



Board of Health & Welfare 2015 Annual Report



IDAHO DEPARTMENT OF
HEALTH & WELFARE



C. L. "Butch" Otter – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

Board of Health and Welfare
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Dear Idaho residents,

It is my pleasure to present you with the annual report for the Board of Health and Welfare for state fiscal year 2015. It was a busy year for the Department of Health and Welfare. Director Richard Armstrong has been working hard to improve healthcare in Idaho, for both the uninsured and the insured, and the board has been supportive of his efforts.

But before I get into the highlights, the board is extremely pleased that the Legislature has supported a pay increase for state employees. The department has faced more competition from the private sector and has had some difficulty in retaining staff and finding well-qualified applicants for job openings. The board is hopeful this pay increase will help relieve that tension.

Throughout SFY2015, the board heard many presentations on the work the divisions are performing under Director Armstrong's leadership. We have been pleased at the progress made to promote and protect the health and well-being of Idaho's residents. We are particularly interested in the department's initiatives to improve the state's healthcare system.

Most notable were efforts to redesign Idaho's healthcare system and improve the health of Idahoans through the Statewide Healthcare Innovation Plan (SHIP). The Office of Healthcare Policy Initiatives laid the groundwork to receive a nearly \$40 million grant from Centers for Medicare and Medicaid Innovation, which enabled it to hire staff and set contracts with vendors.

The goal of SHIP is to demonstrate that Idaho's healthcare system can be transformed from a fee-for-service, volume-based system to one that prioritizes the overall health of patients for better outcomes. We are confident the department will succeed as the project gains support from the medical community and other stakeholders.

The state's health insurance marketplace has successfully converted to a state-based exchange with a lot of hard work from the Division of Welfare, which designed an eligibility model for shared services. Everyone who signed up for health insurance on the state-based exchange had to be sorted into buckets depending on their income, so we now have more information on the Idahoans who don't qualify for Medicaid or a tax credit. Most of the Idahoans in this gap are working, but poor, and have no options for health insurance because their income is too high for Medicaid, but not high enough to earn a tax credit.

We are fortunate that the Department of Health and Welfare has dedicated leadership and staff who are diligently working to find solutions to difficult challenges like this one for Idaho's residents. We support their efforts as we all work to improve the lives for Idaho residents.

Darrell Kerby
Board Chairman

Idaho Board Of Health And Welfare

SFY 2015 Board Membership

Darrell Kerby
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P.O. Box 882
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Vice chairman
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Director, Department of Health and
Welfare
Board Secretary
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Senator Lee Heider
1631 Richmond Dr.
Twin Falls, ID 83301

Representative Fred Wood
P.O. Box 1207
Burley, ID 83318

OFFICE OF THE GOVERNOR
Tammy Perkins

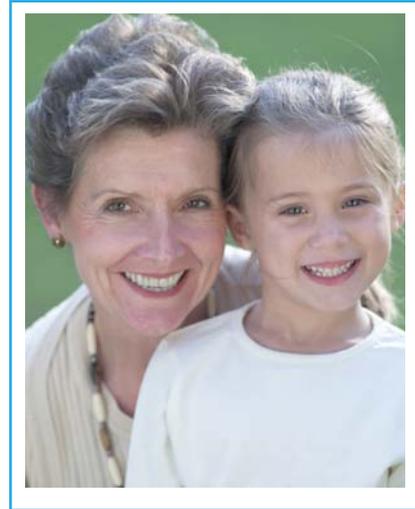


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Fiscal and Policy Issues

"...The board shall provide an annual report to the governor and to the legislature prior to the start of each legislative session, addressing:

- (a) The key department fiscal and policy issues;*
 - (b) The department's managerial and overall performance; and*
 - (c) The major proposed and ongoing departmental initiatives."*
- (I.C. §56-1005, subsection 11)*

Need for services levels off as DHW responsibly manages its budgets

The number of Idahoans who are eligible for public assistance programs has leveled off, but many Idaho households continue to need support during periods of unemployment or low wages to help supplement their family's income for food, healthcare and childcare needs.

DHW remains focused on access to healthcare, employment and training programs, nutrition education, and quality childcare to support Idaho families as they return to the workforce, and – we hope – move out of poverty.

Medicaid and Welfare worked closely in SFY2015 on a major initiative for the state: the establishment of a state-based health insurance marketplace and increased accessibility to healthcare. (Learn more about that partnership on page 13 of this report.) Welfare determines eligibility for all Medicaid programs. It also calculates the Advanced Payment of Tax Credits (APTC) to be used toward the purchase of a private health plan.

Medicaid experienced an influx of eligible Idahoans as they logged into the state-based marketplace to shop for health insurance, as mandated by the Affordable Care Act, and discovered they were eligible for Medicaid coverage. The program averaged 277,567 each month this fiscal year, which was a 9.8% increase over SFY2014. The growth rate is forecast to decline and more closely approach the program's historic average growth of about 3 percent.

Even as the number of Medicaid participants has increased, smart management has kept the division's budget in check, as is illustrated by the chart on the next page.

Overall, the department strives to use taxpayer funding in a responsible manner as it serves Idaho residents in times of crisis. Payments for services to Idahoans make up 86 percent of the department's budget.

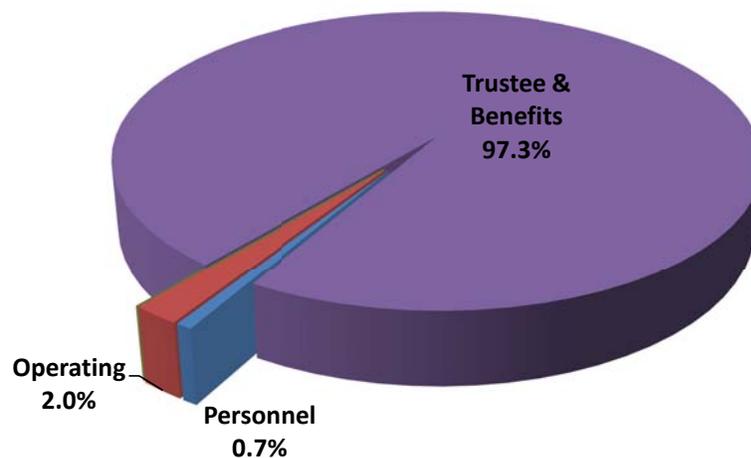
The charts on the next few pages provide a three-year comparison of spending by the major divisions in the department, as well as a year-to-year employee count.

Fiscal and Policy Issues

Division of Medicaid

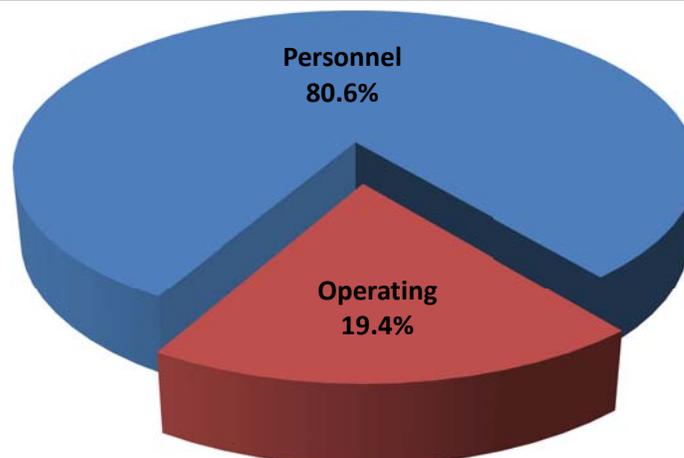
	<u>2013</u>	<u>2014</u>	<u>2015</u>
Personnel Costs	\$13,648,600*	\$13,324,100	\$13,867,000
Operating Expense	\$48,726,700	\$54,258,800	\$40,143,600
Capital Outlay	--	\$25,300	--
Trustee & Benefits	\$1,813,459,700	\$1,852,831,300	\$1,943,232,200
Total	\$1,875,835,000	\$1,920,439,500	\$1,997,242,800
Full Time Positions (FTP)	205	210	208

*During SFY 2013, licensing and certification of facilities and certified family homes was separated from the Division of Medicaid, becoming the Division of Licensing and Certification shown below.



Licensing and Certification

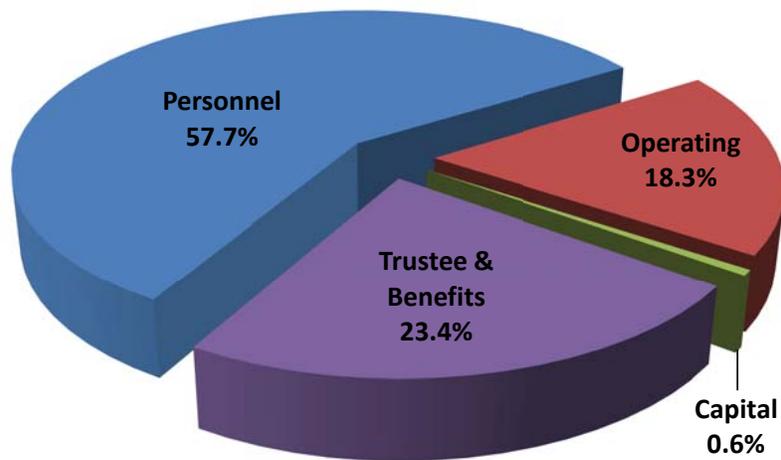
	<u>2013</u>	<u>2014</u>	<u>2015</u>
Personnel Costs	\$4,208,200	\$4,437,800	\$4,758,700
Operating Expense	\$731,900	\$893,400	\$1,141,900
Capital Outlay	--	--	--
Trustee & Benefits	--	--	--
Total	\$4,940,100	\$5,331,200	\$5,900,600
Full Time Positions (FTP)	63	64	64



Fiscal and Policy Issues

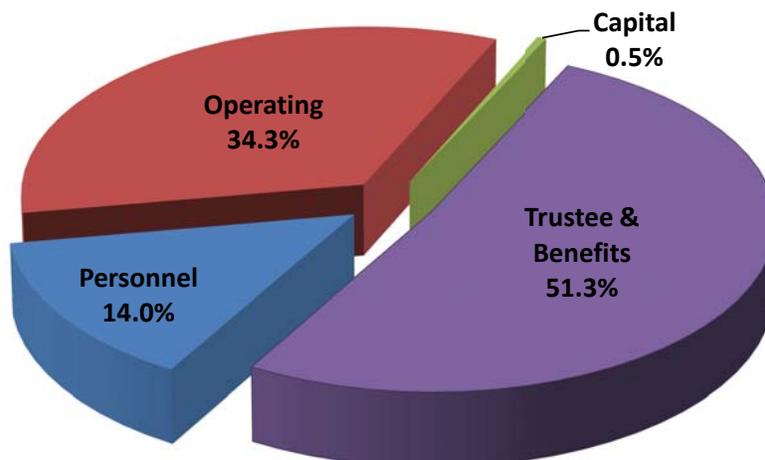
Division of Behavioral Health

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Personnel Costs	\$43,119,700	\$43,595,500	\$45,914,000
Operating Expense	\$12,536,600	\$13,046,600	\$14,559,300
Capital Outlay	\$218,300	\$375,800	\$442,600
Trustee & Benefits	\$20,279,200	\$20,471,700	\$18,608,600
Total	\$76,153,800	\$77,489,600	\$79,524,500
Full Time Positions (FTP)	663	662	669



Division of Public Health

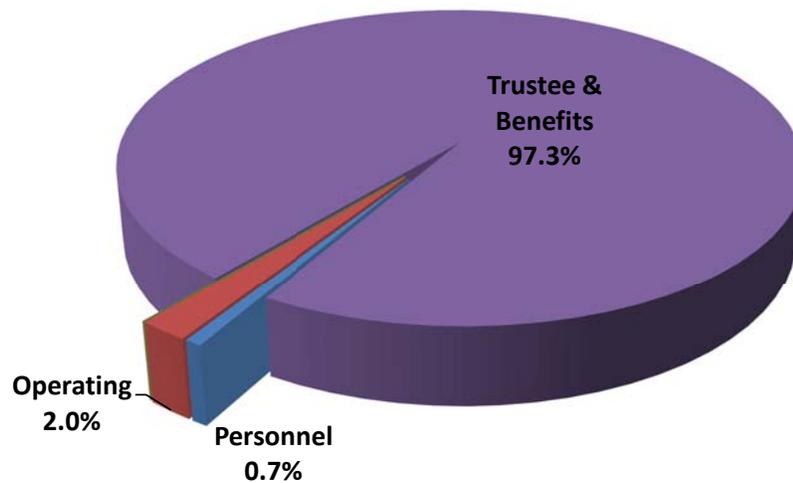
	<u>2013</u>	<u>2014</u>	<u>2015</u>
Personnel Costs	\$13,384,700	\$13,449,300	\$14,010,100
Operating Expense	\$31,290,600	\$34,207,200	\$34,323,500
Capital Outlay	\$99,000	\$169,500	\$455,700
Trustee & Benefits	\$53,760,800	\$51,852,900	\$51,411,100
Total	\$98,535,100	\$99,678,900	\$100,200,400
Full Time Positions (FTP)	213	214	218



Fiscal and Policy Issues

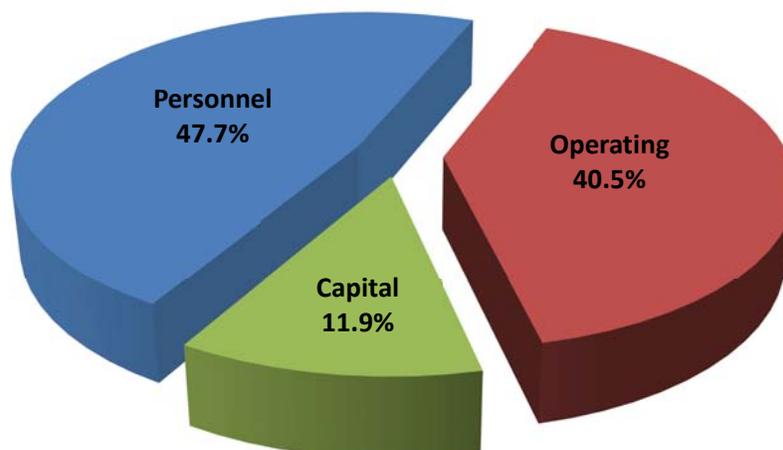
Division of Welfare

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Personnel Costs	\$33,366,400	\$33,779,100	\$37,097,900
Operating Expense	\$33,865,200	\$29,747,700	\$37,166,200
Capital Outlay	\$95,200	\$521,800	1,141,000
Trustee & Benefits	\$75,041,500	\$75,776,900	\$80,966,900
Total	\$142,368,300	\$139,825,500	\$156,372,000
Full Time Positions (FTP)	592	617	632



Indirect Support Services

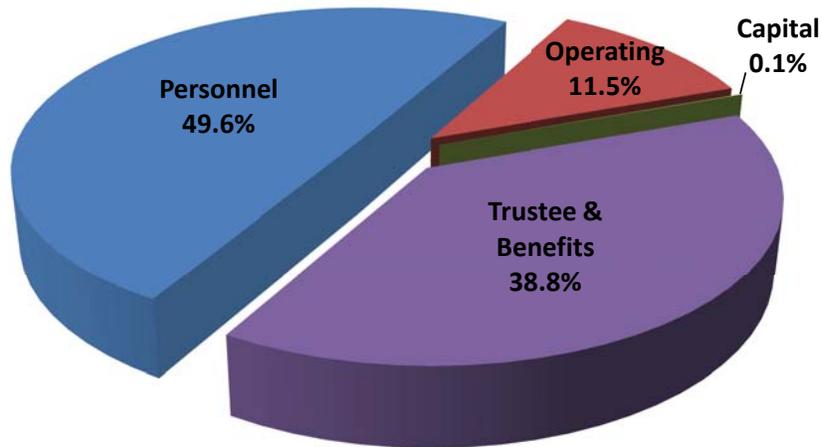
	<u>2013</u>	<u>2014</u>	<u>2015</u>
Personnel Costs	\$19,019,500	\$19,489,000	\$20,911,600
Operating Expense	\$16,188,400	\$16,676,200	\$17,752,200
Capital Outlay	\$1,524,400	\$1,129,100	\$5,206,900
Trustee & Benefits	--	--	--
Total	\$36,732,300	\$37,294,300	\$43,870,700
Full Time Positions (FTP)	270	284	292



Fiscal and Policy Issues

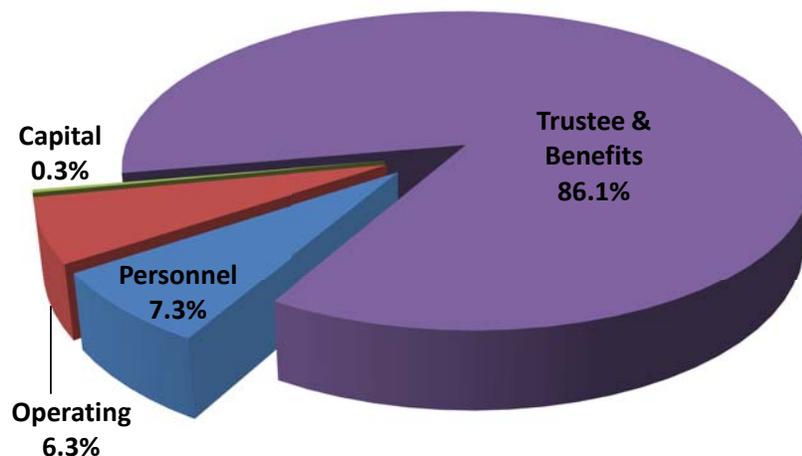
Division of Family and Community Services

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Personnel Costs	\$44,321,200	\$42,514,900	\$43,366,500
Operating Expense	\$10,882,600	\$10,910,000	\$10,086,200
Capital Outlay	\$4,100	\$114,800	\$58,800
Trustee & Benefits	\$33,579,300	\$35,821,100	\$33,944,000
Total	\$88,787,200	\$89,360,800	\$87,455,500
Full Time Positions (FTP)	846	787	746



Department of Health and Welfare

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Personnel Costs	\$171,174,500	\$170,699,800	\$180,102,700
Operating Expense	\$154,225,400	\$159,747,000	\$155,206,800
Capital Outlay	\$1,941,000	\$2,336,300	\$7,305,000
Trustee & Benefits	\$1,996,120,500	\$2,036,753,900	\$2,128,162,800
Total	\$2,323,461,400	\$2,369,537,000	\$2,470,777,300
Full Time Positions (FTP)	2,853	2,838	2,837



Managerial and Overall Performance

"...The board shall provide an annual report to the governor and to the legislature prior to the start of each legislative session, addressing:

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 - (b) *The department's managerial and overall performance;*** and
 - (c) The major proposed and ongoing departmental initiatives."
- (I.C. §56-1005, subsection 11)

DHW Strategic Plan

During SFY 2015 the board reviewed the Strategic Plan FY 2015-2019 developed by the Department of Health and Welfare. The plan establishes major goals of the agency and sets forth performance measurements to determine progress. The three goals and related objectives are:

Goal #1: Improve the health status of Idahoans.

Objective 1: Improve healthy behaviors of adults to 77.1% by 2019.

Objective 2: Increase the use of evidence-based clinical prevention services to 70.3% by 2019.

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

Objective 1: Increase the percent of department clients living independently to 84.3% by 2019.

Objective 2: Increase the percent of individuals and families who no longer use department services to 50.5% by 2019.

Objective 3: The percent of children who are safe from maltreatment and preventable illness will reach 89.9% by 2019.

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

Objective 1: Ensure that in 2019, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for designation as areas of health professional shortage.

Objective 2: Increase the percent of Idahoans with health care coverage to 78.7% by 2019.

Objective 3: By 2019, department timeliness standards will be met for 97.2% of participants needing eligibility determinations for, or enrollment in, identified programs.

Objective 4: The department eligibility determination accuracy rates of key identified programs will reach 87.6% by 2019.

Objective 5: The department will improve customer service (in the areas of caring, competence, communication, and convenience) to 85.6% by 2019.

Managerial and Overall Performance

Board members adopted the plan and recommended it be submitted to the Governor's office. (The full text of the DHW Strategic Plan FY2015-2019 is found on the agency's web site at <http://healthandwelfare.idaho.gov>.)

Confirmation of Administrative Appointments

During SFY 2015, the board of Health and Welfare confirmed administrative appointments recommended by DHW:

- Lisa Hettinger, division administrator for Medicaid

Proposed and Ongoing Department Initiatives

“...The board shall provide an annual report to the governor and to the legislature prior to the start of each legislative session, addressing:
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(I.C. §56-1005, subsection 11)

During SFY 2015, the Board of Health and Welfare monitored a variety of initiatives being implemented by the Department of Health and Welfare, including:

Idaho State Healthcare Innovation Plan (SHIP)

The board continues to support the department’s work on the goals for the Idaho Statewide Healthcare Innovation Plan (SHIP). The plan was developed to redesign Idaho’s healthcare system and improve the health of Idahoans by strengthening primary and preventive care through the patient-centered medical home model. SHIP’s primary mission is to evolve from a fee-for-service, volume-based payment system of care to a value-based payment system that rewards improved health outcomes.

In December 2014, DHW received a \$39.7 million model test grant to fund a four-year model test that began on Feb. 1, 2015. During the grant period, Idaho will demonstrate that the state’s entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care and the broader medical/health neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other care services.

The first year of the grant, through Jan. 31, 2016, is the pre-implementation year, and the department is using that time to hire staff, award contracts, and lay the groundwork for the development of patient-centered medical homes.

Partnership with Idaho’s Health Insurance Exchange

DHW continues to partner with Your Health Idaho, the state-based health insurance exchange, to leverage current infrastructure for application, verification, and eligibility determinations that are required for tax credit calculations used to buy private health plans.

This partnership and “eligibility shared services” model helped minimize costs to the state for building the new marketplace while maximizing coordination and consistency as Idaho transitioned from the federal exchange and implemented Idaho’s new technology platform that supports access to health coverage for all Idahoans.

Because it is critical to follow state legislation that requires no state general funds are used to operate Idaho’s marketplace, DHW has implemented a federally approved cost allocation

Proposed and Ongoing Department Initiatives

plan that ensures all costs specific to supporting the tax credits for insurance and the customer service call center are allocated to Your Health Idaho. DHW has receipt authority for \$2.5 million annually to cover these costs.

Partnerships with Idaho's health insurance exchange, Idaho insurance companies, hospitals, and other stakeholders have ensured the pathway to healthcare coverage in Idaho is effective for everyone. Idaho has been challenged to adapt and prepare for the changing landscape of healthcare on a national level, just like other states. But with a focus on Idaho values and priorities, DHW has created a path to success that the board supports that will position Idaho to not only meet federal requirements, but to do so in a way that most effectively supports Idaho families.

Medicaid Managed Care Efforts

The Division of Medicaid has continued its managed care efforts. With the board's oversight and support, it now has care management programs for outpatient behavioral health, and all services for those eligible for both Medicare and Medicaid, in addition to the programs for dental services and non-emergent medical transportation. The division strives to improve primary care for participants, with a pilot for transitioning practices to patient-centered medical homes, in line with the Idaho Statewide Healthcare Innovation Plan (SHIP).

Outpatient Behavioral Health Managed Care: The Idaho Behavioral Health Plan is in its second year of managed care operations. The contractor, Optum Idaho, has increased Medicaid participants' use of evidence-based behavioral health services, improving their ability to achieve better outcomes and recovery.

By effectively managing to evidence-based care and practices, Idaho can reform and evolve its Medicaid behavioral health services to improve prospects for participant recovery. Optum routinely assesses and revises its clinical model in response to providers' and members' needs as they continue, in partnership with the department, to transform the outpatient behavioral health system in Idaho.

The board will continue to monitor this plan and supports the emphasis on improving participant outcomes.

Managed Care for Dual Eligibles: The Centers for Medicare and Medicaid Services has been engaged in continuous collaboration with states, healthcare providers, and other stakeholder groups to ensure that beneficiaries who are dually eligible for Medicare and Medicaid have full access to seamless, high-quality, cost-effective healthcare through an integrated, coordinated, and managed care system.

Blue Cross of Idaho, under contract with Idaho Medicaid, has administered the True Blue Special Needs Plan since 2006. The plan is designed to coordinate all health-related services

Proposed and Ongoing Department Initiatives

for Medicare and Medicaid, including hospital services, medical services, prescription drug services, and behavioral health services.

The expanded Medicare Medicaid Coordinated Plan was implemented July 1, 2014, and includes Aged & Disabled Waiver benefits, developmental disability targeted service coordination, community-based rehabilitative services, personal care services, and nursing home care and services for people living in an intensive care facility for the intellectually disabled. Additional benefits available through the program are dental, vision, and care management.

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

The board is pleased with the efforts and results regarding the managed care program and its expansion.

Behavioral Health Transformation

Transformation legislation passed during the 2014 legislative session and became law in July 2014. Under a transformed and unified behavioral health system, the mental health and substance use disorder systems are being integrated. The advisory boards in each region, representing mental health and substance use disorders, have successfully combined to become Regional Behavioral Health Boards.

Each newly formed board submitted the first required Gaps and Needs report in 2015 to the Idaho Behavioral Health Planning Council. The report addressed behavioral health concerns in each region. The boards are now actively involved in making decisions regarding whether to realign their advisory relationships to be under the public health districts or remain under the Division of Behavioral Health. If the boards choose to move under the public health districts, the division and the public health districts will operate in a contractual agreement for continued support of the boards.

The board supports this realignment, which is seen as strengthening the connection between physical and behavioral health, which benefits all involved.

Title IV-E Waiver

Idaho's Title IV-E Waiver began implementation in January 2015. Title IV-E Child Welfare waivers provide states with an opportunity to use federal funds more flexibly to implement

Proposed and Ongoing Department Initiatives

practices that assure child safety, help children in foster care move to safe, permanent homes quickly, or to improve the well-being of children both in foster care or at risk for entering foster care.

Idaho's waiver interventions include:

- Training child welfare workers to better assist children who have experienced trauma.
- Methods to assess the effects of trauma on children who have been abused or neglected.
- Statewide adoption of an evidence-based parenting education model called Nurturing Parenting, as well as the expanded use of Family Group Decision Making, which involves extended family in planning and making decisions.
- Other supports in the resolution of child welfare cases.

The waiver interventions, combined with the flexible use of federal funds, should result in better outcomes for families, with more children being safely served without removing them from their homes. Children who enter foster care should experience fewer moves between foster families and more quickly reunify with their parents or move to permanent adoptive homes in a more timely manner. Child trauma and related behaviors will be addressed, resulting in the increased health, safety, independence and success for children and families.

Federal waiver funding and interventions come with a rigorous evaluation component so Idaho will contribute to the growing body of evidence and best practices for what works in child welfare. The board supports and appreciates the department's work to keep children safe and in their own homes whenever possible.

Approval of Rules

During SFY 2015, the Board of Health and Welfare responded to petitions and approved a number of administrative rules. Among those approved are:

- ***Emergency Medical Services rules*** amended the EMS definition to align with previous legislation. Another rule amended EMS personnel licensing rules to make them more flexible for continuing education venues and early submissions for license renewals. The EMS Physician Commission Manual and timelines for licensure also were updated.
- ***Vital Records and Health Statistics rules*** increased fees to cover current costs and make the bureau self-sustaining. Another rule allows the department to make "fact of death" verification to other state agencies to reduce communication to the decedent's family. This allows life insurance and pension companies to verify information so Idaho residents receive benefits more quickly.
- ***Food Safety and Sanitation Standards for Food Establishment rules*** allow hunters to donate wild game meat to food banks and other organizations that help feed Idaho residents in need.

Proposed and Ongoing Department Initiatives

- **Idaho Radiation Control rules** align with statute for licensing of x-ray producing devices, adds licensure requirements, and specifies licensure cycles for various types of x-ray devices. The rules also were streamlined by incorporating current standards and federal regulations to reduce publication costs, as well as set licensure fees for inspection processes, information technology infrastructure and quality improvement for licensure.
- **Intermediate Care Facilities for People with Intellectual Disabilities rules** update best practices and standards for treatment and intervention strategies for people with intellectual disabilities.
- **Idaho Residential Care or Assisted Living Facilities rules** add definitions and requirements for a plan of operation for an administrator of more than one facility. These rules also provide options for facilities to allow employees to work while maintaining resident safety before employees receive a criminal history clearance.
- **Child and Family Services rules** allow the department to reimburse foster parents for the cost of vehicle insurance for children in foster care.

The Board of Health and Welfare

History

Idaho's Department of Health and Welfare had its beginnings in 1885 with the establishment of the Idaho Insane Asylum at Blackfoot, followed by the Idaho Soldier's Home at Boise (1893), and the North Idaho Insane Asylum at Orofino (1905). Then, in 1907, Gov. Frank R. Gooding appointed three physicians, Idaho's attorney general, and the state engineer to serve on the first State Board of Health.

In the years following, responsibility for public health and welfare programs in Idaho fell to a variety of boards and organizational structures. At times the functions were separated and at other times combined. By 1972, the departments of Public Assistance and Public Health were united with the state's environmental protection programs to become the Department of Environmental and Community Services (DECS) with its own seven-member board.

Two years later, as part of an Idaho state government reorganization into 20 major departments, the Department of Health and Welfare (DHW) was created by combining DECS with the state's Department of Social and Rehabilitation Services, the Idaho Veterans Affairs Commission, and the Idaho Veterans Home. At the same time, the Board of Environmental and Community Services became the Board of Health and Welfare.

In 1995, responsibility for juvenile criminal and detention cases was shifted to the newly-established Department of Juvenile Corrections. In 2000, two more entities – the Department of Environmental Quality and the Department of Veterans Services – were separated from the Department of Health and Welfare. The span of DHW's responsibilities has remained stable since that time, although the role of the Board of Health and Welfare has changed.

Composition and Responsibilities

During the 2006 legislative session, membership on the Board of Health and Welfare was expanded from seven to eleven members: seven appointed by the governor, two representing the Legislature, one representing the Office of the Governor, and the director of the Department of Health and Welfare, who also serves as the board's secretary. Of the members appointed by the Governor and subject to state senate confirmation, four are chosen based on their knowledge and interest in health and social services; two are selected based on business or financial experience; and one is representative of the public at large. In 2007, voting privileges were limited to the seven gubernatorial appointees.

In addition to expanding Board membership, the 2006 legislation added oversight responsibilities to the Board's rulemaking and advisory roles. By law, the Board's oversight responsibilities are to:

- Advise the Governor and the DHW director on the department's fiscal, policy, and administrative matters.
- Review and advise the DHW director on the department's strategic plan and performance measurements.

The Board of Health and Welfare

- Develop goals and standards for measuring the efficiency and effectiveness of DHW.
- Review and advise the governor and the department director about initiatives.
- Report annually to the governor and to the Idaho Legislature on key fiscal and policy issues, DHW's managerial and overall performance, and major proposed and ongoing initiatives.

The board also has the authority to confirm or reject certain appointments made by the DHW director, including division administrators, regional directors, and state hospital administrators.

As a rulemaking entity, the Board has the power to adopt, amend, or repeal regulations and standards of DHW in areas of licensure and certification, personal health, emergency medical services, and vital statistics. Like other state rule-making authorities, the Board may be asked to review actions or inactions of DHW, and any person adversely affected by a final determination of the Board may file a petition for review with the district court.

Membership of the Board of Health and Welfare in SFY 2015

The seven members appointed by the Governor include:



Darrell Kerby, Bonners Ferry, chairman. Mr. Kerby is president of Pace-Kerby & Co., an independent insurance agency and real estate brokerage firm, and board president of Kaniksu Health Services, a nonprofit health clinic with locations in Boundary and Bonner counties. As former mayor of Bonners Ferry, he received the Harold Hurst Award in 2007, the highest award given to a city elected official in Idaho, from the Association of Idaho Cities.

Tom Stroschein, Moscow, vice chairman. A native of Aberdeen and graduate of the University of Idaho, Mr. Stroschein served four terms as a Latah County commissioner and is a strong proponent of mental health reform. He operated a row crop farm and sheep operation until the 1990s, while also serving on the State Farm Service Agency Board, the Idaho Wheat Commission and Idaho Sheep Commission. Mr. Stroschein received the Governor's Lifetime Achievement Award for Service to Agriculture in 1996. He and his wife, Ruby, also have received the 2016 Jim Lyle Alumni Award for long-time service and dedication to the University of Idaho.



The Board of Health and Welfare



Richard "Dick" Roberge, M.D., Caldwell. A retired physician who practiced for 30 years in Caldwell, Dr. Roberge is a member of the Caldwell School District Board of Trustees, a trustee of the College of Idaho, and a member of the Southwest District Health Department Board of Directors.

Wendy Jaquet, Ketchum. Ms. Jaquet served nine terms in the Idaho House, from 1994-2012, and served on several committees, including the Joint Finance-Appropriations Committee and the Health and Welfare Committee. She also has a master's degree in public administration.



Janet Penfold, Driggs. Mrs. Penfold is part of a third generation seed potato farm operation in the Teton Valley, a volunteer for a variety of activities, a former member of the Eastern Idaho District Health Department Advisory Board, and the 2003 Idaho Farm Bureau Woman of the Year. She was the first woman to serve on the Teton City Planning and Zoning Board and also served on the Teton City Hospital Board.

Stephen C. Weeg, M. Ed., FACHE, Pocatello. Mr. Weeg retired in August 2012 as executive director for Health West in southeast Idaho, a community health center with clinics in six communities. He is a 35-year veteran of health and human services, the chairman of Your Health Idaho Board, and a board member for the new Portneuf Medical Center Community Benefit Organization. He served as a member of the Health Quality Planning Commission and is a member of Gov. Otter's executive leadership team for the Idaho Health Care Council. Stephen is a recipient of the Wilbur Cammack Award for exemplary service in the field of mental health.



Jim Giuffré, M.P.H., Boise. Mr. Giuffré brings more than 30 years of experience in patient engagement, health education, healthcare technology, and marketing from management positions held with Healthwise, WebMD, and three of Idaho's seven public health districts. Giuffré, who has a master's degree in public health, currently works at Healthwise where he leads the development and distribution of the newest generation of Healthwise consumer health information products and services. He was appointed to the Board in April 2011.

The Board of Health and Welfare

Pursuant to SB1093 of the 2007 legislative session, the following members of the Board of Health and Welfare served without vote during SFY 2013:



Richard M. Armstrong, Boise, secretary to the Board and Director of the Department of Health and Welfare since June 2006. Mr. Armstrong retired as senior vice president of sales and marketing for Blue Cross of Idaho, a

private health care insurance company, where he worked for 36 years before his appointment as DHW director.



Senator Lee Heider, R-Twin Falls. Mr. Heider is serving his third term in the Senate and is the chairman of the Health & Welfare Committee and a member of the Resources & Environment and the Commerce & Human committees.



Tammy Perkins, Senior Special Assistant for Health and Social Services to Governor Otter.



Representative Fred Wood, R-Burley. Mr. Wood is serving his fifth term in the House, and is the chairman of the Health & Welfare Committee and a member of the Resources & Conservation Committee.

Department Overview

The Department of Health and Welfare (DHW) is dedicated to fostering a productive, healthful, and independent quality of life in Idaho. Services and regulatory programs are designed to promote public health and assist vulnerable children and adults. DHW responds to federal, state, and local mandates.

Leadership

DHW serves under the leadership of the Idaho Governor and under the oversight of the Board of Health and Welfare.

The director of DHW is appointed by the Governor and oversees all operations of DHW. The director is advised by the Board of Health and Welfare. The Office of the Director is responsible for the overall direction of the department, strategic planning, departmental relations, administration, and executive leadership.

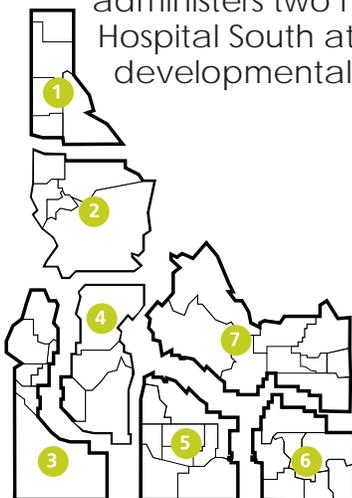
The director appoints deputy directors, subject to the approval of the Board of Health and Welfare, to assist in managing DHW's programs and services.

The Board

- The Board of Health and Welfare helps guide the department to promote and protect the public health and well-being of Idaho citizens.
- The Board is a rulemaking and advisory body that can adopt, amend, or repeal rules and standards of the department. Executive and administrative powers of the department belong solely to the director of the department.
- The Board's seven citizen members are appointed by the governor, each representing one of seven geographic regions of the state. They are the voting members of the Board. The Board also includes the department director, a representative from the Governor's office, and the chairs the Senate and House Health and Welfare committees.

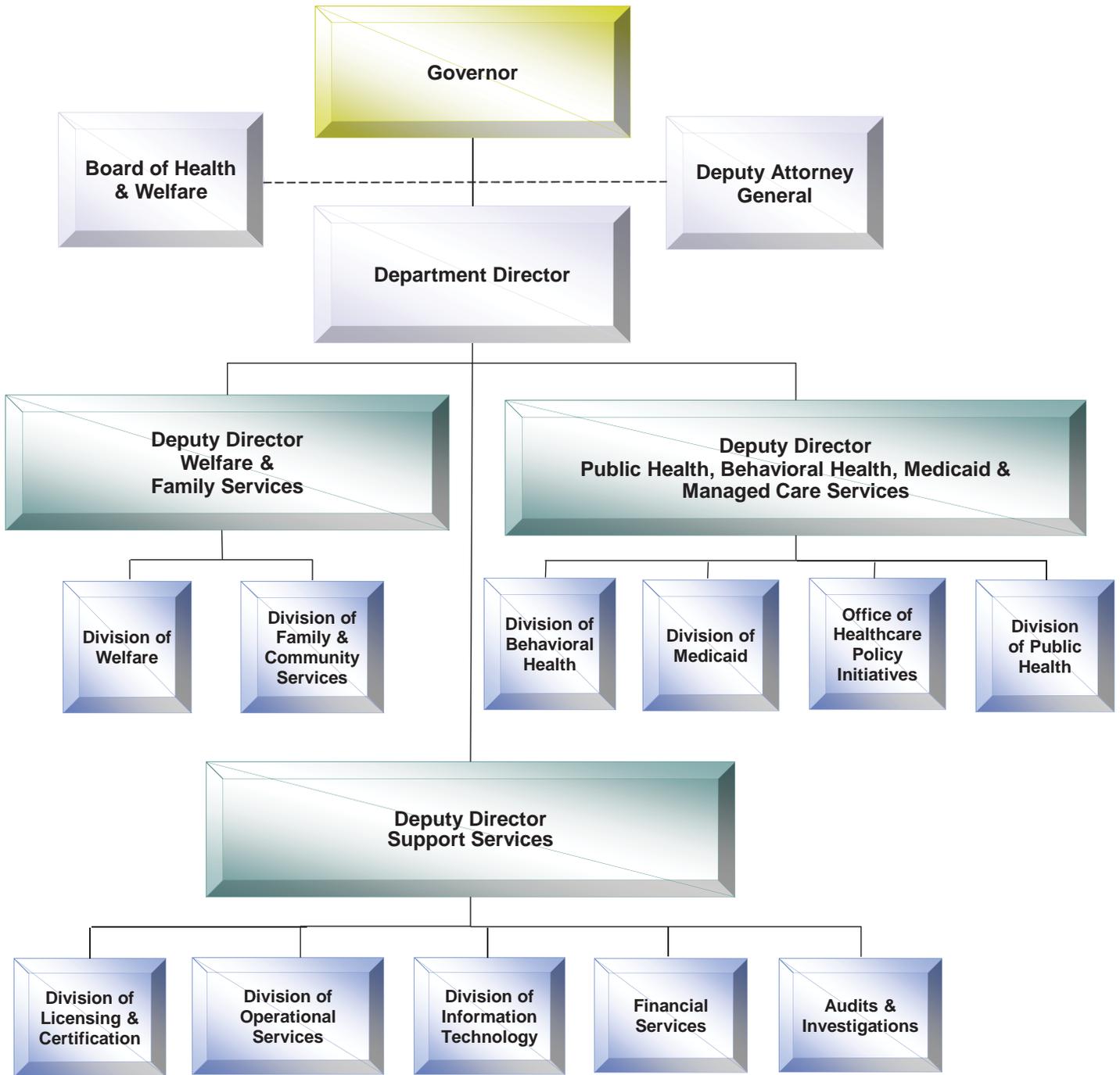
DHW Organization

DHW is organized into seven regions and 20 field offices that are geographically located to give residents of all areas of Idaho access to programs and services. The department administers two mental health hospitals--State Hospital North at Orofino and State Hospital South at Blackfoot—along with a specialized care facility for people with developmental disabilities, the Southwest Idaho Treatment Center at Nampa.



- Region 1:** Benewah, Bonner, Boundary, Kootenai and Shoshone counties, headquartered at Coeur d'Alene
- Region 2:** Clearwater, Idaho, Latah, Lewis and Nez Perce counties, headquartered at Lewiston
- Region 3:** Adams, Canyon, Gem, Owyhee, Payette and Washington counties, headquartered at Caldwell
- Region 4:** Ada, Boise, Elmore and Valley counties, headquartered at Boise
- Region 5:** Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls counties, headquartered at Twin Falls
- Region 6:** Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida and Power counties, headquartered at Pocatello
- Region 7:** Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton counties, headquartered at Idaho Falls

Department Overview



Department Overview

Department Divisions

DHW also is divided into divisions, each containing programs and bureaus that provide an administrative structure for the delivery of services and accountability.

WELFARE AND FAMILY SERVICES

Division of Welfare

The Division of Welfare administers self reliance programs serving low-income individuals and families. These include child support, Food Stamps, child care, and cash assistance programs that consist of Temporary Assistance for Families in Idaho (TAFI), and Aid to the Aged, Blind and Disabled (AABD). Other programs such as food commodities and energy, telephone, or weatherization assistance are handled through contracts with Community Action Agencies.

Division of Family and Community Services (FACS)

FACS directs many of DHW's social and human service programs that focus on the entire family, including child protection, adoptions, foster care, children and adult developmental disabilities, and screening and early intervention for infants and toddlers. This division also includes the Southwest Idaho Treatment Center at Nampa, which provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications.

BEHAVIORAL HEALTH, PUBLIC HEALTH, MEDICAID AND MANAGED CARE SERVICES

Division of Behavioral Health

The Division of Behavioral Health administers Adult and Children's Mental Health and Substance Use Disorder programs. It also administers the state's two mental health hospitals for people with serious and persistent mental illnesses, State Hospital North at Orofino and State Hospital South at Blackfoot. The division's services are consumer driven, prevention oriented, and are focused on helping children, adults, and families address and manage personal challenges that result from mental illnesses and/or substance use disorders.

Division of Public Health

The Division of Public Health promotes healthy lifestyles and prevention activities; monitors and intervenes in disease transmission and health risks; and administers a variety of services that include vaccines, communicable disease testing, food safety regulation, emergency medical personnel certification, maintaining vital records, health statistics compilation, and emergency preparedness. The division contracts with district health departments to provide services such as immunizations, epidemiology, prevention of sexually transmitted diseases, nutritional education, food protection, and oral health.

Department Overview

Department Divisions

Division of Medicaid

The Division of Medicaid administers a comprehensive medical coverage program for low-income pregnant women, people with disabilities, the elderly, and children from low-income families.

Office of Healthcare Policy Initiatives

The Office of Healthcare Policy Initiatives was created Feb. 1, 2015, to manage a grant DHW received from the Centers for Medicare and Medicaid Innovation for the implementation of Idaho's Statewide Healthcare Innovation Plan (SHIP). The Office of Healthcare Policy Initiatives is housed within the Director's Office.

SUPPORT SERVICES

Division of Operational Services

This internal division oversees contract management and purchasing; building maintenance for DHW hospitals and offices; strategic planning and business support; and human resource management of the department's 2,800 workers.

Division of Information and Technology Services

The Division of Information and Technology Services provides support to the agency by maintaining all DHW information technology resources. It ensures that all DHW information technology meets state, federal, and local requirements and policies to maintain client confidentiality and protect sensitive information. It also manages development, maintenance, and enhancement of application systems and programs for all computer, network, and data communication services.

Financial Services

Financial Services consists of Financial Management, Financial Systems & Operations, Accounts Payable, Accounts Receivable, Employee Services and Electronic Benefits.

Division of Licensing and Certification

Licensing and Certification was separated from the Division of Medicaid on July 1, 2012, to make the regulatory enforcement functions independent of Medicaid's benefit management. The new division conducts licensing and certification requirements for hospitals, nursing homes, developmental disability agencies, certified family homes, ambulatory surgery centers and other agencies and institutions that require federal and/or state certification or licensure.

Audits and Investigations

Audits and Investigations provides support to DHW's public assistance programs through the following units: Criminal History, Internal Audit, Fraud Analysis, Medicaid Program Integrity, and Welfare Fraud.

Department Overview

Administrative Staff

Director.....	Richard M. Armstrong
Deputy Director, Welfare and Family Services	Russ Barron
Deputy Director, Public Health, Behavioral Health, Medicaid and Managed Care Services.....	Denise Chuckovich
Deputy Director, Support Services.....	David Taylor
Behavioral Health Division.....	Ross Edmunds, Administrator
Family and Community Services Division.....	Russ Barron, Acting-administrator
Information and Technology Services Division.....	Michael Farley, Administrator
Licensing & Certification Division.....	Tamara Prisock, Administrator
Medicaid Division.....	Lisa Hettinger, Administrator
Operational Services Division.....	Paul Spannknebel, Administrator
Public Health Division.....	Elke Shaw-Tulloch, Administrator
Welfare Division.....	Lori Wolff, Administrator
Region 1, 2, Coeur d'Alene, Lewiston.....	Joyce Broadsword, Regional Director
Region 3, 4 Caldwell, Boise.....	Ross Mason, Regional Director
Region 5, 6, 7 Twin Falls, Pocatello, Idaho Falls.....	John Hathaway, Regional Director
Southwest Idaho Treatment Center.....	Dayna Wilhite-Grow, Administrator
State Hospital North, Orofino.....	Todd Hurt, Administrator
State Hospital South, Blackfoot.....	Tracey Sessions, Administrator
Legal Services.....	Nicole McKay, Lead Deputy



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