that many people associate the department solely with poverty and welfare. Many of those people don't want to be associated with poverty and welfare, and they didn't want to participate in the exchange if they had to deal with DHW staff. This was extremely challenging because DHW handles all of the eligibility and APTC determinations for the state health insurance exchange.
2. This experience demonstrated a need to change the public's perception of DHW from poverty and welfare to community and connections. We believe if we can change the culture and thought processes about entitlement programs and welfare lines to getting individuals and families to make choices about becoming healthier through access to nutrition programs and effective health care and early childhood programs, we will help empower our communities to grow and prosper.
3. This initiative is in early stages and has two priorities:
    a. To provide a useful and relevant virtual connection to services by improving the DHW website and creating a consumer-focused, goal-oriented site, where a consumer can find the services that connect and serve their families. This concept would cross divisions and would focus on nutrition and healthcare rather than food stamps and Medicaid. It would identify the services from a decision to improve the quality of life, rather than an entitlement or government handout. This website will also help consumers connect beyond the walls of DHW and see that communities offer many resources and opportunities to help them "Live Better".
    b. To change the environment in DHW field offices, which is how many of the department's clients interact with staff and services. Instead of focusing on messages that might enforce the idea that poor people steal stuff or providing lists of compliance, rules, and laws, we would rather create an environment where individuals come to make informed choices about how to improve their life and become healthier and more self-reliant. By changing the environment and focus from entitlement programs to empowerment programs, we will position our consumers and staff to help move individuals and families to stronger stability and longer term sustainability.



IDAHO Department of Health and Welfare

Strategic Plan
SFY 2016 – SFY 2020

"Promote and Protect the Health and Safety of Idahoans"

July 1, 2015

www.healthandwelfare.idaho.gov

IDAHO DEPARTMENT OF HEALTH & WELFARE

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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July 1, 2015

Dear Citizens,

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

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

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

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

Other strategic initiatives we are focused on include:

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

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

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

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

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

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

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

Sincerely,

Richard M. Armstrong
Director

Strategic Plan Overview
2016 – 2020

IDAHO DEPARTMENT OF HEALTH & WELFARE

Governor's Priorities
Enhancing Economic Opportunity
Empowering Idahoans
Promoting Responsible Government

DHW Vision:
Provide leadership for development and implementation of a sustainable, integrated health and human services system.
DHW Mission:
Promote and protect the health and safety of Idahoans.
DHW Values:
Integrity, high quality customer service, and compassion are the foundation for all Department activities. A focus on these values will lead to success.

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

<table>
<tr><th colspan="4">Strategic Objectives</th></tr>
<tr><th></th><th>Objective #1</th><th>Objective #2</th><th>Objective #3</th></tr>
<tr><td></td><td>Transform Idaho's health care delivery system to improve Idaho's health and increase value.</td><td>Protect children and vulnerable adults</td><td>Promote stable and healthy individuals, families and populations through medical coverage, program access, support services and policy.</td></tr>
<tr><td rowspan="4">DELIVERY SYSTEM STRATEGIC INITIATIVES</td><td>Analytics Tool for Provider Networks</td><td>Develop a Therapeutic Stabilization and Transition Center for Clients with Developmental Disabilities</td><td>Full Integration of Medicaid Eligibility with State Insurance Marketplace</td></tr>
<tr><td>Gap Population Health Care and Access Needs</td><td colspan="2">Long-term Care for Individuals with Chronic Mental Illness</td></tr>
<tr><td>Transform Idaho's Healthcare Delivery System (SHIP)</td><td colspan="2">Transform Child Welfare Systems to Improve Outcomes for Children</td></tr>
<tr><td>Time-Sensitive Emergency System of Care</td><td colspan="2">Develop system for Comprehensive Oversight of Delivery of Services to Individuals with Developmental Disabilities</td></tr>
<tr><td rowspan="4">SUPPORT SYSTEM STRATEGIC INITIATIVES</td><td colspan="3">Integration of Information Systems</td></tr>
<tr><td colspan="3">Improve Timeliness While Maintaining Accuracy of Financial Reporting</td></tr>
<tr><td colspan="3">Succession Readiness</td></tr>
<tr><td colspan="3">Expand DHW Identity to Remove Stigma</td></tr>
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DHW Strategic Goals:

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

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

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

OBJECTIVE #1

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

How We Will Achieve the Objective

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

Analytics Tool for Provider Networks

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

Deliverable for SFY 2016:

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

Gap Population Health Care and Access Needs

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

Deliverable for SFY 2016:

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

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

Deliverable for SFY 2016::

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

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

Deliverable for SFY 2016:

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

Performance Measures:

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

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

Environmental Factors Affecting Achievement of This Objective

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

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

DHW Strategic Goals:

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

OBJECTIVE #2

Protect Children and Vulnerable Adults

How We Will Achieve the Objective

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

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

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

Deliverable for SFY 2016:
A plan for the proposed facility.

Long-term Care for Individuals with Chronic Mental Illness

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

Deliverable for SFY 2016:
The Department has partnered with the Idaho Health Care Association to engage researchers from Boise State University to examine issues related to access and adequate care available in residential settings to this population. Results of the study will be available in the fall of 2015.

Transform Child Welfare Systems to Improve Outcomes for Children

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

Deliverable for SFY 2016:
A plan for the execution of this initiative.

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

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

Deliverable for SFY 2016:
A plan for the execution of this initiative.

Performance Measure

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

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

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

Environmental Factors

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

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

DHW Strategic Goals:

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

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

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

OBJECTIVE #3

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

How We Will Achieve the Objective

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

Full Integration of Medicaid Eligibility with State Exchange Marketplace

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

Deliverable for SFY 2016:
Completion of the policy and technology changes to ensure full integration with the state marketplace, including real-time eligibility, better connections with agents and brokers, streamlined account transfers, improved communication and web tools, and automated re-evaluation processes.

Long-term Care for Individuals with Chronic Mental Illness

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

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

Deliverable for SFY 2016:
The Department has partnered with the Idaho Health Care Association to engage researchers from Boise State University to examine issues related to access and adequate care available in residential settings to this population. Results of the study will be available in the fall of 2015.

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

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Develop the System for Comprehensive Oversight of Delivery of Services to Individuals with Developmental Disabilities
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Deliverable for SFY 2016:
A plan for the execution of this initiative.

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

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

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

Environmental Factors

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

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

Additional Strategic Initiatives

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

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

The four additional initiatives are outlined below:

Integration of Information Systems

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

Deliverables for SFY 2016:

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

Improve Timeliness and Accuracy of Financial Reporting

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

Deliverables for SFY2016:

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

Succession Readiness

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

Deliverable for SFY 2015:

- *Workforce Analysis completed.*

Expand DHW Identity to Remove Stigma
With this initiative, the Department will improve the presentation of information and services to become more consumer-driven

Deliverables for SFY2016:

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

ATTACHMENT 4

	A	E	H	N	U	AA	AB	AC	AD	AE	AH	AI
1	TOTAL											
2	FY15 Actuals											
3		PUBLIC			BEHAVIORAL		Medically	Healthcare	Licensing		INDEPENDENT	
4		HEALTH	WELFARE	FACS	HEALTH	MEDICAID	Indigent	Policy	& Cert.	Indirect	COUNCILS	
5												
6							51	52	58	61		Total
7	FY15 JFAC Action Approp:											
27	TOTAL	$ 110,551,600	$ 151,129,000	$ 97,930,700	$ 83,950,300	$ 2,033,290,000	$ 139,800	$ -	$ 5,833,400	$ 40,689,400	$ 4,794,700	$ 2,528,308,900
28												
29	Adjustments:											
30	General Fund Supplemental / Rescission	-	-	-	-	(17,110,000)	(57,800)	-	-	-	-	(17,167,800)
31	Federal Fund Supplemental	41,900	3,236,300	-	796,700	(41,890,000)	-	3,479,800	-	(1,005,700)	-	(35,341,000)
32	Receipts Supplemental	-	8,124,500	-	-	62,761,000	-	-	-	3,605,700	-	74,491,200
33	Dedicated Fund Supplemental	-	-	-	-	-	-	-	-	-	-	-
34	Non-Cog Funds	-	-	-	-	-	-	-	-	-	-	-
35	Object Transfers	-	-	-	-	-	-	-	-	-	-	-
36	Transfers from FY16 Request (DU 6.5x)	647,200	-	(1,310,400)	1,414,900	(811,300)	-	-	-	59,600	-	-
37	Transfers - Receipt Authority	(650,000)	-	(1,802,100)	(297,900)	2,500,000	-	-	-	250,000	-	-
38	Transfers - Federal Fund Authority	-	(2,010,000)	(1,000,000)	200,000	540,000	-	-	150,000	2,120,000	-	-
39	Transfers - General Fund	198,800	-	(60,000)	60,000	40,700	-	-	122,800	(362,300)	-	-
40	Transfers - BH Programs	-	-	-	-	-	-	-	-	-	-	-
41	Transfers - Public Health Programs	-	-	-	-	-	-	-	-	-	-	-
42	Transfers - FACS Programs	-	-	-	-	-	-	-	-	-	-	-
43	Transfers - Non-Booked Transfers	-	-	(919,200)	33,100	1,220,800	-	-	7,700	(342,400)	-	-
44	Transfers - Non-Booked Medicaid T&B	-	-	-	-	-	-	-	-	-	-	-
45	Receipts to Appropriation	1,000	-	1,300	-	-	-	-	-	97,500	-	99,800
46	Reverted Federal Fund Authority	(6,529,800)	(1,278,000)	(2,917,300)	(3,852,300)	(36,850,900)	-	(3,349,900)	(102,500)	(92,700)	(509,400)	(55,482,800)
47	Reverted Dedicated Fund Authority	(3,248,600)	(1,334,600)	(103,000)	(263,700)	(3,201,600)	-	-	-	-	(40,500)	(8,192,000)
48	Reverted Receipt Authority	(623,400)	(953,600)	(1,103,800)	(665,900)	-	-	-	-	-	(42,400)	(3,389,100)
49												
50	**Total FY15 Adjusted Allocation**	**100,388,700**	**156,913,600**	**88,716,200**	**81,375,200**	**2,000,488,700**	**82,000**	**129,900**	**6,011,400**	**45,019,100**	**4,202,400**	**2,483,327,200**
51												
52												
53	**Expenditures**	100,200,400	156,372,000	87,455,500	79,524,500	1,997,242,800	80,900	129,900	5,900,600	43,870,700	4,202,400	2,474,979,700
54	Variance from Appropriation	188,300	541,600	1,260,700	1,850,700	3,245,900	1,100	-	110,800	1,148,400	-	8,347,500
55												
56	**General Fund Reversion**	**188,300**	**541,600**	**1,260,700**	**1,850,700**	**3,245,900**	**1,100**	**-**	**110,800**	**1,148,400**	**-**	**8,347,500**
57												
96												
97	General Fund Over <Under> by Object											
98	Personnel	50,600	285,700	669,800	448,200	-	100	-	91,000	924,200	-	2,469,600
99	Operating	90,200	3,200	218,100	388,200	-	1,000	-	19,800	172,200	-	892,700
100	Capital	47,500	12,700	1,300	200	-	-	-	-	52,000	-	113,700
101	T&B	-	240,000	371,500	1,014,100	3,245,900	-	-	-	-	-	4,871,500
102	Total:	188,300	541,600	1,260,700	1,850,700	3,245,900	1,100	-	110,800	1,148,400	-	8,347,500
103												
105	**Total of General Fund Appropriation:**	$ 6,771,200	$ 39,085,800	$ 32,162,200	$ 46,981,000	$ 492,347,100	$ 139,800	$ -	$ 1,558,200	$ 18,124,600	$ 118,500	$ 637,288,400
106												
107	**Reversion Percentage:**	2.8%	1.4%	3.9%	3.9%	0.7%	0.8%	0.0%	7.1%	6.3%	0.0%	1.3%
108												

THE WALL STREET JOURNAL.

http://www.wsj.com/articles/wsj-survey-economists-cite-budget-battle-as-a-top-threat-1439474579

ECONOMY | U.S. ECONOMY WSJ PRO

WSJ Survey: Economists Cite Budget Battle as a Top Threat

Full-year growth seen at 2.2%, year-end unemployment at 5.1%

Economists in the latest WSJ survey fear this scene from 2013 could be repeated this autumn when Congress faces a budget showdown and potential debt-ceiling impasse. *PHOTO: M. SPENCER GREEN/ASSOCIATED PRESS*

By JOSH ZUMBRUN

Updated Aug. 13, 2015 10:04 a.m. ET

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Congressional leaders are pledging that this fall won't be the season for another budget impasse that shuts down the government or threatens a U.S. default. Wall Street economists aren't buying their assurances.

After watching Congress repeatedly crash into fiscal deadlines in recent years, a majority of economists are expecting a repeat performance, with 55% of respondents to the latest Wall Street Journal survey of 62 economists—not all of whom answered every question—predicting at least some disruption to the economy and financial markets in the months ahead.

"Let's face it, we seem to be going down to the wire yet again," said Michael Gregory, head of U.S. economics for BMO Capital Markets, one of the 22 primary dealers authorized to bid directly at Treasury auctions and trade with the Federal Reserve.

The Treasury Department reached its statutory borrowing limit in March. To avoid running over the debt ceiling it has resorted to tactics like halting certain pension investments to free up enough funds to keep the government running. The Treasury has said it will have room to maneuver until at least October, while analysts at the nonpartisan Congressional Budget Office and Bipartisan Policy Center, a think tank, estimate it will run out of funds late in the fourth quarter.

RELATED COVERAGE

- Economists Expect Fed Rate Liftoff in September (http://www.wsj.com/articles/wsj-survey-economists-expect-fed-rate-liftoff-in-september-1439474573)
- Oil and Inflation Are Stubborn Disappointments (http://blogs.wsj.com/economics/2015/08/13/wsj-survey-oil-and-inflation-are-stubborn-disappointments/)

The deadline happens to coincide with the beginning of the federal government's fiscal year in October, which is when Congress must approve a budget. If legislators reach an impasse, as they have in the past, the government could be forced to close.

In 2011, the Treasury came within days of running out of funds when Congress didn't act on the debt ceiling and for the first time ever Standard & Poor's downgraded the U.S. triple-A credit rating. In October of 2013, the government shut down for over two weeks when lawmakers were unable to pass legislation to keep it open.

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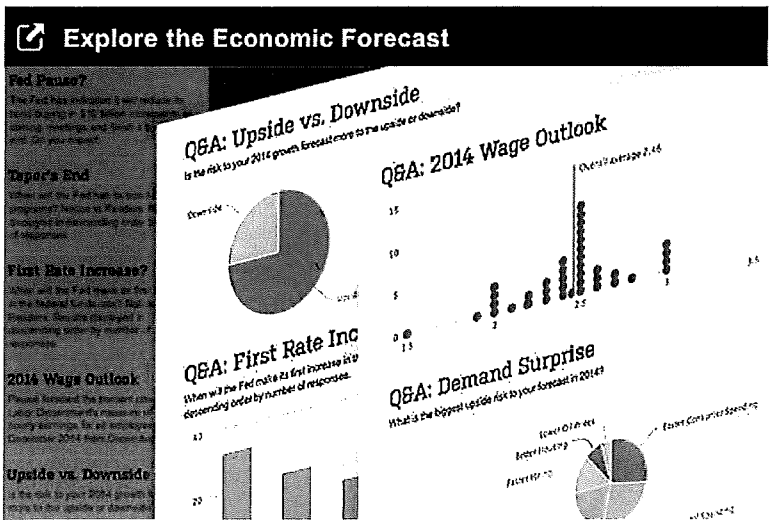
These past congressional stalemates and showdowns have forced economists to pay close attention to political maneuvering. About 77% of economists in the survey believe these clashes have dragged the economy down in recent years, including 14% who believe that fiscal uncertainty has been one of the primary reasons that the U.S. economy has grown so slowly since the end of recession.

Senate Majority Leader Mitch McConnell (R., Ky.) has vowed that "we're not doing government shutdowns," even though his party's conservative wing has threatened extreme measures unless Planned Parenthood is cut off from funding. Presidential candidates like Donald Trump and Sen. Ted Cruz (R., Texas) have signed a letter saying the party should defund Planned Parenthood even if it leads to a government shutdown.

Jim O'Sullivan, chief U.S. economist of High Frequency Economics, a forecasting firm in Valhalla, N.Y., said the past episodes have damaged the economy by harming consumer confidence.



"But to some extent people have become immune to the threat," he said. "At the end of the day, the recovery continued and unemployment has continued to trend down."

Throughout the recovery, economists have repeatedly trimmed their forecasts for growth. They now expect 2.2% growth over the course of 2015, according to the survey's average. That's unchanged from last month but down from an estimate of 2.9% a year ago. Their average forecast calls for unemployment to continue to fall, reaching 5.1% at the end of this year and 4.8% at the end of 2016. That's also unchanged from recent months.

A decline in oil prices in recent weeks caused forecasts of inflation to fall. By December, consumer prices will be rising at a 1.1% pace, down from an estimate of 1.3% in last month's survey.

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Despite low inflation and fiscal risks, survey respondents overwhelmingly expect the Federal Reserve in September to raise its interest-rate target. The central bank has held the fed funds rate near zero since December of 2008.

"The Fed wants to move," said Adolfo Laurenti, chief international economist at Mesirow Financial, a financial services firm and investment manager in Chicago. "They want to show that we are not in an emergency anymore."

Economists broadly agree the U.S. isn't on the precipice of crisis. They estimate the risk of a recession in the next 12 months as only about 10%. While fretting about the coming fiscal debate, economists assign less than a 2% chance to the U.S. actually defaulting on its debt because lawmakers have repeatedly walked up to the brink only to pull back again.

"There will be some posturing, but I don't think we are going to have a self-inflicted wound or crisis coming up in the fall," said Mr. Laurenti.

Write to Josh Zumbrun at Josh.Zumbrun@wsj.com

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DEPARTMENT OF THE TREASURY
WASHINGTON, D.C.

SECRETARY OF THE TREASURY

July 30, 2015

The Honorable John A. Boehner
Speaker
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Speaker:

I am writing to notify you, as required under 5 U.S.C. § 8348(l)(2), of my determination that, by reason of the statutory debt limit, I will continue to be unable to fully invest the portion of the Civil Service Retirement and Disability Fund (CSRDF) not immediately required to pay beneficiaries. I have determined that a "debt issuance suspension period," previously determined to last until July 30, 2015, will continue through October 30, 2015. As a result, the Treasury Department will continue to suspend additional investments of amounts credited to, and redeem an additional portion of the investments held by, the CSRDF, as authorized by law. By law, the CSRDF will be made whole once the debt limit is increased. Federal retirees and employees will be unaffected by these actions.

I respectfully urge Congress to protect the full faith and credit of the United States by acting to increase the statutory debt limit as soon as possible.

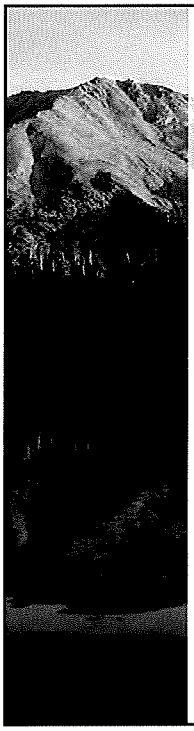
Sincerely,

Jacob J. Lew

Identical letter sent to:
The Honorable Nancy Pelosi, House Democratic Leader
The Honorable Mitch McConnell, Senate Majority Leader
The Honorable Harry Reid, Senate Democratic Leader

cc: The Honorable Paul Ryan, Chairman, House Committee on Ways and Means
The Honorable Sander M. Levin, Ranking Member, House Committee on Ways and Means
The Honorable Orrin G. Hatch, Chairman, Senate Committee on Finance
The Honorable Ron Wyden, Ranking Member, Senate Committee on Finance
All other Members of the 114th Congress

ATTACHMENT 5



IDAHO Department of Health and Welfare

First Health Home

primary care for low-income and uninsured adults

Richard Armstrong
Director
Department of Health & Welfare

August 20, 2015

IDAHO DEPARTMENT OF HEALTH & WELFARE

IDAHO Department of Health and Welfare

WHAT WE KNOW

- **Idaho spends $60 million per year on crisis health episodes for low income adults**
- **CAT claims down 33% due to health insurance exchange and private insurance (<100% FPL)**
- **78,000 Idaho adults under 100% FPL have no opportunity for a health home ($11,770)**
- **90% are chronic conditions that would respond favorably to routine care coordination**
- **There is a high preponderance of mental health comorbid conditions that negatively impact law enforcement and judicial**

2

IDAHO Department of Health and Welfare

THE PROBLEM

- Crisis care is the most expensive and least effective
- Idaho statute states "the director shall have general supervision of the promotion and protection of the life, health, and mental health of the people of this state"
- I can only fix the problem if I can influence healthcare delivery and outcomes
- Care coordination allows direct influence of disease progression and cost escalation using private sector partners

3

IDAHO Department of Health and Welfare

SOLUTION/PROPOSAL

- Enroll adults under 100% FPL in a health home
- Pay private sector providers to deliver coordinated care services
- Engage primary care network for statewide delivery
- Leave indigent system in place for services outside primary care service umbrella

4

IDAHO Department of Health and Welfare

BENEFITS/ADVANTAGE

- Not coverage nor an entitlement program and fully controlled by Idaho
- Will reduce costs to county and state indigent programs
- Provides a true safety net of routine healthcare
- Provides basic coordinated and integrated behavioral health to our most vulnerable adults
- Provides an alternative to judicial mental health holds through improved continuity of care
- Provides coordination of care for post incarceration re-entry to reduce recidivism

5

IDAHO Department of Health and Welfare

NEXT STEPS

- Legislative support
- Money – $30 million on-going through cigarette/tobacco tax
  - $.57/pack increase (for a total tax of $1.14/pack)
  - Tobacco derivatives @ _____
- One-time money for system development (approx. $2.5 to $4.5 million)
  - Eligibility, financial and reporting
  - Access Card/High Risk Pool residual (premium tax) estimated at $22 million

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