

BOARD OF HEALTH AND WELFARE AGENDA

February 28, 2019

Pete T. Cenarrusa Building
450 W. State Street, Boise
10th Floor Conference Room

8:00 a.m.	<u>BOARD MEETING</u> Roll Call	Darrell Kerby, Chairman
8:05 a.m.	Public Comment Period The Board will allow 15 minutes for the public to comment on any subject not specifically shown on the agenda.	Darrell Kerby, Chairman
8:20 a.m.	Adoption of Minutes from Board Meeting on November 15, 2018 <i>Action Item</i>	Darrell Kerby, Chairman
8:30 a.m.	Comments from Board Members	Darrell Kerby, Chairman
8:50 a.m.	BREAK	
9:00 a.m.	Medicaid/Behavioral Health/Public Health/ Health Policy Innovation Update	Lisa Hettinger, Deputy Director
9:30 a.m.	Welfare/FACS Update	Lori Wolff, Deputy Director
10:00 a.m.	Support Services/Licensing & Certification Update	David Taylor, Deputy Director
10:10 a.m.	Legislative/Rule/Executive Order Update	Tamara Prisock, Division Administrator, Licensing & Certification
10:30 a.m.	Director's Update	Dave Jeppesen, Director
11:00 a.m.	<u>ADJOURN</u>	Darrell Kerby, Chairman

This agenda is subject to change in accordance with the provisions of the Idaho Open Meeting Law. Items may be addressed in a different order than appears on this agenda. Individual items may be moved from one place on the agenda to another by the Board. Time frames designated on this agenda are approximate only. The Board will continue its business in the event that an agenda item is resolved in less than the allotted time.

Sign-In Roster

Idaho Board of Health & Welfare Meeting

Date: **February 28, 2019**
Location: 450 W. State St., 10th Floor (10A)
Boise, ID

PLEASE PRINT CLEARLY:

✓ Please check if you wish to address the Board - *indicate your desired topic*

✓	Name	Address	Organization
	Lynn Overman		DHW
	Tamara Poisock		DHW
	Jessie [unclear]		Board
	[unclear]	DHW	DHW
	Tim Kanda		DHW Board
	Niki Ensign-DW		DHW
	Diana A. Disney Spencer		DHW-DPI
	Alana Minton		OAG
	Wendy [unclear]		DHW Bd.
	Fred S. Martin		State Senate
	[unclear]		DHW Board
	[unclear]		DHW Board
	James V. [unclear]		DHW Board
	Lois Wolff		DHW
	Lisa Kettinger		DHW
	Kathie [unclear]		DHW

**IDAHO BOARD OF HEALTH AND WELFARE
ROLL CALL**

February 28, 2019

MEMBER	PRESENT	ABSENT & EXCUSED
Darrell Kerby, Chairman (R) P.O. Box 882 Bonners Ferry, Idaho 83805	✓	
Tom Stroschein, Vice Chairman (D) 1290 E. Indian Hills Dr. #109 Moscow, Idaho 83843	✓	
Dave Jeppesen, Secretary 450 W. State Street, 10 th Floor Boise, Idaho 83706-0036	✓	
James Giuffre (R) 352 Panorama Place Boise, ID 83702	✓	
Senator Fred Martin (R) 3672 Tumbleweed Place Boise, ID 83713	✓	
Wendy Jaquet (D) P.O. Box 783 Ketchum, Idaho 83340	✓	
Sara Stover P.O. Box 83720 Boise, Idaho 83720		✓
Linda Hatzenbuehler (D) 306 S. 7 th Ave. Pocatello, Idaho 83201	✓	
Timothy Rarick (R) 283 Rebecca Ave Rexburg, ID 83440	✓	
Representative Fred Wood P.O. Box 1207 Burley, ID 83318-0828		✓

**IDAHO BOARD OF HEALTH AND WELFARE
MINUTES
February 28, 2019**

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

BOARD MEMBERS PRESENT

Darrell Kerby, Chairman
Tom Stroschein, Vice-Chairman
Dave Jeppesen, Secretary
James Giuffré
Wendy Jaquet
Dr. Linda Hatzenbuehler
Dr. Timothy Rarick
Senator Fred Martin

STAFF PRESENT

Lori Wolff, Deputy Director, Family & Community Services (FACS) and Welfare Services
Lisa Hettinger, Deputy Director, Behavioral Health, Medicaid, Health Policy Initiatives and Public Health
David N. Taylor, Deputy Director, Support Services
Tamara Priscock, Division Administrator, Licensing and Certification
Elke Shaw-Tulloch, Division Administrator, Public Health
Dieuwke Dizney-Spencer, Deputy Division Administrator, Public Health
Miren Unsworth, Division Administrator, FACS
Cameron Gilliland, Deputy Division Administrator, FACS
Kathie Brack, Special Assistant to the Director
Niki Forbing-Orr, Public Information Manager
Lynn Overman, Liaison to the Board

OTHERS PRESENT

Alana Minton, Lead Deputy, Deputy Attorneys General
Carol Andrews, Nampa resident

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 8:09 a.m. Thursday, February 28, 2019 at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.

ROLL CALL

Director Jeppesen, 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 was Representative Fred Wood and Governor's Office Senior Policy Advisor Sara Stover.

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 NOVEMBER 15, 2018

Motion: Wendy Jaquet moved that the minutes of the November 15, 2018 Board meeting be adopted as prepared.

Second: Tom Stroschein

Roll Call Vote:

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

Nays: **None**

Motion Carried

COMMENTS FROM BOARD MEMBERS

Chairman Kerby welcomed Director Jeppesen and Senator Fred Martin to the Board and invited them to share remarks with the Board.

Director Jeppesen expressed his commitment to help the citizens of Idaho create self-sufficiency and have access to affordable healthcare. His background has been in the private sector and he is happy to be in a public service position and is interested in helping to break the poverty cycle for many Idahoans. He is looking forward to working with the Board to further this work.

Senator Martin is a 4th Generation Idahoan and is originally from Tyhee, ID. He has enjoyed his service with the Senate and the Health and Welfare Committee. He looks forward to working with the DHW Board.

Chairman Kerby also welcomed Alana Minton, Lead Deputy Attorney General, who was sitting in for Division Chief Nicole McKay.

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

Lisa Hettinger, Deputy Director of Medicaid, Behavioral Health, Public Health and Health Policy Initiatives, began her update regarding the Statewide Healthcare Innovation Plan (SHIP) and subsequent plans for continuing healthcare transitions. **See Attachment 1.**

The SHIP grant has concluded, but the work to continue shifting from fee-for-service to value-based healthcare continues. Stakeholders are committed to continue this transition and recognize the need for the DHW to continue as a neutral convener. The Healthcare Transformation Council of Idaho (HTCI) has been established to measure progress and keep the work on track. A budget request of \$800,000 is being presented to the Legislature for this purpose.

Dr. Hatzenbuehler inquired about how the SHIP model keeps costs down. Ms. Hettinger reported that as value-based payments become widespread, an example would be the incentive for emergency rooms to redirect non-urgent patients care to less costly Patient Centered Medical Homes (PCMHs). And, if funding for the second phase of SHIP, the Office of Health Policy Initiatives (OHPI) does not continue - the payment reform and practice transformation gains made under the SHIP will likely erode. Over the years, the Idaho Healthcare Coalition (IHC) has worked closely to evolve the practice models for the providers who have committed to manage and treat the Idahoans who will be transitioned into Medicaid after expansion. This evolution will help keep the costs of expansion down as compared with an environment that had not started to transform.

Board member Timothy Rarick shared his daughter's experience of having a broken arm cast incorrectly at an urgent care facility, requiring the procedure to be repeated. He inquired whether quality performance is part of the payment reform model. Members of the value-based system receive financial incentives if they meet quality metrics. In Dr. Rarick's example, the provider would risk losing the money required to repeat the procedure, as the initial procedure was not high enough in quality to meet the new standards in the value reimbursement model.

Lisa reported that Idaho's current use of a new strategy for a use of Telehealth is best described as being in the pilot stage. As the business model is developed and can demonstrate positive results, it will be expanded to improve access to services in rural communities.

Lisa also shared with the Board that the Behavioral Health Division is moving initiatives like crisis center funding through the Legislature that will continue to improve access to behavioral health services throughout the state. Dr. Hatzenbuehler commented on the positive work Adult Crisis Centers are doing and expressed concern over the scarcity of similar services for adolescents. Lisa agreed that the department shares these concerns and that working on solutions is a high priority for the DHW. Dr. Hatzenbuehler was also interested in whether Medicaid expansion would open up the ability to pay for the services rendered in State Hospital South (SHS) for participants who are 21-64 years old. Lisa shared that the DHW would be seeking an Institutions for Mental Disease (IMD) waiver that may provide a path for Medicaid to be able to pay for services rendered to that population when they are in SHS or other facilities licensed as IMDs. The recent federal Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act may also provide payment options without the need to request a waiver. DHW staff are researching options to determine how best to at least provide access to the same level of behavioral health services Idaho has before expansion. We are confident we will be able to achieve this goal and even improve access to behavioral health services.

Elke Shaw-Tulloch, Division Administrator of Public Health reported that Idaho will be one of ten other states to participate in a National Emergency Response Event (NERE) in September, called "Crimson Contagion." This is designed to test the national system in the event of an

outbreak of the bird flu. Idaho will also hold its own exercise to test state response to an anthrax emergency.

PUBLIC COMMENT PERIOD

Chairman Kerby recognized the late arrival of Nampa resident Carol “CC” Andrews. There being no objection by the Board, Ms. Andrews presented the situation of her 32-year old special needs daughter. Ms. Andrews previously had guardianship of her daughter, whose mental capacity is reportedly that of a 6-year old child. Upon her daughter’s marriage last year to a man with special needs, the mother-in-law accused Ms. Andrews of fraud, theft and other issues and cut off all contact and communication between Ms. Andrews and her daughter. After relinquishing her guardianship, Ms. Andrews attempted to restore guardianship and appealed to an evaluation committee appointed by the DHW. The committee ruled that the daughter did not require a guardian. The judge followed the recommendation of the committee and did not grant guardianship. Ms. Andrews was told she would need to prove her daughter incapable of representing herself by showing examples of incompetency since guardianship was denied. This is not possible as she has no contact with her daughter.

Ms. Andrews appealed to the DHW Board to investigate and consider changing the evaluation committee’s parameters of guardianship being limited to “the ability of dialing 911 or walking out of a burning building.” Chairman Kerby expressed his sympathy to her situation and asked whether the evaluation committee is under the purview of the Board. He also recommended that Ms. Andrews seek legal counsel. Tamara Prisock, Division Administrator for Licensing and Certification (L & C) indicated the daughter probably lives in a licensed Certified Family Home (CFH) operated by her mother-in-law. L & C rules require that residents cannot be barred from seeing family and friends and that her staff would follow-up.

Alana Minton, Lead Deputy Attorney General, presented Board members with a copy of Idaho Code Title 66, Chapter 4, which deals with treatment and care of developmentally disabled individuals. *See Attachment 1A.*

WELFARE/ FAMILY AND COMMUNITY SERVICES UPDATE

Lori Wolff, Deputy Director of Welfare and Family and Community Services (FACS), reported on the goals and challenges of the Developmental Disabilities program with respect to the Southwest Idaho Treatment Center (SWITC). **See Attachments 2 and 3.**

Because of allegations of abuse at the facility, as well as surveys and evaluations by the Office of Performance Evaluations (OPE) and Disability Rights Idaho (DRI), SWITC remains a media and Legislature focus. The Department has made improvements at the facility for residents and staff and has been receiving positive survey results.

SWITC is a unique facility in that resident placement falls into two categories: those who have been criminally charged and have been committed to the DHW’s care because they are unfit to stand trial; and, voluntary placements who have no other services available due to severe, unmanageable behaviors. The options for these individuals are jail, out-of-state facilities, or family members.

Former DHW Director Russ Barron created an advisory committee for SWITC comprised of representatives from the Nampa Police Department, the Canyon County Sheriff's Office, Intermediate Care Facility (ICF) providers, guardians, a judge, a member of the Governor's office and legislators. To date, the committee has held 2 meetings. The first meeting detailed challenges of the facility, the second meeting will begin development of a strategic plan. Members will meet in May and provide recommendations to the Director.

In addition to the advisory committee, the Department is looking for a consultant to help develop long-term strategies, including transitioning to a better treatment model for this unique population. Additionally, the cost of \$8.5 million to care for 17-18 residents may not be the best use of public resources.

Jim Giuffr  complimented the DHW on the work done at SWITC, recognizing the challenges of dealing with the difficult population. He asked about the potential to privatize the facility. Senator Martin acknowledged discussions between Director Jeppesen and the Senate Health and Welfare Committee to address the idea of moving SWITC from a public to private institution, as well as selling acreage surrounding the property, which is owned by the Department. Director Jeppesen is committed to seeking long-term solutions, rather than working on incremental changes.

DIVISION OF SUPPORT SERVICES UPDATE

Dave Taylor, Deputy Director of Support Services provided 2 handouts for Board members. **See Attachments 4 and 5.** These handouts are a budget projection of SFY 2019 for the department. The projection is based on the department's actual spend through 12/31/2018 with a projection of the remaining six months.

LEGISLATIVE/ RULE/ EXECUTIVE ORDER UPDATE

Tamara Prisock, Division Administrator for Licensing and Certification provided 5 handouts for the Board. **See Attachments 6 – 11.** The first 2 handouts outlined Legislative Proposals and Rules Tracking for the 2019 Legislative Session. This is a broad overview for Board member information. Some of the content does not specifically fall under the purview of the Board. The remaining handouts referred to Governor Little's Executive Order No. 2019-02 – the "Red Tape Reduction Act," which orders that each state agency issuing administrative rules designate an employee to review rules for costly, ineffective or outdated regulations. In addition, each proposed rule will need to identify 2 existing rules that can be repealed or simplified. The Division of Financial Management (DFM) will provide training and monitor progress. Two factors will be reviewed to monitor agency progress:

1. Word count in proposed rules.
2. Restrictive words such as shall, required, must and limit.

Ms. Prisock reported this is an exciting opportunity to work in the spirit of the order by looking at the way the department determines whether a rule is necessary. There will be exceptions to this order. If a rule is proposed to comply with law, no reduction of existing rules is necessary. As agencies make significant progress by the end of FY 2021, the Executive Order will sunset.

DIRECTOR'S UPDATE

Director Jeppesen spoke to the Board regarding his personal background. He was born in Burley, Idaho and was raised in Idaho Falls. He and his wife have 4 children and 2 grandchildren. He studied math and statistics in Idaho and lived in London for 2 years where he worked for Barclays Bank. His most recent position was Chief Marketing and Strategy Officer at Blue Cross. Since the Affordable Care Act passed, he has wanted to be involved in a not-for-profit organization and is excited to be with the Department and to work with the Board.

Moving forward he would like to use the collective knowledge of members of the Board and asked members for input regarding how to best leverage and engage them. Chairman Kerby suggested issues of concern be emailed to Board members for a collective response. He would also like the role of the Board to be clarified. Items to bring to the attention of the Governor should be included on meeting agendas. Vice Chairman Tom Stroschein shared a common interest of the members to receive more training regarding the programs and duties of all the divisions in the DHW. Jim Giuffré asked for the Director's feedback on what worked and what did not work well during his time on the Board at Blue Cross. He is interested in the Director's top 3-5 priorities for the DHW and how they relate to the Governor's priorities. Wendy Jaquet expressed interest for all Board members to serve on committees within the DHW to allow them more exposure and input on issues. She would also like to see more time in meetings dedicated to current issues and areas of concern, so members will have input on solutions. Sufficient time to review issues prior to meetings would be helpful. Linda Hatzenbuehler also requested time be allowed on the agenda for discussion of future issues, rather than hearing reports of what has already occurred. Tim Rarick would like more training on division programs, so his area of expertise can be better utilized.

A high priority for the Director is to connect with Board members and constituent groups in their Regions at least twice per year. A strategic plan is needed to move the DHW to a proactive state, rather than a defensive, reactive position. This will require a fundamental change in how the Department operates and a report will be given in the May Board meeting regarding the strategic plan.

The DHW is in close contact with stakeholders to prepare for the roll-out of Medicaid expansion. The Department is dedicated to building a model of care that is seamless for patients, and staff are prepared to apply for waivers as necessary to support this model.

In meeting with the Governor, two priorities have emerged:

1. Dedication to a long-term plan for value-based care that will stabilize costs and offer rewards to providers for doing so.
2. "Pathways to Prosperity" – a plan to help Idahoans out of the poverty cycle.

DHW divisions and programs deal directly with these priorities.

Ms. Jaquet complimented the Director on his exemplary strategic planning with Blue Cross, as reported by another Board member.

CLOSING REMARKS FROM BOARD MEMBERS

ok nine

Tom Stroschein provided a handout regarding Recovery Centers throughout the state and remarked on the good work done by volunteers to keep the centers running. Of the ~~eight~~ centers, the Twin Falls facility has no funding. Requests for funding for all the centers have been sent to the Millennium Fund committee as well as Vista. In addition, a request for \$900 thousand was included in the budget and is before the JFAC. Satellite centers are being considered to assist rural areas that lack resources for this type of care. *See Attachment 12*

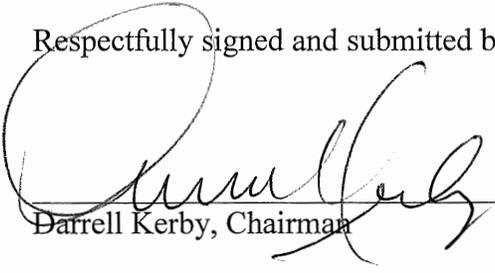
Jim Giuffré expressed concern regarding the recent measles outbreaks and directed Board members to the SharePoint site for data provided by the division of Public Health. Lisa Hettinger also provided handouts with the current data. *See Attachment 13*

Senate confirmations will take place today for the reappointment of three Board members: Darrell Kerby, Jim Giuffré and Linda Hatzenbuehler. Timothy Rarick will also be confirmed for the first time before the Senate.

ADJOURNMENT

The next meeting of the Idaho Board of Health and Welfare is scheduled to be held May 16, 2019. There being no further business to come before the Board, Chairman Kerby adjourned the meeting at 12:05 p.m.

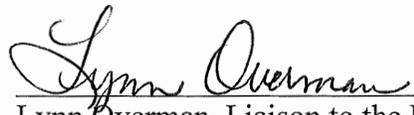
Respectfully signed and submitted by:



Darrell Kerby, Chairman



Dave Jeppesen, Secretary



Lynn Overman, Liaison to the Board

Idaho has the chance
to be a leader in
affordable
healthcare.

Office of Healthcare Policy Initiatives

Goal: Make healthcare affordable and accessible by moving from a fee-for-service system to value-based reimbursement

SHIP goal (the past): Build an infrastructure that allows primary care clinics to thrive in a new value-based payment system.

SHIP accomplishments:

- ✓ 164 Primary Care clinics adopted the Patient Centered Medical Homes (PCMH) model of care.
 - These new clinics mean that 2/3 of Medicaid participants are served by advanced primary care clinics.
 - 120 new clinics connected to the Idaho Health Data Exchange.
 - Over 700,000 Idahoans' healthcare has been positively impacted by these clinic transformations.
- ✓ Produced a bend in the Idaho cost curve of **\$213.6M** over four years.
- ✓ Established 12 additional telehealth programs statewide.
- ✓ OHPI provided leadership to public and commercial payers so payment data could be used to track outcomes.

HTCI goal (the future): Expand payment reform to hospitals/specialists and solve the unique rural healthcare delivery problems.

Healthcare Transformation Council of Idaho (HTCI) functions:

- ✓ Accelerate the shift to paying for outcomes rather than paying for volume.
- ✓ Build infrastructure that allows payment reform to be sustainable for providers.
- ✓ Expand the sharing of data to prevent unnecessary expenses and improve health outcomes.
- ✓ Harness the enthusiasm from payers and providers to create initiatives that execute on Idaho solutions.

OHPI (the catalyst): The OHPI ensures the initiative to transform Idaho's healthcare delivery system to promote healthier Idahoans while increasing healthcare quality and reducing costs is achieved.

OHPI's vision:

- Only the department has the trust to get competing payers and providers to convene to agree on necessary changes and then allow themselves to be measured against a goal.
- The changes necessary to deliver an affordable healthcare system to our citizens require a fundamental shift in the business models, clinical models, and financial models for payers and providers.

OHPI's role in transformation:

- ✓ Use the OHPI staff's acquired expertise in researching and writing grants to assist the HTCI in obtaining Public/Private funding for initiatives.
- ✓ Support the Healthcare Transformation Council of Idaho and the workgroups that provide subject matter expertise.
- ✓ Offer technical assistance to providers interested in PCMH transformation.
- ✓ Hold payers and providers accountable by tracking the money saved and increase in percentage of payments moved to value based arrangements.



Idaho Statutes

TITLE 66
STATE CHARITABLE INSTITUTIONS
CHAPTER 4

TREATMENT AND CARE OF THE DEVELOPMENTALLY DISABLED

66-404. PROCEEDINGS FOR APPOINTMENT OF GUARDIANS AND CONSERVATORS. (1) A person with a developmental disability or any person interested in his welfare may petition for a finding of legal disability or partial legal disability and appointment of a guardian or co-guardians, or conservator or co-conservators, or both.

(2) The petition shall:

(a) State the names and addresses of the persons entitled to notice under subsection (4) of this section;

(b) Describe the impairments showing the respondent is developmentally disabled, the respondent's ability to receive, evaluate and communicate information, and the respondent's ability to manage financial resources and meet essential requirements for physical health or safety;

(c) State the nature and scope of guardianship and/or conservatorship services sought;

(d) Describe the respondent's financial condition, including significant assets, income and ability to pay for the costs of judicial proceedings; and

(e) State if the appointment is made by will pursuant to section 15-5-301, Idaho Code, and the name(s) and address(es) of the person(s) named in the will to be guardian.

(3) Upon filing of a petition, the court shall set a date for a hearing, appoint an attorney to represent the respondent in the proceedings unless the respondent has an attorney, and authorize an evaluation committee to examine the respondent, interview the proposed guardians and/or conservators and report to the court in writing. All reports shall be under oath or affirmation and shall comply with Idaho supreme court rules.

(4) Notice of the time and place of the hearing on the petition together with a copy of the petition shall be served no less than ten (10) days before the hearing on:

(a) The respondent;

(b) The respondent's spouse, parents and adult children, or if none, the respondent's closest relative, if any can be found; and

(c) Any person who is currently serving as guardian, conservator or who is providing care for the respondent.

Notice shall be served personally if the person to be served can be found within the state. If the person to be served cannot be found within the state, service shall be accomplished by registered mail to such person's last known address.

(5) The respondent is entitled to be present at the hearing in person, to present evidence, call and cross-examine witnesses, and to see or hear all evidence in the proceeding.

(6) At the hearing the court shall:

(a) Determine whether the respondent has a developmental disability;

(b) Evaluate the respondent's ability to meet essential requirements for physical health or safety and manage financial

resources;

(c) Evaluate the ability of the proposed guardian and/or conservator to act in the respondent's best interests to manage the respondent's financial resources and meet essential requirements for the respondent's physical health or safety;

(d) Determine the nature and scope of guardianship or conservatorship services necessary to protect and promote the respondent's well-being;

(e) Evaluate the ability of the respondent or those legally responsible to pay the costs associated with the judicial proceedings and fix responsibility therefor; and

(f) (i) As an alternative to appointing one (1) guardian or one (1) conservator, the court may appoint no more than two (2) co-guardians or no more than two (2) co-conservators if the court finds:

1. The appointment of co-guardians or co-conservators will best serve the interests of the person with a developmental disability; and

2. The persons to be appointed as co-guardians or co-conservators will work together cooperatively to serve the best interests of the child.

(ii) The parents of a person with a developmental disability shall have preference over all other persons for appointment as co-guardians or co-conservators, unless the court finds that the parents are unwilling to serve as co-guardians or co-conservators, or are not capable of adequately serving the best interests of the person with a developmental disability; and

(iii) If the court appoints co-guardians or co-conservators, the court shall also determine whether the co-guardians or co-conservators:

1. May act independently;

2. May act independently but must act jointly in specified matters; or

3. Must act jointly.

The determination by the court must be stated in the order of appointment and in the letters of guardianship or conservatorship.

(7) No individual shall be appointed as guardian or conservator of an incapacitated person unless all of the following first occurs:

(a) The proposed guardian or conservator has submitted to and paid for a criminal history and background check conducted pursuant to section 56-1004A(2) and (3), Idaho Code;

(b) In the case of a petition for guardianship and pursuant to an order of the court so requiring, any individual who resides in the incapacitated person's proposed residence has submitted, at the proposed guardian's expense, to a criminal history and background check conducted pursuant to section 56-1004A(2) and (3), Idaho Code;

(c) The findings of such criminal history and background checks have been made available to the evaluation committee by the department of health and welfare; and

(d) The proposed guardian or conservator provided a report of his or her civil judgments and bankruptcies to the evaluation committee and all others entitled to notice of the guardianship or conservatorship proceeding pursuant to subsection (4) of this section.

(8) The provisions of paragraphs (a) and (d) of subsection (7) of this section shall not apply to an institution nor to a legal or commercial entity.

(9) Each proposed guardian and conservator and each appointed guardian and conservator shall immediately report any change in his or her criminal history and any material change in the information required by subsection (7) of this section to the evaluation committee, all others entitled to notice of the guardianship or conservatorship proceeding pursuant to subsection (4) of this section and to the court.

History:

[66-404, added 1982, ch. 59, sec. 7, p. 98; am. 2009, ch. 86, sec. 2, p. 237; am. 2013, ch. 262, sec. 5, p. 644; am. 2017, ch. 261, sec. 6, p. 649.]

How current is this law?

Search the Idaho Statutes and Constitution

Idaho's
Developmental
Disabilities (DD) Program
Goals and Challenges
January 2019

GOAL: Provide and Maintain placement for DD individuals such that:

- treatments and supports are maximized to achieve treatment objectives,
- an individual's rights are minimally (least) restricted,
- the health and safety of the individual and others is protected, and
- home and community are as inclusive as safely possible.

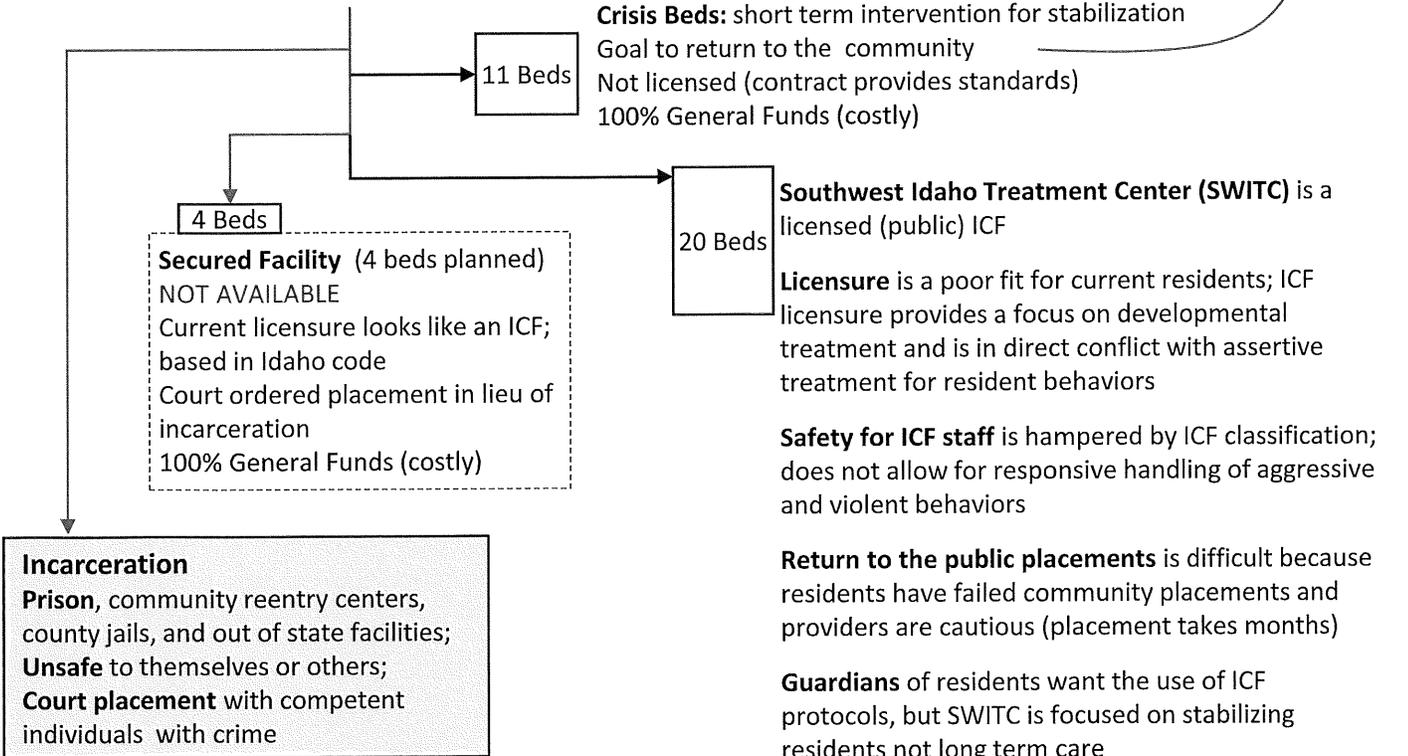
4,750 Adults
Residing in a community home or apartment
 Safety: Safe to themselves and others living
 Restrictions: least restrictive
 Treatment: maximized for treatment objectives
 Services: through Home and Community Based Services HCBS)
 Certified Family Homes (in a family home)
 Supportive Living Homes and Apartments
 (Client rents or owns with rotating support staff)
 Services integrated within the community
 Funding: Medicaid (FMAP rate ~30% state \$)

**Community Placements
(Long-Term Stability)**

Intermediate Care Facilities (ICF-IID) are provider owned homes with 4-16 clients; these private ICF's are more restrictive but provide additional services in a safe environment; the number of available beds is only 10% the size of the home/apartment placement population

492 available beds in the community in an Intermediate Care Facilities (ICF)
 Funding: Medicaid

If Community Placements Fail



Non-Community Placements

Southwest Idaho Treatment Center Improvement Plan

Background: As directed by the 2009 Idaho State School and Hospital (ISSH) Transition Project, the facility now known as Southwest Idaho Treatment Center (SWITC), downsized rapidly from a population of 75 clients in 2008 to 17 clients in 2018. The purpose for this transition was to support individuals with Developmental Disabilities in their communities whenever possible. Although the state has been effective in reducing placements at SWITC, we have not adjusted to the changing behavioral and treatment needs of our clients. SWITC is licensed as an ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities). The ICF/ID license is designed for the general population of people with developmental disabilities. There are over 60 ICF-ID's privately owned and operated in our communities today. Although this licensure is very effective in treating the general population with Development Disabilities, SWITC has "grown out" of this licensure as this type of license is not designed to effectively deal with mental illness, aggressive behaviors, or significant self-abusive behaviors.

Transition of mission and goals: The clients that remain at SWITC are there because there are no community options or placements available to them. SWITC clients have significant developmental disabilities, mental illness, and aggressive and/or self-abusive behaviors to the extent that no community provider has been able to support them for an extended period. The current mission and vision at SWITC has transitioned from a long-term home for clients to a stabilization and treatment center for individuals in crisis with the most complex and aggressive behaviors.

History of Facility Issues: In 2015 the Department acknowledged that the facility was no longer able to adequately serve the population and attempted to sell the land and rebuild the facility in another location, but the land sale was unable to be completed and the project was abandoned.

In 2017 SWITC administration found that a small group of SWITC staff were abusive to clients and subsequent investigations resulted in six staff either being terminated for cause or resigning from the facility. The investigations brought scrutiny to the facility in the form of several licensure investigations and significant findings over the next year and a half.

In the fall of 2018, both DRI and OPE released reports and recommendations to address issues at the facility.

Facility Issues Identified: The Department takes seriously the issues identified through internal investigations, licensing surveys, and reports and analysis conducted by others. DHW is fully engaged in improving the problems at SWITC.

After investigations and analysis at SWITC, three main facility issues were identified:

1. Active Treatment plans were insufficient and not updated regularly, making treatment for some clients ineffective.
2. The facility lacked critical expertise to address the complex behaviors at SWITC.
3. Staff turnover made it impossible to provide daily, active and effective treatment and staff training was insufficient.

Facility Focus and Improvements in 2018:

The focus in the last year has been to directly address these failures and issues at the facility to ensure effective treatment of clients, reduce turnover, and improve critical staffing at the facility. There has also been a focus on improved management and quality assurance practices. Below is a summary of the critical problems addressed and strategies implemented to make immediate improvements at the facility:

Priority Issue #1: Active Treatment plans were not updated regularly to address emerging behaviors and health issues. The Department lacked expertise and professional staff to lead these efforts and develop effective treatment plans on an ongoing basis and provide direction to direct care staff in how to adequately treat and assist patients on a regular basis.

Strategies implemented to resolve issue:

1. *Hired a Board Certified Behavioral Analyst (BCBA):* The BCBA is a national certification that includes a master's level education as well as supervised training, testing, and continuing education. It is the cornerstone of Applied Behavior Analysis, an evidenced based practice for serving individuals who have developmental disabilities and behavioral issues. This individual immediately took lead on active treatment plans and coordination of regular professional treatment meetings to ensure all client files and plans are reviewed and updated regularly.
2. *Hired a Counselor:* The Department hired a Licensed Clinical Social Worker with experience in dual-diagnosis (mental health and developmental disabilities) as well as trauma informed therapy to assist SWITC clients, all of whom have experienced trauma throughout their lives. This individual meets regularly with clients to enhance treatment planning and engaging in Trauma Informed Care approaches for ongoing needs.
3. *Hired a Speech and Language Pathologist (SLP):* In addition to the other significant issues, many SWITC clients have difficulties in communicating their needs. In the spring of 2018 a SLP was hired and all SWITC clients now have communication assessments and programs have been developed to address this need.
4. *Structured new Treatment Teams:* With a new team of experts, the treatment teams meet weekly to assess and determine active treatment plans for each individual at SWITC, continuing to address behaviors with the goal of stabilizing individuals, so they can move to community placements when possible.
5. *Coordination with Crisis Team:* Members of the Crisis Prevention Team meet twice monthly with the SWITC treatment team regarding the court committed clients they oversee. Most of the clients at SWITC are under court commitment. Crisis Team members provide input regarding treatment with an emphasis on stabilization and eventual safe placement in the community.

Results: SWITC has seen significant improvements in active treatment of clients with the addition of additional professional expertise and coordination of treatment teams. The BCBA now directly supervises all direct care staff which provides both insight and accountability to day to day operations and client treatment. Professional services aimed at addressing trauma and behavior related to trauma has now fully engaged in treatment plans.

Priority Issue #2: Ongoing Safety of Clients. After investigations and surveys during the 2017 incident, it was paramount that the safety of clients was SWITC's top priority. In addition to improvements in active treatment plans and improved expertise to help address risky behaviors, the Department implemented strategies to ensure all allegations of abuse or neglect were immediately reviewed, put safety precautions in place to better monitor clients, and improved policies and procedures related to allegations and investigations.

Strategies implemented to resolve issue:

1. *Focus on Quality Assurance:* Management reorganized and assigned a Quality Commitment Supervisor to fully investigate allegations of abuse as well as provide regular feedback to management for areas of concern or risk.
2. *Installation of Security Cameras:* New security cameras were installed throughout campus to provide constant monitoring of client to client and staff to client interactions for review and immediate resolution.
3. *Improved Investigation Practices:* Policies were rewritten following input from DRI and OPE reports as well as in response to 2018 licensure surveys. Policies were reviewed and approved by the November 2018 licensure survey. SWITC investigators were re-trained and certified by an independent provider recommended by Licensing and Certification.
4. *Improved Coordination with Adult Protection:* SWITC Staff meet with Adult Protection staff every 4-6 weeks to review any reports and to improve investigations and safety at SWITC.

Results: SWITC has experienced significant improvements in the safety of clients with careful attention to any incidents of abuse or neglect with staff now in the habit of self-reporting any issues. Investigations are more complete and less time-consuming with improved cameras, software and clarity of imaging. Oversight of allegations and investigations by advocates has improved with frequent meetings between SWITC and Adult Protection.

Priority Issue #3: Staff Development and Retention. One of the biggest challenges we have faced at SWITC has been our turnover. In 2017, voluntary turnover was approximately 29% and 40% in 2018. Keeping well trained, competent staff employed at SWITC is critical to improving day to day operations. SWITC developed new training for staff and implemented a career ladder and salary increases in efforts to improve in this area.

Strategies implemented to resolve issue:

1. *Development of New Worker Training:* In January 2018, SWITC new employee training added two weeks of classroom time and one week of job shadowing prior to staff independently overseeing a client to improve direct care and treatment of clients.
2. *Implemented a Career Ladder for Direct Care Staff:* New training has become available for existing staff as well as a career ladder that includes the required oversight and supervision for staff to become nationally certified as Registered Behavioral Technicians.

3. *Salary Increases:* In the fall of 2018 direct care staff starting salaries were increased from \$15.53 per hour to \$16.56, with existing direct care staff and nursing salaries also seeing a substantial increase.
4. *Improved Scheduling:* In the fall of 2018, in response to a staff survey direct care staff schedules were changed from five eight-hour days to four ten-hour days.

Results: Upon implementation of the 2018 improvement strategies, SWITC passed its annual licensure survey in October 2018, a successful annual licensure survey found only one citation related to a dental visit. This was the best survey results at SWITC in over ten years.

Facility Improvements for 2019:

Although we celebrate the facility improvements that have been made over the past year, there are still critical issues that must be addressed. The 6-month road map at SWITC will address the following areas:

Priority Issue #1: Improve Staff Safety at the Facility: We continue to struggle with staff injuries and staff assaults. We must implement some safety measures to ensure we can protect the safety of our staff.

Strategies to address issues:

1. *Building Improvements:* SWITC has a list of building modifications including modifications to individual rooms around their specific challenges, development of sensory rooms to allow clients an area to calm, and key card access, that will help control where individuals can go on campus reducing risk for both clients and staff.
2. *Engage a Safety Workgroup:* SWITC has formed a safety workgroup that includes direct care staff to review staff injuries and safety issues in order to analyze and reduce injuries and threats at the facility.
3. *Continue to pursue strategies to address turnover:* Direct Care staff are critical at SWITC and further work in retention and recruitment efforts will be addressed.
4. *Additional Training for Staff:* Additional training from the National Association of Dual Diagnosis around providing trauma informed services; and training, supervision, and national certification of direct care staff as Registered Behavioral Technicians.

Priority Issue #2: Explore additional facility improvements through outside consultation.

Strategies to address issues:

1. *Explore additional models based on what other states are doing:* The Department is currently researching models used in other states to address this very complex and unique population. Options and models will be used to inform longer term strategic plans for the future of SWITC.

2. *Identify possible consulting services:* SWITC is engaged in discussion with several national organizations that consult with SWITC-like facilities working with this level of clients. SWITC will work on options to engage expertise in areas of staff and client safety, quality assurance, and staff retention as well as other issues to ensure facility risks and issues are addressed and sustainable improvements are made.

Priority Issue #3: Continue to improve management and professional development

1. *Improve day to day client activities and learning:* The Department is looking to hire a Recreational Therapist to improve activities that allow them to be engaged and learn socializing behaviors.
2. *Improve expertise and informed care models for Active Treatment planning:* The Department will hire an additional Board Certified Applied Behavioral Analyst to improve therapy and treatment and oversee direct care staff and quality outcomes. Efforts to secure this expertise last year has been tremendously successful, but the workload is too much for one individual to be effective on a continuous basis with changing clients and needs.
3. *Improve therapeutic treatment to improve quality of life in daily activities:* The Department would like to hire an Occupational Therapist to help clients develop, recover, improve and maintain skills needed for daily living.
4. *Improve process to investigate allegations of abuse or neglect:* The Department will improve the quality assurance and investigation processes to ensure that allegations or incidence of injury, abuse, or violence is immediately investigated and causes of incidents are reviewed and addressed by management.
5. *Improve Management Engagement of Crisis Management:* The management team has formed specialized workgroups with crisis teams and treatment teams to conduct individualized analysis of client population and coordination with crisis team to identify best placement options for individuals so that community placements and options are identified once clients are stabilized.

Long Term Strategy and Problem Solving:

As reported in the OPE report, the cause of these issues at SWITC are systemic in nature and ultimately come down to finding an appropriate treatment model for this very small sub-set of our Developmentally Disabled population. Today 99.3% of DD clients are effectively and successfully served in community placements or in their own homes with resources and services through Home and Community Based Services (HCBS). Under 1% of the population has not and likely will not be successful in a long-term community setting because of the complex and difficult behaviors and trauma they have faced. The Department is committed to working with stakeholders, experts, and community partners to identify a long-term solution to the population currently served at SWITC.

The 17 clients in the facility, as well as several clients who are at risk in the community, touch multiple state systems from the courts; to corrections; the mental health system; developmental disability community providers; advocates; and families of past, current, and future clients. SWITC, as well as the Developmental Disability System and the larger systems, have been unable to meet the needs of these clients. In response to this larger issue the Department of Health and Welfare convened the SWITC Advisory Board in November 2018. The Advisory Board includes membership from the Governor's Office; the Legislature; the courts; Canyon County Sheriff's office; Idaho Department of Corrections; Adult Protection; a private provider; parents of a SWITC client; and a member of Idaho's Branch of NAMI (National Alliance on Mentally Illness).

The Advisory Board will be tasked with making recommendations and exploring options for the right treatment model to serve this unique population. It will explore what systems can best address the needs of this population, what types of facilities and treatment models are appropriate, where the treatment should take place, and funding options. As the OPE Report notes, SWITC in its current facility and under its current license are not a long-term solution for these uniquely challenged clients.

Questions to Address for a Long Term Strategic Plan: Below are questions that must be answered to inform a long term strategic plan. Some of these questions must be addressed by the partners engaged in serving this population, other questions will be addressed through policy decisions, but they must all be clearly determined before effective long-term strategies can be determined.

1. What population falls within the responsibility of the Department to provide treatment? (DHW recognizes that we provide services to a broader population through Medicaid payments, but when does the Department become the service "provider") Should the Department only provide treatment to individuals who are committed to the Department or also take voluntary placements? (compare to Child Welfare model)

Decisions/Time Frames: This question will be reviewed by the Advisory Committee based on information and options provided by DHW and other inputs. Recommendations will be provided by June to inform decisions that must be made by July.

2. What is the right treatment model for the population we have defined? How does the current SWITC and crisis model fit into that, if at all? Is the ICF-ID the correct licensure and treatment model for these individuals? If not, what is more appropriate?

Decisions/Time Frames: This question will be addressed by the Advisory Committee based on information and options provided by DHW. Recommendations from the Advisory Committee will be provided by June to inform decisions that must be made by July.

3. If these individuals are to be treated in a facility and cannot be successful in current community placements, should the facility be State ran or privately ran? If the Department is not responsible for voluntary placements, who is?

Decisions/Time Frames: Once the decisions about population and treatment models have been determined, the Advisory Committee will make a recommendation as to whether DHW is still the best agency to support this population or if the identified needs are best met through a different agency or model. This decision must be made by July to inform planning on facility issues. Final decisions will be made by policymakers.

4. If the State is going to operate the facility to treat these individuals, is the current facility an appropriate building and location? If the current facility is not conducive to treat the defined population, what is the appropriate model and facility?

Decisions/Time Frames: Once decisions have been made about who will be served and who will serve them, the Department of Health and Welfare will have to determine if the current facility is effective to serve the population. This is a DHW decision in coordination with policymakers and the Governor's office. Recommendations for moving forward should be expected by early fall.

5. What will the Department of Health and Welfare do with the land (600 acres) where the current SWITC campus sits? Should the State sell that land? Should we create an endowment fund? What will be done with the Job Corps, Work Release Center, and Juvenile Corrections Center?

Decisions/Time Frames: The Lease Agreement with the city for the Golf Courses expires December 2019. Decisions on a long-term plan of land sell or lease agreements will be made by the Department of Health and Welfare in coordination with policy makers and the Governor's office. These decisions need to be made Summer 2019.

6. Based on the treatment model that is determined to be best for this population, what funding options are available? What type of license is appropriate? What is the oversight for the treatment or facility that will be used?

Decisions/Time Frames: Funding and licensure options will be researched by the Department of Health and Welfare and reviewed with federal agencies, policy makers, and the Governor's office to determine the most cost effective and appropriate model to serve the identified population ongoing. Funding requests, policy changes, and waiver options will vary based on decisions made above. The Department will continue to provide information to policy makers and the Advisory Board as appropriate to guide decisions.

	A	F	I	O	V	AB	AC	AD	AE	AH	AI
1	Total Projection										
2	FY19 2nd Quarter Review										
3		PUBLIC			BEHAVIORAL		Healthcare	Licensing		INDEPENDENT	
4		HEALTH	WELFARE	FACS	HEALTH	MEDICAID	Policy	& Cert.	Indirect	COUNCILS	
5											
6											Total
7	FY19 JFAC Action Approp:	120,787,300	175,037,800	115,776,100	109,169,200	2,451,377,700	17,945,400	7,321,500	48,720,200	9,082,000	3,063,280,000
28	TOTAL										
29	Adjustments:										
30	Adjust Med Admin T&B to FN 42					(1,927,200)					
31	Uncollectible Receipt Authority / Receipts to Approp	(2,234,300)	(1,337,000)	(1,598,000)	(948,900)	(30,999,300)		(24,200)	25,100	(14,500)	(37,131,100)
33	Dedicated Fund Authority Adjustment	(3,804,400)	(27,800)		(33,800)	(1,774,500)			(3,500)	(150,000)	(5,794,000)
34	Federal Fund Authority Adjustment / Non-Cog Request	(7,232,400)	(3,089,100)	(3,498,800)	(2,859,000)	(2,119,000)	(3,601,200)	196,100	(2,141,800)	3,838,000	(20,507,200)
35	General Fund Authority - Carryover/Adjustment	(640,000)									(640,000)
36	Object Transfer - General Funds - BOOKED										
37	Object Transfer - Federal Funds - BOOKED										
38	Object Transfer - Receipts - BOOKED										
39	Object Transfer - Dedicated Funds - BOOKED										
40	Object Transfer - General Funds										
41	Object Transfer - Federal Funds										
42	Object Transfer - Receipts										
43	Object Transfer - Dedicated Funds										
44	Proposed Supplemental Request - General Funds					43,062,200	(107,800)				42,954,400
45	Proposed Supplemental Request - Federal Funds	5,550,000	(2,000,000)	250,000		62,480,200	(3,367,200)				62,913,000
46	Proposed Supplemental Request - Receipts					(56,766,000)					(56,766,000)
47	Proposed Supplemental Request - Dedicated Funds	300,000				4,055,200					4,355,200
48	General Fund Program Transfers - BOOKED										
49	Federal Fund Program Transfers - BOOKED										
50	Receipt Program Transfers - BOOKED										
51	Program Transfer*										
52	Planned General Fund Program Transfers	41,500					146,500		(188,000)		
53	Planned Federal Fund Program Transfers				809,000				(809,000)		
54	Planned Receipt Program Transfers										
55											
56	Total FY19 Est. Approp. with adjustments	112,767,700	168,583,900	110,929,300	106,126,500	2,467,389,300	11,015,700	7,493,400	45,603,000	12,755,500	3,042,664,300
57											
58											
59	Proj Expenditures w/vacancy rate	112,745,700	168,438,500	111,840,900	101,312,200	2,467,576,300	11,015,700	7,492,000	45,343,800	12,755,500	3,038,520,600
60	Variance from Appropriation	22,000	145,400	(811,600)	4,814,300	(187,000)		1,400	259,200		4,143,700
61											
62	General Fund Portion	22,000	145,400	(65,900)	4,814,300	(187,000)		1,400	259,200		4,989,400
63											
83											
105	General Fund Over <Under> by Object										
106	Personnel			65,100	1,623,500			1,400	203,100		1,893,100
107	Operating		(779,900)	(8,900)	924,600	(80,600)					55,200
108	Capital			100	2,600				56,100		58,800
109	T&B	22,000	925,300	(122,200)	2,263,500	(106,400)					2,982,300
110	Total:	22,000	145,400	(65,900)	4,814,300	(187,000)		1,400	259,200		4,989,400
111											
112	Diff:										

DHW Legislation
Legislative Proposals for 2019 Legislative Session
Updated February 20, 2019

Routing Slip (RS) Number	Topic / Description	Status	Contact Person (Division Administrator)
N/A	<i>Changes Needed for Medicaid Expansion - Welfare</i>	Legislative proposal was not submitted.	Julie Hammon 208.332.7258
N/A	<i>Medical Consent - FACS</i> - The proposed legislation would clarify the Department of Health and Welfare's authority to consent to medical and mental health evaluations and treatment once a child is placed in shelter care status and after the Department has been granted temporary legal custody of a child. The Child Protective Act is currently silent as to the Department's ability to consent to such evaluation or treatment before the Shelter Care and Adjudicatory Hearings. This lack of clarity can lead to delays in the necessary evaluation and treatment of children who have experienced abuse or neglect. The proposed legislation would provide the Department with a limited ability to consent to such evaluation or treatment.	Legislative Proposal was pulled.	Miren Unsworth 208.334.0641
H0030 RS26427C1	<i>Role of Evaluation Committee - FACS</i> - Current statute requires a Developmental Disabilities Evaluation Committee consisting of a Doctor, Psychologist, and Social Worker to evaluate and recommend to the court the need for a guardian or civil commitment. However, current law at IC 18-211 is ambiguous regarding the utilization of the Evaluation Committee for assessment of competency to stand trial. Current court practice from jurisdiction to jurisdiction. Some utilizing an Evaluation Committee to determine competency others rely on a single psychologist to make recommendations to the court regarding competency. This legislation clarifies the law by requiring an evaluation committee to make recommendations regarding competency aligning it with the other statutes and assuring that the evaluation is completed by committee members who are specially qualified by training and experience in the diagnosis and treatment of persons with a developmental disability.	House Judiciary & Rules – 1/28/19 Passed, 70-0-0, To Senate Senate Judiciary & Rules – 1 st Motion to Floor w/ Do Pass – no second, motion failed. 2 nd Motion Burgoyne – To be held, subject to the call of the Chair, motion passed. Mr. Brumfield was asked to contact Sen. Burgoyne, gather comments, testimony from outside of agency, feedback from Criminal Defense Bar.	Miren Unsworth 208.334.0641 Presenter - Blake Brumfield
H0037 RS26431C1	<i>Children's Mental Health Services (CMHS) SED Definition – Behavioral Health</i> - The intent of this legislation is to amend the definition for Serious Emotional Disturbance in the CMH act to align with definitions used in the Youth Empowerment Services program and found in the rules for CMH services. The amended definition would include reference to the Diagnostic and Statistical Manual of Mental Disorders and Department of Health and Welfare standardized function assessment instrument.	Ross Edmunds (BH) – Presenter Sen. Jordan to carry House H&W – 2/4/19 Passed, 70-0-0, To Senate Senate H&W – 2/13/19 To Floor w/ Do Pass; 2/15/19 3 rd Reading.	Ross Edmunds 208.334.5726 Treena Clark 208.334.5126

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HEALTH & WELFARE

IDAPA 16 DOCKET NO. / AUTHORITY	CHAPTER TITLE	PRESENTER	HOUSE H & W COMMITTEE RULES REVIEW LINKS TO DOCKETS	HOUSE DATE & APPROVAL	SENATE H & W COMMITTEE RULES REVIEW LINKS TO DOCKETS	SENATE DATE & APPROVAL
0102-1801 Board (companion to 0103-1801 & 0107-1801)	Emergency Medical Services (EMS) – Rules Definitions	Wayne Denny 208-334-4000	<u>Pending</u>	1/09/2019	<u>Pending</u>	1/14/2019
0103-1801 Board (companion to 0102-1801 & 0107-1801)	Emergency Medical Services (EMS) – Agency Licensing Requirements	Wayne Denny 208-334-4000	<u>Pending</u>	1/09/2019	<u>Pending</u>	1/14/2019
0107-1801 Board (companion to 0102-1801 & 0103-1801)	Emergency Medical Services (EMS) – Personnel Licensing Requirements	Wayne Denny 208-334-4000	<u>Pending</u>	1/09/2019	<u>Pending</u>	1/14/2019
0201-1801 TSE Council	Time Sensitive Emergency System Council	Dr. Bill Morgan 208-367-3674 Melissa Ball 208-334-0817	<u>Pending</u>	1/30/2019	<u>Pending</u>	1/30/2019
0202-1801 Commission	EMS Physician Council	Dr. Curtis Sandy 208-705-7752 Wayne Denny 208-334-4000	<u>Pending</u>	2/06/2019	<u>Pending</u>	2/06/2019
0208-1801 Board	Vital Statistics Rules	Elke Shaw-Tulloch DAGs 208-334-5950	<u>Pending</u>	<i>Will not be presented -> will go into effect as Final rule w/o review <i>Sine Die</i> 2019</i>	<u>Pending</u>	<i>Will not be presented -> will go into effect as Final rule w/o review <i>Sine Die</i> 2019</i>
0208-1802 Board	Vital Statistics Rules	James Aydelotte 208-334-4969	<u>Pending</u>	1/10/2019	<u>Pending</u>	
0211-1801 Board	Immunization Req. – Children in Daycare	Kathy Turner PhD 208-334-5870	<u>Pending</u>	1/10/2019	<u>Pending</u>	1/31/2019

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(companion to 0215-1801)						
0215-1801 Board (companion to 0211-1801)	Immunization Req. – Idaho School Children	Kathy Turner, PhD 208-334-5870	<u>Pending</u>	1/10/2019	<u>Pending</u>	1/31/2019 3pm
0215-1802 Board	Immunization Req. – Idaho School Children	Kathy Turner, PhD 208-334-5870	<u>Pending</u>	1/10/2019 (passed 7-6)	<u>Pending</u>	1/31/2019 (passed 5-4)
0303-1801 Director	Child Support Services – Fee Change	Rob Rinard 208-334-0620	<u>Pending Fee</u>	1/11/2019	<u>Pending Fee</u>	1/22/2019
0304-1801 Director	Food Stamp Program	Kristin Matthews 208-334-5553	<u>Pending</u>	1/11/2019	<u>Pending</u>	1/22/2019 (Passed 6/3)
0308-1801 Director	TAFI – Temporary Assistance for Families in Idaho	Erica Rupp 208-334-5641	<u>Pending</u>	1/11/2019	<u>Pending</u>	1/22/2019 Docket approved; Rejected Subsection 010.07 (amendment to definition of "Dependent Child") – docket goes as published
0309-1801 Director	Medicaid Basic Plan Benefits – Swing Beds	George Gutierrez 208-364-1939	<u>Pending</u>	1/18/2019	<u>Pending</u>	1/24/19
0309-1802 Director (companion to 0310-1805)	Medicaid Basic Plan Benefits – Dental Benefits	Sara Stith 208-287-1173 Tiffany Kinzler 208-364-1989	<u>Pending</u>	1/21/19 Docket approved; Rejected Subsection 803.04 (which restricted coverage of root canals & crowns)	<u>Pending</u>	1/30/2019 Approved w/o changes – docket goes as published

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0309-1804 Director	Medicaid Basic Plan Benefits – Lab & Radiology	David Welsh 208-364-1813	<u>Pending</u>	1/18/2019	<u>Pending</u>	1/28/19
0309-1805 Director	Medicaid Basic Plan Benefits – Healthy Connections	Meg Hall 208-665-8844	<u>Pending</u>	1/21/19 Motion to approve failed 6/6 Motion to reject failed 6/6, Unanimous consent to reconsider at later date failed; Wood not present; docket has passed through Cmte w/no action taken	<u>Pending</u>	1/24/19
0309-1806 Director	Medicaid Basic Plan Benefits – Pharmacy	Tiffany Kinzler 208-364-1989	<u>Pending</u>	1/18/2019 6/5 – Motion to debate possibility of folks not getting needed meds.	<u>Pending</u>	1/24/19
0309-1807 Director	Medicaid Basic Plan Benefits – NEMT	Sara Stith 208-287-1173 Tiffany Kinzler 208-364-1989	<u>Pending</u>	1/18/2019	<u>Pending</u>	1/24/19
0309-1808 Director	Medicaid Basic Plan Benefits – SBS-YES	Art Evans 208-364-1896	<u>Pending</u>	1/21/19	<u>Pending</u>	1/28/19
0309-1809 Director	Medicaid Basic Plan Benefits – SBS-PCS	Angie Williams 208-287-1169	<u>Pending</u>	1/21/19	<u>Pending</u>	1/24/19
0309-1810 Director	Medicaid Basic Plan Benefits – 3 rd party Liability	Tiffany Kinzler 208-364-1989	<u>Pending</u>	1/21/19	<u>Pending</u>	1/24/19

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0310-1801 Director	Medicaid Enhanced Plan Benefits – MMCP	Ali Fernández 208-287-1179	<u>Pending</u>	1/21/19	<u>Pending</u>	1/28/19
0310-1802 Director	Medicaid Enhanced Plan Benefits – Home Choice	Ali Fernández 208-287-1179	<u>Pending</u>	1/21/19	<u>Pending</u>	1/28/19
0310-1803 Director	Medicaid Enhanced Plan Benefits – Vent & Trach	Ali Fernández 208-287-1179	<u>Pending</u>	1/21/19	<u>Pending</u>	1/28/19
0310-1804 Director	Medicaid Enhanced Plan Benefits – Organ Transplants	David Welsh 208-364-1813	<u>Pending</u>	1/18/2019	<u>Pending</u>	1/28/19
0310-1805 Director (companion to 0309-1802)	Medicaid Enhanced Plan Benefits – Dental Benefits	Sara Stith 208-287-1173 Tiffany Kinzler 208-364-1989	<u>Pending</u>	1/21/19	<u>Pending</u>	1/30/2019
0310-1807 Director	Medicaid Enhanced Plan Benefits – Termination of Enrollment	George Gutierrez 208-364-1939	<u>Pending</u>	1/18/2019	<u>Pending</u>	1/24/19
0314-1801 Board	Rules and Minimum Standards for Hospitals in Idaho	Tamara Prisock 208-364-1971	<u>Pending</u>	1/10/2019	<u>Pending</u>	1/14/2019
0315-1801 Joint	Secure Treatment Facility for people with Intellectual Disabilities	Tamara Prisock 208-364-1971	<u>Temporary</u>	1/10/2019	<u>Temporary</u>	1/14/2019
0504-1801 Council	Idaho Council on Domestic Violence	Nicole Fitzgerald 208-332-1540	<u>Pending</u>	1/09/2019	<u>Pending</u>	2/04/2019
0506-1801 Joint	Criminal History and Background Checks	Fernando Castro 208-332-7999	<u>Pending</u>	1/09/2019	<u>Pending</u>	1/14/2019
0506-1901 Joint	Criminal History and Background Checks	Fernando Castro 208-332-7999	<u>Temporary</u>	1/09/2019	<u>Temporary</u>	1/14/2019

RULES FOR 2019 LEGISLATIVE SESSION
Rules Tracking

Last Updated 2/21/2019 7:41 AM



IDAHO DEPARTMENT OF
HEALTH & WELFARE

IDAPA 16 DOCKET NO. / AUTHORITY	CHAPTER TITLE	PRESENTER	HOUSE H & W COMMITTEE RULES REVIEW LINKS TO DOCKETS	HOUSE DATE & APPROVAL	SENATE H & W COMMITTEE RULES REVIEW LINKS TO DOCKETS	SENATE DATE & APPROVAL
0612-1801 Director	Idaho Child Care Program (ICCP)	Ericka Rupp 208-334-5641	<u>Pending</u>	1/11/2019	<u>Pending</u>	1/22/2019
0737-1801 Director	Children's Mental Health Services	Treena Clark 208-334-6611	<u>Pending</u>	1/09/2019	<u>Pending</u>	2/12/2019
0750-1801 Joint	Rules and Minimum Standards Governing Nonhospital, Detox, Mental Health Div. Units	Treena Clark 208-334-6611	<u>Pending</u>	1/09/2019	<u>Pending</u>	2/12/2019



Executive Department
State of Idaho

State Capitol
Boise

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 2019-02

RED TAPE REDUCTION ACT

WHEREAS, Idaho's strong economic growth is vital to ensuring our citizens and our children are able to find great jobs and raise their families in Idaho; and

WHEREAS, excessive regulation at all levels of government can impose high costs on businesses, inhibit job growth, and impede private sector investment; and

WHEREAS, burdensome regulations continue to be a hardship for many small business owners; and

WHEREAS, Idaho's Administrative Code has grown to 736 chapters, totaling more than 8,200 pages, and containing more than 72,000 restrictions.

NOW, THEREFORE, I, Brad Little, Governor of the State of Idaho, by virtue of the authority vested in me by the Constitution and laws of this state, do hereby order that:

1. *Each executive department of the state of Idaho as set forth in section 67-2402, Idaho Code, including each division, bureau or self-governing agency that has the authority to issue administrative rules shall designate an existing employee of the agency as its Rules Review Officer (RRO) to undertake a critical and comprehensive review of the agency's administrative rules to identify costly, ineffective, or outdated regulations.
 - a. *Agencies must submit the name and contact information of the RRO to the Division of Financial Management no later than March 1, 2019.**
2. *Through the end of fiscal year 2021, prior to proposing a new rule for publication in the Idaho Administrative Bulletin, each executive department of the state of Idaho as set forth in section 67-2402, Idaho Code, including each division, bureau or self-governing agency, shall submit to the Division of Financial Management:
 - a. *A business/competitiveness impact statement that identifies the impact the proposed rule will have on individuals and small businesses; and**

- b. *At least two existing rules to be repealed or significantly simplified, or a statement clearly and thoroughly stating why existing rules cannot be simplified or eliminated.*
3. *The Division of Financial Management shall produce an annual report to the Governor's office outlining the progress made in eliminating burdensome regulations and streamlining state government.*



LAWRENCE DENNEY
SECRETARY OF STATE

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this 21st day of January, in the year of our Lord two thousand and nineteen.

BRAD LITTLE
GOVERNOR



State of Idaho

DIVISION OF FINANCIAL MANAGEMENT

Executive Office of the Governor

BRAD LITTLE
Governor

ALEX J. ADAMS
Administrator

February 6, 2019

MEMORANDUM

**TO: Executive Branch Agency/Department Heads
(with the exception of Constitutional Officers)**

FROM: Alex J. Adams

SUBJECT: Implementation of Executive Order No. 2019-02 - Red Tape Reduction Act

Last week, Governor Little signed the Red Tape Reduction Act (Executive Order 2019-02) which aims to reduce state regulatory burdens on Idaho citizens and businesses. Namely, the Executive Order requires all agencies to repeal or significantly simplify at least two (2) existing rules for each new rule that is proposed or provide a clear and thorough statement as to why this cannot be accomplished.

DFM looks forward to working collaboratively with your agency to advance Governor Little's Executive Order, and this memorandum summarizes some initial steps that will allow us to start on the path to success.

1. Designate a Rules Review Officer

Each agency that has the authority to issue administrative rules shall designate an existing employee of the agency as its Rules Review Officer (RRO). The RRO must undertake a critical and comprehensive review of the agency's administrative rules to identify costly, ineffective, or outdated regulations.

The RRO designation must be made no later than March 1, 2019, by submitting the following information by email to info@dfm.idaho.gov:

- Agency Name
- Division Name (if applicable)
- RRO Name
- RRO Title
- RRO Email Address
- RRO Direct Phone Line

2. Attend a Training Session

DFM will host training sessions to detail implementation of the Executive Order. Training is required for all RROs and is open to any other agency staff that is involved in rulemaking. Training will specifically cover:

- Updates to the Administrative Rules Review Form (ARRF);
- Which rules the Executive Order will and will not apply to;
- The acceptable exceptions to repealing/simplifying two rules;
- Guidance on how to identify and prioritize rules for elimination; and
- How to submit an acceptable business/competitiveness impact statement that identifies the impact that the proposed rule will have on individuals and small businesses.

Training sessions will be held at the following times:

Date	Time	Location	RSVP Deadline
February 22, 2019	1:00-3:00 p.m.	JR Williams East Conference Room	COB February 15
March 6, 2019	1:00-3:00 p.m.	JR Williams East Conference Room	COB February 27
March 14, 2019	1:00-3:00 p.m.	JR Williams East Conference Room	COB March 7
April 3, 2019	9:00-11:00 a.m.	Borah Building 2 nd Floor Courtroom	COB March 27
April 11, 2019	3:00-5:00 p.m.	JR Williams West Conference Room	COB April 4
April 22, 2019	1:00-3:00 p.m.	JR Williams West Conference Room	COB April 15

To RSVP, please email info@dfm.idaho.gov by the deadline. Seating is limited at each session.

3. Follow Key Rulemaking Deadlines

An agency's RRO **must** attend a training session prior to the agency submitting an ARRF for any negotiated/proposed rule the agency intends to promulgate for review by the 2020 Idaho State Legislature. Temporary rules will still be accepted if there is a compelling need.

After attending a training session, the following deadlines apply for submitting ARRFs. This will ensure DFM analysts and your Governor's office contacts have sufficient time to review the ARRF – and ensure it complies with the Executive Order -- prior to the agency's submission to the Administrative Bulletin.

Monthly Bulletin	ARRF Due to DFM
April 2019	February 22, 2019
May 2019	March 22, 2019
June 2019	April 19, 2019
July 2019	May 24, 2019
August 2019	June 21, 2019
September 2019	July 19, 2019
October 2019	August 16, 2019

If your agency is unable to meet these deadlines, please contact me to set up a meeting.

We view this as a collaborative effort and will have an open feedback loop with agencies to ensure we can accomplish the Governor's goal while continuing to protect all Idahoans through safe and effective regulation. I welcome any feedback to improve our processes as we implement the Executive Order (Alex.Adams@dfm.idaho.gov; 208-334-3900).

Repealing/Simplifying Rules

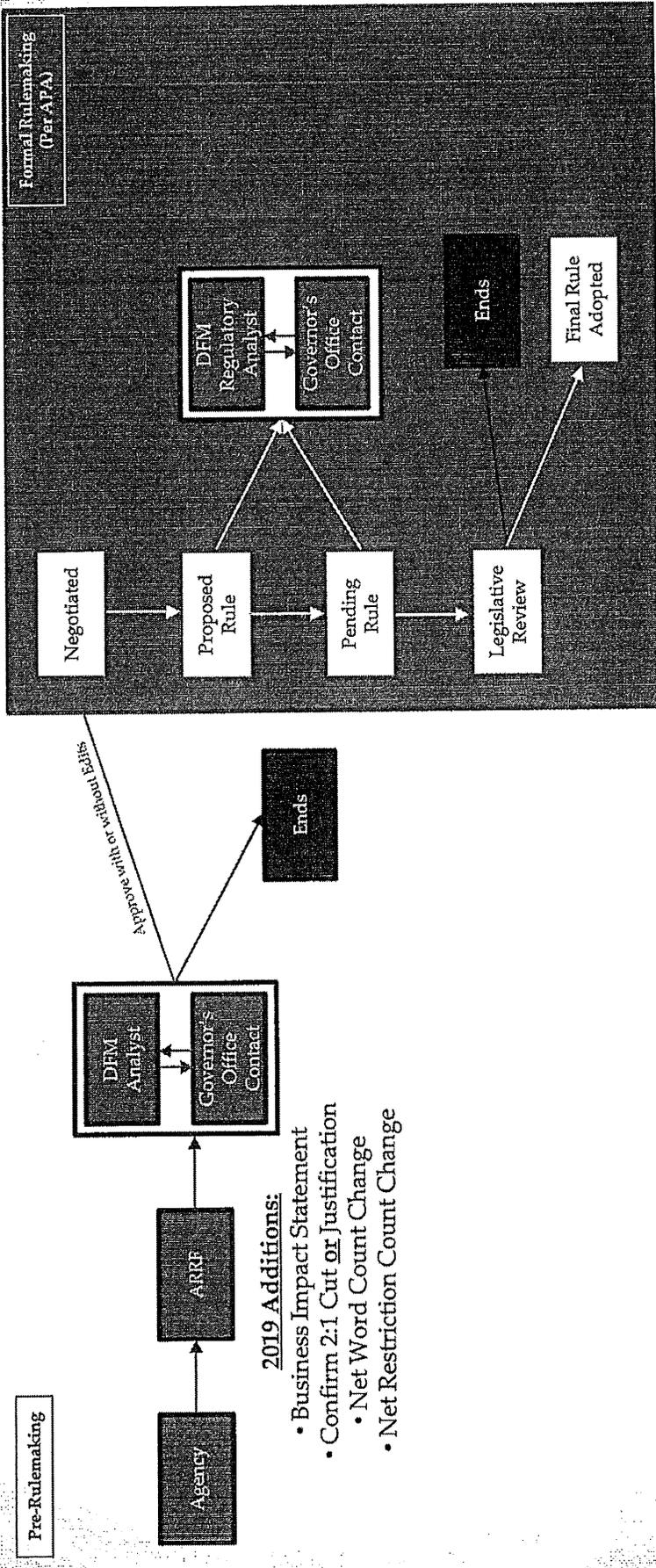
- What rules does this apply to?
 - **New** rules or **amendments that add** a restriction or increase a regulatory burden
 - Incorporation by reference follows traditional process
- Can we “bank” cuts?
 - **Yes**. DFM will be tracking each agency’s progress toward the RTRA.
- Are any exceptions permitted?
 - **Yes**. Four exceptions are permitted (next slide)
 - Documentation is required



Exceptions

Exception	Documentation
<p>New <u>federal</u> law requires this specific state rule</p>	<ol style="list-style-type: none"> 1. Provide the specific law change or court order that requires this change 2. Effective date of this law change or court order 3. What will be the impact if this rule is not promulgated
<p>New <u>state</u> law requires this specific state rule</p>	
<p>New <u>court order</u> requires this specific state rule</p>	
<p>Elimination or simplification is not possible</p>	<p>Attestation from agency's RRO explaining why existing agency rules cannot be eliminated or simplified</p>
<p>Incorporation by reference</p>	<p>Follow traditional path</p>

Implementing RTRA



2019 Additions:

- Business Impact Statement
- Confirm 2:1 Cut or Justification
- Net Word Count Change
- Net Restriction Count Change

Germane

- Is the rule **germane** to protecting public health and safety?

Evidence-based

- Is it based on **credible evidence** or **is it speculative**?
- Markers of speculation include "I think..." or "One time..."
- If not required in other states, rebuttable presumption its not necessary

Significant

- Is the concern it intends to address **significant**? Considerations include:
 - **Severity**: would it result in a minor inconvenience or life-threatening event?
 - **Likelihood**: is it highly unlikely or imminently likely?
 - **Duration**: is it temporary or an irreversible harm?
 - **Informed choice**: is it an involuntary risk or an informed choice?

Novel

- Does addressing this concern require a new law or **do existing laws or market forces already address it**?

Narrowly Tailored

- Is the proposed remedy **narrowly tailored** to address the stated concern?
- Is this the best way to produce the targeted outcome?
- Does this accomplish the goal at the lowest possible cost?



Additional information from the Red Tape Reduction Act Training:

- The reason Exec Order 2019-02 refers to actions that must be taken through the end of fiscal year 2021 is that DFM anticipates that the bulk of reductions will have occurred by then. Depending on the state's progress in achieving regulation reduction goals, the order will likely sunset by then.
- DFM will be measuring the reductions in regulatory burden and will publish an annual report. Regulatory burden will be measured by:
 - Number of words in the rule chapter
 - Number of "restrictive" words in the chapter, such as *shall, must, required, requirement, limits, may not, prohibited, etc.*
- Colby Cameron has been hired as DFM's Regulatory Analyst. He will be the person that agency Rules Review Officers will work with in addition to the agency's regular DFM analyst. Colby will be the person who tracks agency progress related to reduction of regulatory burden.
- DFM is still working on the Administrative Rule Request Form (formerly called the PARF), which is an online form that will contain the new requirements.
- With the new requirements, deadlines have tightened. The on-line rule request form will have a drop-down box to select the bulletin the agency wants to publish the rule in. If the deadline for submission for a particular monthly bulletin has passed, that month's bulletin won't be a valid selection, and the agency will need to select the next bulletin. The Administrative Rules Coordinator's Office will no longer allow submissions after the deadline has passed.

IDAHO RECOVERS!



Please Come

for an evening of encouragement and education

Monday March 11, 2019

5:45 pm - 7:00 pm

Lincoln Auditorium - State Capitol Building

Idaho Recovers *through Recovery Community Centers that save lives, restore hope, AND save money as well!*

Idaho Recovers *through a continuum of services, through reaching out to those returning from incarceration, through dynamic physical activities, through faith-based recovery pathways, and through building community*

Learn about progress in providing recovery environments, recovery support, and in creating recovery community with those who are changing their lives and managing the impact of mental illness and addiction, throughout the state.

Come learn about the Idaho movement that is bringing a cost-effective approach to helping those who struggle with mental illness and addiction. Through a state, local, and private partnership, Idaho has established nine recovery community centers. These centers, effectively aligning with the new 23-hour crisis centers, are offering bridges to services and ongoing recovery activities that will help people get and stay well.

Recovery Community Centers provide a welcoming and hope-restoring place, a connection to other services in the community, and a place where people can also give back and help others in need – such giving back is the heart of the ***Recovery Community movement***. ***This inspiring evening will:***

- present real stories from persons whose lives have been saved, persons who have been helped to stay drug and crime free, and persons who have reunited their fractured family.
- showcase many exciting resources and activities to support people in their unique recovery journey
- explore how recovery centers create a bridge between jails and prisons and recovery support activities and thereby advance public safety
- demonstrate efforts to ***keep the lights on*** at today's nine recovery community centers, provide outreach to nearby rural communities and work together locally to augment core recovery activities with resources and services unique to each community.

Please Come

Department of Health and Welfare Board Meeting

Division of Public Health – Bureau of Communicable Disease Prevention

February 26, 2019

2018-19 Influenza Season

- Influenza activity has increased in the last two weeks.
- Eighteen influenza-related deaths have been reported.
- So far, this is looking like a “typical” flu season, peaking in February, but it is not possible to predict how long it will continue.
- The predominant subtype circulating in Idaho is influenza A/H1N1 and is included in this season’s vaccine.
- CDC estimates that the 2018-2019 influenza vaccine reduces the overall risk of getting sick with influenza by 47%; it reduces the overall risk in children 6 months – 17 years of age by 61%.

School closures in Eastern Idaho

- At least 14 school districts or individual schools in eastern Idaho closed in the last 3-4 weeks because of respiratory illness.
 - Influenza infection among students and staff has been reported anecdotally, but local public health officials could not confirm positive influenza test results.
 - Strep throat, colds, and gastroenteritis have also been reported circulating in some eastern Idaho communities.
- School administrators made the decision to close schools based on high absenteeism.
- The number of school closures because of illness is unusual. Both state and local epidemiologists are monitoring this situation closely, offering influenza testing, and making infection control recommendations.

Washington State Measles Outbreak

- **No confirmed measles cases in Idaho**
- 66 confirmed cases in Washington; 65 cases in Clark County, 1 case in King County
 - 86% of cases are unvaccinated
 - 71% aged 1-10 years
- 4 confirmed cases in Oregon; all Multnomah County
- Currently 6 measles outbreaks in the U.S.
 - New York State (2), New York City, Texas, Washington, and Illinois
- Idaho measles outbreak-associated activities
 - Information and guidance sent to providers, schools, and childcare facilities.
 - Two public health district epidemiologists were deployed to Clark County, Washington in early February to assist with the response (returned February 16).
 - Media inquiries regarding Idaho measles immunization rates were heavy the last week of January and early February
- Health committees in the U.S. House and Senate are set to hold hearing on the measles outbreaks this month: <https://thehill.com/policy/healthcare/431523-measles-outbreaks-lead-states-to-reconsider-vaccine-exemptions>

Idaho School Immunization Report, 2018-19 School Year

- 7.7% statewide exemption rate for K, 1st, and 7th grade students (Attachment 1)
 - 4.2% of students are exempt from ALL vaccines
 - 5.3% statewide exemption rate for measles (Attachment 2)
- Exemption “Hot Spots” exist in northern Idaho (Attachment 3)

ATTACHMENT 1

Idaho School Immunization Report: 2016-2017, 2017-2018 & 2018-2019

Statewide Summary by Grade

		Idaho											
		Kindergarten			1 st Grade			7 th Grade			TOTAL		
School Year		2016-2017	2017-2018	2018-2019	2016-2017	2017-2018	2018-2019	2016-2017	2017-2018	2018-2019	2016-2017	2017-2018	2018-2019
Enrollment		22,589	22,458	22,769	23,224	23,363	23,168	24,356	24,812	25,830	70,169	70,633	71,767
Adequately Immunized	Count	19,451	19,262	19,484	20,809	20,993	20,633	20,644	21,074	21,954	60,904	61,329	62,071
	% of Enrolled	86.1%	85.8%	85.6%	89.6%	89.9%	89.0%	84.8%	84.9%	85.0%	86.8%	86.8%	86.5%
Conditionally Admitted	Count	444	403	493	160	122	162	93	64	53	697	592	708
	% of Enrolled	2.0%	1.8%	2.2%	0.7%	0.5%	0.7%	0.4%	0.3%	0.2%	1.0%	0.8%	1.0%
Total Exempt From At Least One Vaccine	Count	1,478	1,591	1,762	1,520	1,614	1,756	1,471	1,656	2,052	4,469	4,861	5,570
	% of Enrolled	6.5%	7.1%	7.7%	6.5%	6.9%	7.6%	6.0%	6.6%	7.9%	6.4%	6.9%	7.7%
Medical Exemption	Count	86	93	81	81	150	67	74	108	111	241	351	259
	% of Enrolled	0.4%	0.4%	0.3%	0.3%	0.6%	0.3%	0.3%	0.4%	0.4%	0.3%	0.5%	0.3%
Religious/ Other Exemption	Count	1,392	1,498	1,681	1,439	1,464	1,689	1,397	1,548	1,941	4,228	4,510	5,311
	% of Enrolled	6.1%	6.7%	7.4%	6.2%	6.3%	7.3%	5.7%	6.2%	7.5%	6.1%	6.4%	7.4%
No Immunization Record	Count	147	156	127	89	73	93	63	40	53	299	269	273
	% of Enrolled	0.7%	0.7%	0.5%	0.4%	0.3%	0.4%	0.3%	0.2%	0.2%	0.4%	0.4%	0.4%
Incomplete Immunization Record	Count	1,069	1,043	903	1,069	561	524	2,085	1,978	1,718	3,800	3,582	3,145
	% of Enrolled	4.7%	4.6%	4.0%	4.7%	2.4%	2.3%	8.6%	8.0%	6.7%	5.4%	5.1%	4.4%

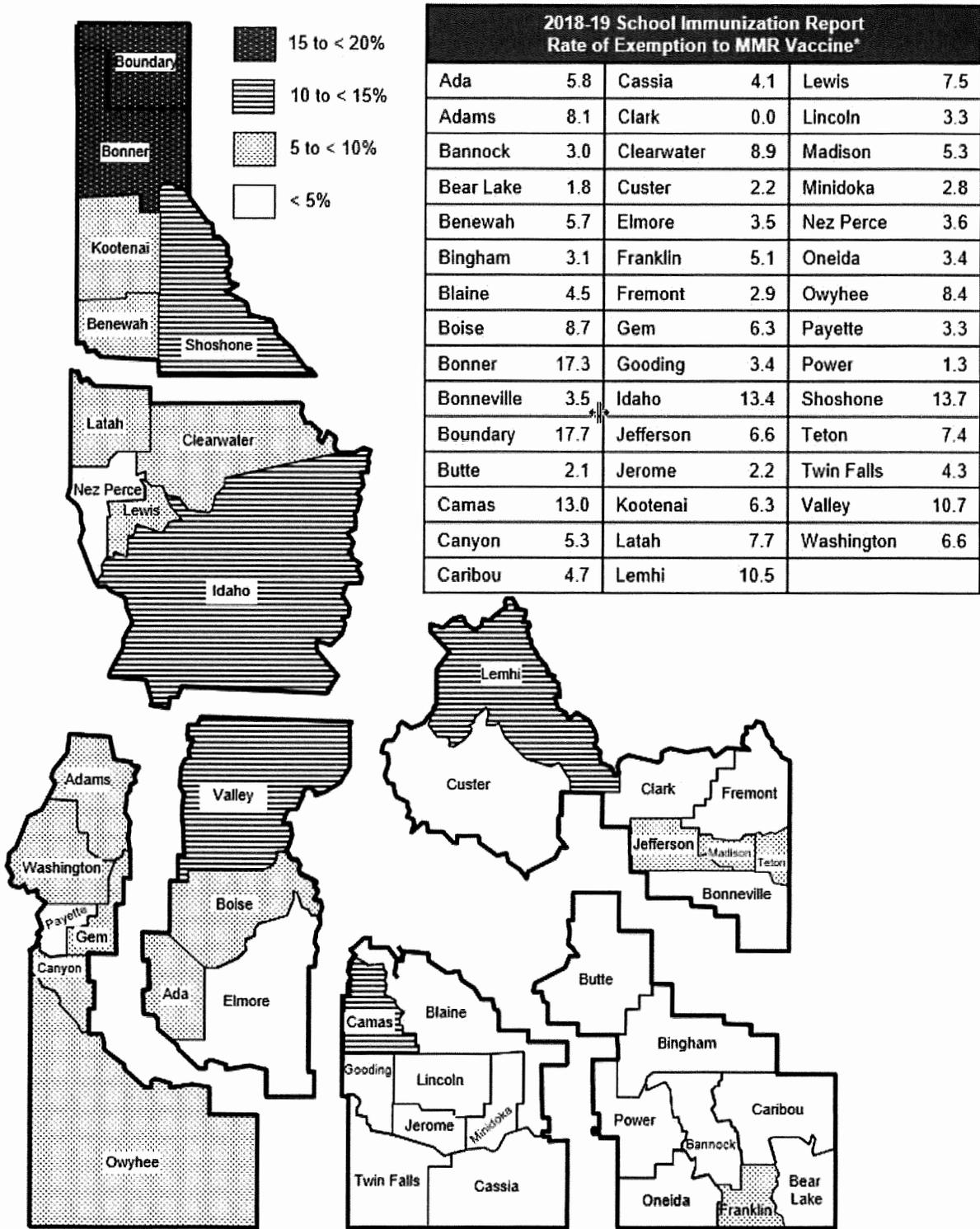


IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

ATTACHMENT 2

Idaho School Immunization Report: 2018-2019

Rate of Exemption to MMR Vaccine, Kindergarten and 1st Grade

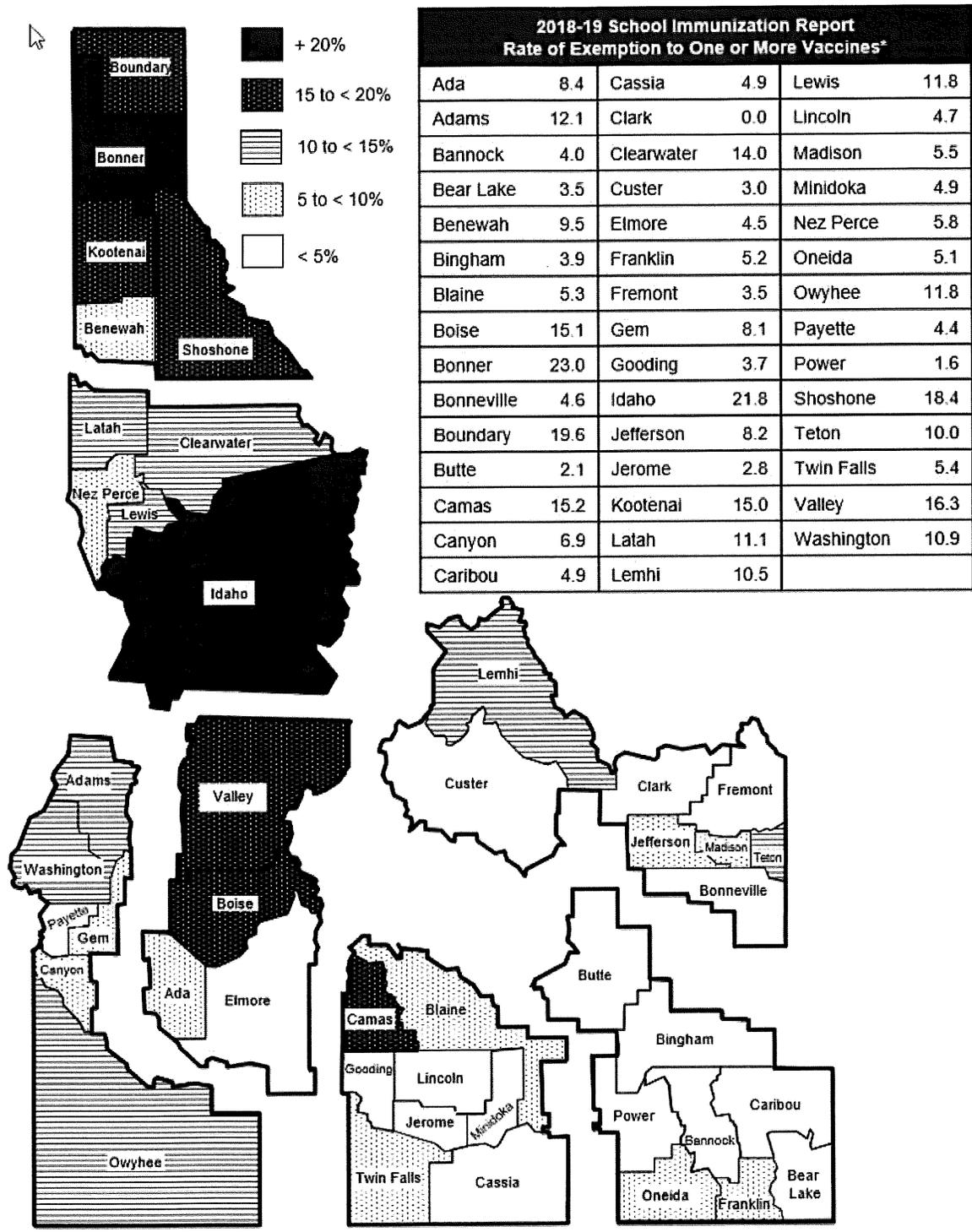


*MMR vaccine includes measles, mumps, and rubella

ATTACHMENT 3

Idaho School Immunization Report: 2018-2019

Rate of Exemption to One or More Vaccines, Kindergarten, 1st, and 7th Grade



*The percentage of student records with an exemption on file for one or more school required vaccines. An exemption on file is not an indicator of unvaccinated status. Statewide, 4.2% of students have exemptions on file for all school-entry vaccines.

MOTIONS
By
BOARD OF HEALTH AND WELFARE

MEETING DATE: February 28, 2019

MOTION MADE: I move that the Board of Health and Welfare approve the minutes of the November 15, 2018 Board Meeting.

MOTION BY: Wendy Jaquet

SECONDED BY: Tom Stroschein

VOTE:	Voice Vote: _____		Roll Call: _____	
	<i>Aye</i>	<i>Nay</i>	<i>Absent</i>	<i>Abstain</i>
Mr. Kerby	<u>✓</u>	_____	_____	_____
Mr. Stroschein	<u>✓</u>	_____	_____	_____
Mr. Giuffré	<u>✓</u>	_____	_____	_____
Ms. Jaquet	<u>✓</u>	_____	_____	_____
Ms. Hatzenbuehler	<u>✓</u>	_____	_____	_____
Mr. Rarick	<u>✓</u>	_____	_____	_____

**IDAHO BOARD OF HEALTH AND WELFARE
MINUTES
November 15, 2018**

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

BOARD MEMBERS PRESENT

Darrell Kerby, Chairman
Tom Stroschein, Vice-Chair
Russ Barron, Secretary
James Giuffré
Wendy Jaquet
Dr. Linda Hatzenbuehler
Tammy Perkins

STAFF PRESENT

Lori Wolff, Deputy Director, FACS and Welfare Services
Lisa Hettinger, Deputy Director, Behavioral Health, Medicaid, Health Policy Initiatives and Public Health
David N. Taylor, Deputy Director, Support Services
Tamara Prisock, Division Administrator, Licensing and Certification
Kathie Brack, Special Assistant to the Director
Niki Forbing-Orr, Public Information Manager
Lynn Overman, Liaison to the Board
Wayne Denny, Emergency Medical Services (EMS), Bureau Chief
Brenda Gully, EMS, Program Manager
Rafe Hewett, Public Health Division, Health Program Manager
Adam Panitch, Behavioral Health Division, Program Specialist
Dennis Kelly, Program Supervisor, Licensing and Certification
Treena Clark, Behavioral Health Division, Program Manager
Fernando Castro, Support Services Division, Criminal History Unit, Program Supervisor
Jamie Simpson, Program Supervisor, Licensing and Certification
Elke Shaw-Tulloch, Division Administrator, Public Health
Dieuwke Dizney-Spencer, Deputy Division Administrator, Public Health
Ryan Soukup, Community Resources Coordinator, Public Health
Trinette Middlebrook, Program Specialist, Licensing and Certification
Dr. Christine Hahn, Medical Director, Public Health
Kathryn Turner, Bureau Chief, Public Health
Miren Unsworth, Division Administrator, Family and Community Services (FACS)

OTHERS PRESENT

Nicole McKay, Division Chief, District Attorneys General
 Jared Tatro, Principal Budget and Policy Analyst, Legislative Services Office (LSO)
 Norma Jaeger, Executive Director, Recovery Idaho
 Stacey Rosecrans, Director, Emmett Recovery Center
 Larry Manning, Director, Idaho Falls Recovery Center
 Darrell Keim, Latah Recovery Center
 Karen Sharpnack, Executive Director, Idaho Immunization Coalition
 Kevin Cleveland, Idaho State University, College of Pharmacy; Chairman, Idaho Immunization Coalition
 Ysabel Bilbao, Get Immunized, Idaho
 Marusa Morrison, Get Immunized, Idaho
 Russ Duke, Central District Health Department
 Susan Morgan, School Nurse Organization of Idaho
 Lance Giles, Eiguran-Ellis
 Brian Purdy, Administrator, Home Sweet Home Care
 Melissa Davlin, Idaho Public TV

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 8:15 a.m. Thursday, November 15, 2018 at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.

ROLL CALL

Director Barron, Secretary, called the roll. Roll call showed **seven (7)** members present. With **five (5)** voting members present, Chairman Kerby declared a quorum. Absent and excused was Representative Fred Wood, Senator Lee Heider and Dr. Timothy Rarick.

PUBLIC COMMENT PERIOD

Chairman Kerby opened the floor for public comment. Kevin Cleveland from Idaho State University spoke on behalf of the Idaho Immunization Coalition in support of adoption of a pending rule – Docket No. 16-0215-1802. This pending rule would require Idaho students to receive a second dose of meningococcal (MenACWY) vaccine before entry into the 12th grade, or a first dose for those who never received the recommended first dose. He cited statistics of those at risk of contracting the disease and potential effects. **(See Attachment 1)**. Dr. Hatzenbuehler asked if the vaccine booster would be a requirement for those entering the healthcare field. According to Mr. Cleveland, ISU requires this of their students. Healthcare workers do receive the vaccine, but it is not yet required by law. Karen Sharpnack, Executive Director of the Idaho Immunization Coalition also spoke in support of the pending rule. She presented a letter to the Board, asking for member support of the rule. **(See Attachment 2)**. The Coalition is a non-profit organization that seeks to educate the public about the importance of immunizations. They provide information through Health District

offices, hospitals and the Department of Health and Welfare (DHW). They are funded by the state, individuals, foundations and pharmaceutical companies.

Also speaking in support of the rule, Susan Morgan from School Nurses of Idaho shared a personal experience of an uncle who died at age 12 from meningitis. The requirement to have the booster prior to 12th grade entry will provide vaccine records for those entering college.

Russ Duke from Central District Health Department indicated all seven Boards of the Idaho Health District offices support the pending rule. This support sends a message to parents and families of the importance of the vaccine. The state has a flexible opt-out policy for those who strongly oppose vaccination. Most schools allow enrollment for non-vaccinated students but reserve the right to suspend those students during an outbreak.

In addition to the above testimonies, Pediatrician Lisa Barker provided written testimony in support of the pending rule, which will be available via Karen Sharpnack upon request.

COMMENTS FROM BOARD MEMBERS

Jim Giuffré thanked school nurses and health districts for their work in educating the public regarding immunizations and the critical nature of documenting the science associated with vaccination. He asked for figures regarding the cost and efficacy of the booster for the meningococcal (MenACWY) vaccine. Rafe Hewett, Health Program Manager for the Public Health Division reported the cost at \$91 or \$73, depending on the pharmaceutical company. With 25,000 Idaho students, the total cost is \$1.7 million (at an average of \$86 per shot). Efficacy rates are at 85% and better, with the rate increasing with the booster.

HEARING ON APPEAL OF HOME SWEET HOME CARE vs. DHW – ORAL ARGUMENT, DELIBERATION AND DECISION

Brian Purdy, Administrator of Home Sweet Home Care appealed two issues to the Board: the assignment of a new supervisor from the DHW to review outstanding deficiencies of his facility and the ability to address survey deficiencies without hiring a consultant.

Nicole McKay, Division Chief, Deputy Attorneys General, reminded Board members that their authority is limited to affirming, modifying or reversing the Preliminary Order of the hearing officer.

After hearing testimony from Brian Purdy and DHW program supervisor Jamie Simpson, the Board voted on a motion:

Motion: Jim Giuffré moved that the Board of Health and Welfare vote to affirm the Preliminary Order in appeal #18-61938, Home Sweet Home Care vs. State of Idaho, Department of Health and Welfare.

Second: Tom Stroschein

Voice Vote:

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

Nays: **None**

Motion Carried

ADOPTION OF MINUTES FROM BOARD MEETING ON AUGUST 23, 2018

Motion: Jim Giuffré moved that the minutes of the August 23, 2018 Board meeting be adopted as prepared.

Second: Tom Stroschein

Voice Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

ADOPTION OF MINUTES FROM TELECONFERENCE BOARD MEETING ON OCTOBER 30, 2018

Motion: Jim Giuffré moved that the minutes of the October 30, 2018 Teleconference Board meeting be adopted as prepared.

Second: Linda Hatzenbuehler

Voice Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

SUMMARY OF RULES AND LEGISLATION FOR 2019 LEGISLATIVE SESSION

Tamara Prisock, Division Administrator for Licensing and Certification, presented and reviewed a summary of rules that will go before the Legislature. **(See Attachment 3)**. These rules are not within the purview of the Board but are provided for information and reference for Board members.

RECOVERY IDAHO PRESENTATION/UPDATE

Vice Chairman Tom Stroschein invited several representatives from Idaho's Recovery Centers to address the Board.

Norma Jaeger, Darrell Keim, Stacey Rosecrans and Larry Manring spoke regarding the work done at the recovery centers. These centers serve as "safety nets" when other community services are unavailable to those in crisis due to drug and alcohol abuse.

Stacey shared the story of a client who called the center for help: he was losing his home, had lost his girlfriend and his children and was heavily intoxicated. The center collaborated with community services to get him medication necessary for safe detoxification, arranged a stay in a Twin Falls location and a one-year rehabilitation program in a homeless shelter. This man now has a full-time job and has regained custody of his children.

According to the speakers all recovery centers provide four primary resources:

1. A recovery resource room - This room is full of information and pamphlets listing help available to clients within the county. There is also some state and federal program information available.
2. 25-30 social group meetings weekly to allow clients a place to go as an alternative to former social activities that would expose them to drugs and alcohol.
3. Recovery coaching - Those who have lived through the experience of rehabilitation are available to provide support as clients learn positive life skills.
4. Recovery telephone services - This is a cursory version of recovery coaching for those no longer in immediate crisis but who need support and reassurance as they continue to develop rehabilitation skills.

The centers currently receive an average of 500 client contacts per month and each center has various fundraisers within their community to keep the doors open. The recovery centers are applying to the Millenium Fund to expand existing centers, provide outreach in outlying communities and funding for a center in the Magic Valley. Americorp Vista Project has agreed to place a Vista worker in each center to develop resources and help with volunteer recruitment and training as part of "Idaho's response to the opiate crisis".

Those representing the centers before the Board stated the centers struggle financially but provide such an important and rewarding service that they will do everything possible to keep the centers open, even if it means working without pay.

A handout with Recovery Center contact information was provided. **(See Attachment 4).**

APPROVAL OF TEMPORARY AND PENDING RULES

EMS DOCKET NO. 16-0102-1801 RULES DEFINITIONS – UPDATES

Presenter: Wayne Denny

Wayne Denny, Bureau Chief of EMS presented the EMS rules docket for the Board's approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Emergency Medical Services – Rule Definitions", presented under Docket No. 16-0102-1801, effective *Sine Die* 2019.

Second: Tom Stroschein

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

**EMS DOCKET NO. 16-0103-1801 AGENCY LICENSING REQUIREMENTS –
UPDATES**

Presenter: Wayne Denny

Wayne Denny, Bureau Chief of EMS presented the EMS rules docket for the Board's approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Emergency Medical Services – Agency Licensing Requirements", presented under Docket No. 16-0103-1801, effective *Sine Die* 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

**EMS DOCKET NO. 16-0107-1801 PERSONNEL LICENSING REQUIREMENTS –
UPDATES**

Presenter: Wayne Denny

Wayne Denny, Bureau Chief of EMS presented the EMS rules docket for the Board's approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Emergency Medical Services – Personnel Licensing Requirements", presented under Docket No. 16-0107-1801, effective *Sine Die* 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

MEDICAID/ BEHAVIORAL HEALTH/ PUBLIC HEALTH/ HEALTH POLICY INITIATIVES UPDATE

Lisa Hettinger, Deputy Director of Medicaid, Behavioral Health, Public Health and Health Policy Initiatives yielded time to Elke Shaw-Tulloch, Division Administrator of Public Health - to give an update to the Board on Suicide Prevention Planning (SPP). Elke reported on four task teams across the state that are working on a final draft of state plans and communications. This draft contains 60 objectives and will be completed for submission to the Legislative Services Office (LSO). A school-based model for SPP is being developed and includes a hotline, a train-the-trainer course and pilots for “0 suicide warning signs” as recognized in the healthcare system. A budget increase of over \$1 million will be requested.

Lisa updated the Board on the Behavioral Health division. Contracts for the development and opening of crisis centers are moving ahead, with a February 2019 anticipated timeline. Ross Edmunds, Division Administrator for Behavioral Health is working on an implementation plan with a group of stakeholders in response to the Western Interstate Commission on Higher Education (WICHE) report. One significant goal is to remove the stigma of mental health by creating a roadmap of what mental health should look like.

The Treasure Valley in Region 3 is working on a federally allowable model to bill Medicaid for mental health services. The passage of Proposition 2 has created renewed interest in this model. A significant barrier has been how to break out each funding stream and which stream to use for billed services.

The Office of Healthcare Policy Initiatives (OHPI) is at a crossroads with the Federal Healthcare Coalition. It is accepted that the healthcare delivery system needs to be reformed from a fee for service model to a value-based model. The State Healthcare Innovation Plan (SHIP) has been successful in establishing the administrative work needed to facilitate stakeholder collaboration, and in its 4th year has a \$5 million excess from the original grant. The Idaho Healthcare Coalition has voted to keep SHIP moving into a second phase. The DHW has been a neutral convener, allowing stakeholders to come together to collaborate on reforms. This is due to three main factors:

1. The DHW as a government entity is transparent. Medicaid payments are the same for all clients, whereas providers may be paid differently by private payors depending on the negotiated contract rates.
2. The DHW is not expected to “bring profits” as private providers are. The DHW’s commitment is to public health.
3. The DHW does not render medical services.

There is considerable stakeholder support that the DHW should remain as the neutral convener. All stakeholders agree that in addition to a budget request from the Legislature (almost \$1 million), private partnerships and foundations will be necessary to share funding sources. The DHW will seek letters of support from stakeholders to keep the Department as the convener when the SHIP grant runs out.

Medicaid is experiencing a massive shift to a value-based structure. Changes to provider contracts with final contract language and finance tools are being launched in the Treasure Valley. Initial contract signing is anticipated in January 2019. This will include the first live Mandatory Managed Care Plan pilot that will give clients two insurance providers to choose from: Molina and Blue Cross.

A system for providers to access electronic medical records is being investigated, such as the Epic System used in Utah. This system connects different networks so client records will be accessible by providers different software.

The DHW is working on Patient Centered Medical Homes (PCMH) that include dentists for Medicaid subscribers.

APPROVAL OF TEMPORARY AND PENDING RULES

VITAL STATISTICS DOCKET NO. 16-0208-1801 - GENDER MARKER

Presenter: Elke Shaw-Tulloch

Elke Shaw-Tulloch, Division Administrator of Public Health presented the Vital Statistics rules docket for the Board's approval.

Motion: Jim Giuffré moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Vital Statistics Rules – Gender Marker", presented under Docket No. 16-0208-1801, effective *Sine Die* 2019.

Second: Tom Stroschein

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

VITAL STATISTICS DOCKET NO. 16-0208-1802 – UPDATES

Presenter: Elke Shaw-Tulloch

Elke Shaw-Tulloch, Division Administrator of Public Health presented the Vital Statistics rules docket for the Board's approval.

Motion: Jim Giuffré moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Vital Statistics Rules – Updates", presented under Docket No. 16-0208-1802, effective *Sine Die* 2019.

Second: Wendy Jaquet

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

PUBLIC HEALTH DOCKET NO. 16-0211-1801 – IMMUNIZATION – CHILDREN/LICENSED DAYCARE

Presenter: Rafe Hewett

Rafe Hewett, Health Program Manager, Public Health Division, presented the Public Health rules docket for the Board’s approval.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the “Pending” rules for “Immunization Requirements for Children Attending Licensed Daycare Facilities in Idaho - Daycares”, presented under Docket No. 16-0211-1801, effective *Sine Die* 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

PUBLIC HEALTH DOCKET NO. 16-0215-1801 – IMMUNIZATION REQUIREMENTS – SCHOOL CHILDREN

Presenter: Rafe Hewett

Rafe Hewett, Health Program Manager, Public Health Division, presented the Public Health rules docket for the Board’s approval.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the “Pending” rules for “Immunization Requirements for Idaho School Children - Schools”, presented under Docket No. 16-0215-1801, effective *Sine Die* 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

PUBLIC HEALTH DOCKET NO. 16-0215-1802 – IMMUNIZATION – NEW SCHOOL REQUIREMENT

Presenter: Rafe Hewett

Rafe Hewett, Health Program Manager, Public Health Division, presented the Public Health rules docket for the Board's approval.

Motion: Linda Hatzenbuehler moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Immunization Requirements for Idaho School Children – New School Immunization Requirement", presented under Docket No. 16-0215-1802, effective *Sine Die* 2019.

Second: Tom Stroschein

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

WELFARE/ FAMILY AND COMMUNITY SERVICES UPDATE

Lori Wolff, Deputy Director of Welfare and Family and Community Services (FACS), reported on the "Families First" campaign from the federal government. The intent of Families First is to keep children with family when possible and provide funding for prevention services. Title IV-E funding is exclusively used for children who enter the child welfare system and this funding cannot be accessed for the prevention services contemplated by Families First monies. These funds will become available October 21, 2019.

The Foster Care Reform Bill was passed at the last legislative session. Some key requirements are:

1. Sibling connections – siblings are to be placed together whenever possible. Currently, the DHW is at 80% for sibling placements.
2. The DHW is to update courts when placement changes are made.
3. 90-day in-home visits are required.
4. A citizen review panel will monitor a certain number of open cases. This is to be facilitated by Public Health Districts instead of the DHW. The DHW is to provide records to the review panels.

A 3-year Child Welfare (CW) Transformation project has begun. This project will update our current data system. The new system will create an electronic filing system, increase the ability to share information with the courts, and streamline current practices and processes to help fill a

gap in needed positions by 90%. Currently, 45% of caseworker time is spent in documentation. The first implementation of the system is expected in January or February 2019.

Disability Rights of Idaho (DRI) released a report on the Southwest Idaho Treatment Center (SWITC), alleging abuse. In response, the Department released an Op-Ed statement indicating the Department's position that the DRI report largely referenced issues that the Department cited in its August 2018 investigative report and the Office of Performance Evaluation (OPE) report. In addition, a recent facility survey showed very good results with one finding that a client did not receive dental treatment in a timely manner. Surveys are performed by the federal government – HMS.

Director Barron met with DIR and questioned them about their negative report when improvement at the facility has been and continues to be made. The DHW desires to work with the DIR to come to a resolution. Because of the sometimes criminal and violent nature of SWITC clients, they are not ready for community-based services and the facility is the only place for them to go. Local law enforcement doesn't want the residents in jail because corrections staff are not equipped to handle these individuals. Director Barron has created an Advisory Board for SWITC. The Advisory Board meetings are open to the public.

APPROVAL OF TEMPORARY AND PENDING RULES

LICENSING AND CERTIFICATION DOCKET NO. 16-0314-1801 – MINIMUM STANDARDS FOR HOSPITALS IN IDAHO - UPDATES

Presenter: Dennis Kelly

Dennis Kelly, Program Supervisor, presented the Licensing and Certification rules docket for the Board's approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Rules and Minimum Standards for Hospitals in Idaho - Updates", presented under Docket No. 16-0314-1801, effective July 1, 2019.

Second: Jim Giuffré

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

LICENSING AND CERTIFICATION DOCKET NO. 16-0315-1801 – SECURE TREATMENT FACILITIES – AMENDMENT TO TEMPORARY RULE

Presenter: Treena Clark

Treena Clark, Program Manager in Behavioral Health, presented the Licensing and Certification rules docket for the Board's approval.

Motion: Jim Giuffré moved that the Idaho Board of Health and Welfare adopt the "Amendment to the Temporary" rules for "Secure Treatment Facility for People with Intellectual Disabilities – Clarifying Language", presented under Docket No. 16-0315-1801, effective January 1, 2019.

Second: Wendy Jaquet

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

BEHAVIORAL HEALTH DOCKET NO. 16-0750-1801 – MINIMUM STANDARDS FOR NONHOSPITAL, DETOX, DIVERSION UNITS

Presenter: Treena Clark

Treena Clark, Program Manager in Behavioral Health, presented the Behavioral Health rules docket for the Board's approval.

Motion: Linda Hatzenbuehler moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Minimum standards for Nonhospital, Medically Monitored Detoxification/Mental Health Diversion Units - Updates", presented under Docket No. 16-0750-1801, effective July 1, 2019.

Second: Tom Stroschein

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

SUPPORT SERVICES DOCKET NO. 16-0506-1802 – CRIMINAL HISTORY & BACKGROUND CHECKS – CITIZEN PANELS

Presenter: Fernando Castro

Fernando Castro, Program Supervisor for the Criminal History Unit, presented the Support Services rules docket for the Board's approval.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the “Temporary” rules for “Criminal History and Background Checks – Citizen Review Panel”, presented under Docket No. 16-0506-1802, effective January 1, 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

DIVISION OF SUPPORT SERVICES UPDATE

Dave Taylor, Deputy Director of Support Services, provided a handout with highlights of budget requests in paragraph form, rather than a spreadsheet. **(See Attachment 5)**. The OHPI budget will provide for 7 new positions.

Because Proposition 2 regarding Medicaid Expansion passed after the funding request period, the Governor’s office will need to request funds from the Legislature. The Governor’s budget presentation will take place January 7, 2019.

A spreadsheet with FY 2020 budget requests and supplementals was also provided. **(See Attachment 6)**. Sections highlighted in orange are previous requests that have been revised. Rose-colored sections are new requests.

Idaho’s individual income tax collections are lower than forecasted. This is negatively affecting the state’s General Revenue Fund revenue. If not resolved, this will impact the funds available for the appropriation process during the 2019 Legislative session. **(See Attachment 7)**.

The Office of Performance Evaluations (OPE) provided a follow-up report regarding the work environment of the long-term care survey team. **(See Attachment 8)**. OPE is planning to issue a complete follow-up report before April of 2019.

An Employee Engagement Survey was completed by DecisionWise in September with a 76% employee participation rate. An excerpt of the results was handed out to the Board. **(See Attachment 9)**. Results specific to Licensing and Certification as well as Support Services were also provided. **(See Attachments 10-13)**.

ELECTION OF BOARD CHAIRMAN

Idaho code requires the annual election of a Board chair.

Motion: Jim Giuffré moved that the Board of Health and Welfare vote for Darrell Kerby as Chairman of the Board of the Idaho State Department of Health and Welfare, effective immediately and until the next election in November 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

ELECTION OF BOARD VICE CHAIRMAN

Idaho code requires the annual election of a Board vice chair.

Motion: Jim Giuffré moved that the Board of Health and Welfare vote for Tom Stroschein as Vice Chairman of the Board of the Idaho State Department of Health and Welfare, effective immediately and until the next election in November 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

2019 BOARD MEETING DATES

A proposed meeting schedule for 2019 was discussed. (See Attachment 14).

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the proposed meeting dates, with a change as follows:

February 28

May 16

August 15

November 21

Second: Tom Stroschein

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

DIRECTOR'S UPDATE

Director Barron updated the Board regarding his visits to Regional offices. This has been a good opportunity to connect with staff across the state and to let them know that leadership cares. The main concern heard from employees is regarding benefit changes, if any, that may be made by the Legislature.

Child Welfare staff is excited about the forthcoming computer system update. As workloads continue to increase, it has been necessary for supervisors to carry cases rather than perform strictly supervisory roles. The new system will free up time from data entry and allow case workers to be more effective.

Last year, the Legislature hired a consultant, Information Services Group (ISG), to examine all state agency technology projects. The Child Protection project has been reviewing the processes and costs associated with the child welfare information system project. Department staff met with ISG and Senators Abby Lee and Mary Souza, as well as Principal Budget and Policy Analyst Jared Tatro (LSO) to discuss the project and answer questions about the design of the project and the contracting. There were no concerns from the consultant or the LSO regarding budget requests or federal revenues.

The Self-Reliance/Welfare division is currently working to process applications for the Advanced Premium Tax Credit (APTC). The open enrollment period closes December 15. With Proposition 2 passing, we have many people who want to apply for Medicaid expansion. Though it will likely not take effect until January 2020, the department cannot deny people the opportunity to apply. The funding will need to be approved by the Legislature and a state plan amendment must be approved by CMS. Additionally, approximately 20,000 Idaho residents are no longer eligible for the Insurance Exchange because they will now qualify for Medicaid. We will have a better idea of the actual numbers involved when the open enrollment period is complete. Those who switch from the Exchange to Medicaid will likely experience equal or better coverage. The DHW will work with the Governor's office and the Legislature regarding policy and funding for the Expansion. Other states will be monitored for best processes.

The employee survey participation rate was lower than the 2016 rate of 82%. Most questions were responded to favorably (70%), and supervisor improvement was noted as a positive. Unfortunately, only 26% of employees believe that changes will occur because of survey input. This may be due to insufficient communication when changes are made. Leadership has discussed updating employees regarding changes through the InfoNet and other means.

Results of the survey show DHW strengths in the following areas:

1. Employees find meaning in their work.

2. The goals of the DHW are important to employees.
3. Recognition from and training by Supervisors has improved.

Areas where improvement is needed:

1. Communication
2. Organizational care
3. Opportunities for growth. It was noted that while there may not be many advancement opportunities, employees feel the DHW provides many training classes helpful in their personal lives as well as their work environment.

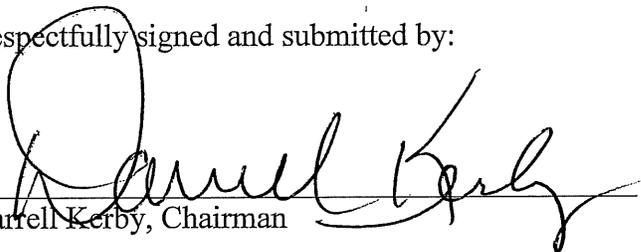
With the election of a new Governor, Tammy Perkins will no longer be the Governor's representative on the Board of Health and Welfare. Director Barron and Board members thanked her for many years of service and wished her well in her new endeavors.

As Board members serve at the will of the Governor, a suggestion was made by Jim Giuffré to invite the new Governor to the February 2019 Board meeting. This would allow the Board to meet the Governor and understand his vision for the state and the Board.

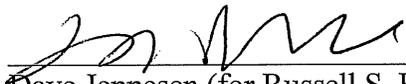
ADJOURNMENT

The next meeting of the Idaho Board of Health and Welfare is scheduled to be held February 28, 2019. There being no further business to come before the Board, Chairman Kerby adjourned the meeting at 3:54 p.m.

Respectfully signed and submitted by:



Darrell Kerby, Chairman



Dave Jeppesen (for Russell S. Barron), Secretary



Lynn Overman, Liaison to the Board