

**IDAHO BOARD OF HEALTH AND WELFARE
MINUTES
May 19, 2016**

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
Richard Armstrong, Secretary
James Giuffré
Wendy Jaquet
Stephen Weeg
Tammy Perkins
Janet Penfold
Dr. Richard Roberge

STAFF PRESENT

Russ Barron, Deputy Director, Family and Community Services and Welfare
Denise Chuckovich, Deputy Director, Behavioral Health, Medicaid, and Public Health
Tamara Prisoek, Division Administrator, Licensing and Certification
Niki Forbing-Orr, Public Information Officer
Tauscha Huerta, Administrative Assistant & Board Liaison, Director's Office
Steve Bellomy, Bureau Chief, Audits and Investigations
Kathie Brack, Special Assistant, Director's Office
Fernando Castro, Program Supervisor, Criminal History Unit
Matt Wimmer, Deputy Administrator, Administration of Policy and Innovations
Dr. Christine Hahn, Medical Director & State Epidemiologist, Public Health
Elke Shaw, Division Administrator, Public Health
Dieuwke Dizney-Spencer, Deputy Administrator, Public Health

OTHERS PRESENT

Nicole McKay, Lead Deputy Attorney General, Office of the Attorney General
Sara Stover, Lead Financial Analyst, Division of Financial Management
Anthony Hickman, Eldercare of Idaho
Pam Hickman, Eldercare of Idaho

CALL TO ORDER

Following proper notice in accordance with Idaho Code, Section 67-2343, and pursuant to call by the Chairman, the meeting of the Idaho Board of Health and Welfare was called to order by Darrell Kerby, Chairman of the Board, at 8:00 a.m. Thursday, May 19, 2016, at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.

Director Armstrong, Secretary, called the roll. Roll call showed **seven (7)** members present. With **seven (7)** voting members present, Chairman Kerby declared a quorum.

PUBLIC COMMENT PERIOD

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

ADOPTION OF MINUTES FROM BOARD MEETING ON FEBRUARY 19, 2015

Motion: James Giuffré moved that the minutes of the February 18, 2016, Board meeting be adopted as prepared.

Second: Wendy Jaquet

Roll Call Vote:

Ayes: **Kerby, Stroschein, Weeg, Perkins, Penfold**

Nays: **None**

Motion Carried

COMMENTS FROM BOARD MEMBERS

None

PUBLIC HEALTH DISEASE UPDATE

Dr. Christine Hahn, Division Medical Director & State Epidemiologist reported on the following topics:

Zika

Currently in the state of Idaho, there are no known cases of Zika. The Idaho Bureau of Laboratories can do PCR testing for acute cases within seven days following symptom onset. However, pregnant women require serology testing, which is performed at The Center for Disease Control (CDC). To date, there have been over 80 women tested for the Zika virus. Aside from one indeterminate result, all of the samples have tested negative.

The division has concerns regarding the registry of test results. On May 20 2016, the CDC will announce registry numbers, which will include indeterminate results. The division believes that registry participation should be voluntary, and the current description for indeterminate results should be changed. As it stands, the description states, "some lab evidence of Zika infection."

The division is evaluating whether or not changes to laws regarding reportable diseases should be changed. The change would be to either report the Zika virus by name, or all arboviral diseases.

EAP

During the 2016 Legislative Session, JFAC authorized additional funding for the EAP program in the amount of \$128,000. Expanded access to cannabidiol was authorized. Previously, 25 openings were available for treatment. As of May 18, 2016 there were 15 additional openings made available to individuals seeking the treatment. According to anecdotal reports, several of the children currently receiving the treatment have had noticeable improvement.

SUICIDE PREVENTION PROGRAM UPDATE

Elke Shaw-Tulloch, Division Administrator of Public Health, reported on the status of the Suicide Prevention Program. The Division of Public Health is in the process of creating the new Office of Suicide Prevention. The first step is to hire the staff positions: Health Program Manager, Health Education Specialist, Sr., Human Services Program Specialist and an Administrative Assistant. The Human Services Program Specialist will be housed in the Division of Behavioral Health to support clinical interventions and education, as well as, promote cross-divisional activities.

The office will initially focus on supporting youth suicide prevention and intervention activities, the Idaho Suicide Prevention Hotline, and public awareness. The office will convene stakeholders working in the area of suicide prevention and intervention statewide to continue conversations about how we can collectively achieve the goals of the Idaho Suicide Prevention Plan. Stakeholders include, but are not limited to: the Idaho Council on Suicide Prevention, the Idaho Suicide Prevention Coalition, the Suicide Prevention Action Network (SPAN) Idaho, the National Alliance on Mental Illness (NAMI), health care, universities, tribes, veterans groups, survivors, law enforcement and corrections, special interest groups, etc.

The dedicated allocations for the Suicide Prevention Program are (approximately):

Suicide Prevention Program Office	\$283,100
Youth Prevention & Intervention	\$165,000
Hotline	\$223,000
Public Awareness	\$300,000

The costs associated with the office include personnel and operating costs (including travel, training, office supplies, office set up and data collection). The Youth Prevention and Intervention funding will augment other federal funds provided to the State Department of Education from the Division of Public Health to support the Idaho Lives Project. The State Department of Education currently holds the Garret Lee Smith grant to provide funding to the Idaho Lives Project. The funding for Idaho Suicide Prevention Hotline will provide for approximately 60% of the hotline's annual budget, while the remaining 40% is provided for through grants, private donors, fundraising, etc. The funding for public awareness will be utilized to support the goals of the suicide prevention plan, and other activities associated with the

program. In future years, additional funding will be sought, partnerships will be essential and comprehensive efforts for additional funding and programming will be conducted.

CRIMINAL HISTORY AND BACKGROUND CHECKS – TEMPORARY RULE
DOCKET 16-0506-1601

Presenter: Fernando Castro, Program Supervisor, Criminal History Unit

Fernando Castro, Program Supervisor, presented the Criminal History and Background Checks temporary rule docket for the Board’s approval.

These rule changes align this chapter with rules approved by the 2016 Legislature. Changes to the rules added references and amended classification of individuals required to complete the Department’s criminal history and background checks. The Division of Behavioral Health, added a new chapter, renamed a classification, and deleted a chapter of rules that are referenced in these rules. The Division of Public Health added a new chapter and deleted another chapter of rules. These rules are temporary and update references for the changes to become effective on July 1, 2016.

Motion: Jim Giuffré moved that the Idaho Board of Health and Welfare adopt the “Temporary” rules for the “Criminal History and Background Checks,” presented under Docket No.16-0506-1601, effective July 1, 2016.

Second: Janet Penfold

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

Motion Carried

BOARD CONCURRENCE OF APPOINTMENT FOR MATT WIMMER AS MEDICAID
DIVISION ADMINISTRATOR

Director Armstrong introduced Matt Wimmer to the Board members and enumerated many of his accomplishments while working with the Department of Health and Welfare, including his the successful planning and implementation of the Patient Centered Medical Home Program expansion.

Motion: Dr. Richard Roberge moved that the Idaho Board of Health and Welfare concur with the Director’s appointment of Matt Wimmer as Medicaid Division Administrator for the Idaho Department of Health and Welfare.

Second: Wendy Jaquet

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

Motion Carried

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

Denise Chuckovich, Divisions Deputy Director, reported on the following topics:

Division of Medicaid

PCMH Tiered Payments

- Patient Centered Medical Home (PCMH) tiered pricing has been introduced, and is widely popular with Primary Care clinics across the state. Primary Care Physicians (PCP) are being reimbursed per member per month (PMPM), based on patient acuity and level of PCMH services. Tier One payments range from \$2.50 - \$3.00, and Tier Four payments range from \$9.50 - \$10 PMPM. The highest tier payments require connection with the Idaho Health Data Exchange (IHDE), which continues to roll out.
- **New Medicaid Contracts**
- Non-medical Transport - Veyo won the contract for management of non-emergency medical transportation, effective July 1, 2016. Its call center will open June 1, 2016. There have been numerous concerns from the provider community regarding reduced revenues, especially related to pricing for short trips. Department staff has held numerous meetings with providers and Veyo to resolve their concerns. Providers should experience less administrative work under the new contract. – **NEMT**
- IP hospital utilization for new out of state contractor, MQIQ. – **Qualis**
- Dental services - This contract was awarded to an out of state contractor, MCNA, not DentaQuest. The Division is expecting appeals. The state currently has procurement processes in place that are a tremendous drain on state resources including additional costs and staff hours associated with switching contracts; none of these attendant costs are currently provided for in the procurement process. Some Department concerns with the contracting include for the strains for both the state and provider networks; limited contract length, no bonus points for existing and well running contracts.– **Dental**

Division of Public Health

Idaho Time Sensitive Emergency System of Care (TSE)

- The TSE system is a voluntary, inclusive system of care which was designed to allow all levels of hospitals and EMS agencies to participate at their appropriate capability.
- The TSE System is comprised of the TSE council, six TSE regional committees, and the program staff at Idaho Department of Health and Welfare (IDHW), Bureau of Emergency Medical Services and Preparedness (EMSP).
- The TSE Program made applications for designation available January 2016. Since then, eight hospital applications have been submitted, of the eight, four hospitals have been approved and have the TSE designation.
 - **Designated**
 - Saint Alphonsus, Boise, Level II Stroke, 02/09/2016
 - Saint Alphonsus, Boise, Level II Trauma, 03/08/2016
 - Eastern Idaho Regional Medical Center, Idaho Falls, Level II Trauma, 03/08/2016
 - Saint Alphonsus, Boise, Level I STEMI, 04/12/2016
 - **Pending Site Survey**

Lost Rivers Medical Center, Arco, Level IV Trauma
Clearwater Valley Hospital, Orofino
Teton Valley Hospital, Driggs, Level IV Trauma
Kootenai Health, Coeur d'Alene, Level II Trauma

- In coordination with the Idaho Trauma Registry, the TSE Program began a pilot program in April 2016 to collect data for the stroke and STEMI registry. . The pilot program will assess the participating facilities' ability to accurately collect stroke and STEMI data, as well as, identify deficiencies prior to the statewide implementation of the registry. There are a total of ten hospitals of different sizes from various regions that will voluntarily participate in the data collection for three months.

Health Division Legislative session follow-up

- House Bill 516 – Relating to abortion and amending section of Statute 18-609 (free ultrasounds)
 - Except in cases of medical emergency, no abortion shall be performed, not less than 24 hours prior to informing the woman that ultrasound imaging and heart tone monitoring are available. The woman will also be provided with required fetal development booklets. The physician, or agent of the physician, is responsible for informing the woman and providing required materials.
 - DHW shall compile a list of healthcare providers, facilities and clinics that offer ultrasounds at no cost and have contacted the Department to request inclusion on the list.
The list shall include: name, address, hours of operation, telephone number and email address of each entity, and will be organized by geographical location.
 - The Maternal and Child Health Program, within the Division of Public Health, currently oversees the mailing of the fetal development packets (information) to the providers, on request, and will implement the new legislation. The proposed process to implement the new legislation is to:
 - Develop and post a form to collect provider, facility or clinic information on the Department website at www.abortioninfo.dhw.idaho.gov
- B. Senate Bill 1404a - The Unborn Infants Dignity Act which regulates the distribution of the bodily remains of unborn infants.
 - Impact on DHW: The bill requires the Bureau of Vital Records and Health Statistics to file and issue miscarriage certificates (39-9305). This is a new process and will be effective July 1, 2016. The other events the bureau records are: birth, death, marriage, divorce, stillbirth, and induced terminations (abortions). Miscarriage certificates will be filed with the bureau only if, they are medically certified and upon the request of the parents.
 - The bureau is currently working on developing a certificate form and related processes to meet the requirements of the law. In doing so, the bureau is researching other states and the national standard for relevant ideas, reviewing internal processes and other forms that might be impacted, and developing the process to file the new certificate.

Division of Behavioral Health

Crisis Centers (CC): Planning committees are on track in Twin Falls and Boise for the new

mental health crisis centers, which were funded in the 2016 Legislative session. The Legislature appropriated partial year funding for two crisis centers. The Division anticipates the annualized funding, necessary for both facilities, to be appropriated in the 2017 Legislative session. Existing CCs will begin partial funding of their operations with community health savings. After two years of operation, each CC is required to submit a plan for sustainability.

Jeff D. Settlement: The Plaintiffs and the State of Idaho/Defendants filed an implementation plan with the Federal Court on Friday, April 29, 2016. The Division expects the court to approve the plan, which begins a four year implementation timeline. The basic premise for the Jeff D. settlement is that children and their families will have access to an effective continuum of treatment and support services. Treatment and support services are to be coordinated between child service entities, and are based on a child and family team approach. Throughout the four years of implementation, the plaintiffs will monitor the system. If the plaintiff attorneys are satisfied with the system, the state and the plaintiffs will file a joint motion dismissing the litigation.

SED Children Respite Program: The Division was appropriated approximately \$850,000, along with the \$150,000 already set aside, to develop a statewide respite care system for children with serious emotional disturbances (SED). The new system will include both planned respite care that will provide a temporary break for care givers of children with SED and a crisis respite, which is expected to reduce inpatient psychiatric hospitalization.

Integration of primary care and behavioral health care: The Division continues to serve as the lead entity under the Statewide Healthcare Innovation Plan (SHIP) model for the integration of primary care and behavioral health care. Integration of care is critical to develop practices that will evolve into patient centered medical homes. Increasingly, there is recognition that for the most severely mentally ill, a better approach may be reverse integration. Reverse integration imbeds primary care into a behavioral health provider clinic.

SHIP Update

- SHIP is in year two of a four year grant. The first cohort of 55 clinics is participating in trainings and working with PCMH coaches.

Significant Milestones Achieved

- Incentive payments to PCMH clinics are being distributed. Brilljent, and its subcontractor Myers and Stauffer, finalized the I-PAS accounting system which distributes incentive payments and interfaces with the PCMH transformation portal. The first incentive of \$10,000 was paid in one installment to each of the 55 clinics in Cohort 1. The second payment of \$5,000 will be based on the clinic's compliance with the National Committee for Quality Assurance (NCQA) or other national standards. The virtual PCMH participating clinics will be paid a one-time incentive of \$2,500.
- Idaho's PCMH transformation model recognizes the challenges that many primary care practices face in converting to a value-based healthcare environment. Support is being provided in multiple formats including: on-site training and coaching, virtual training and coaching, and a web-based quality improvement portal. There are various types of primary care facilities that are participating in the first cohort, ranging from rural single

practitioner offices, medium-sized practices, large practice networks and Federally Qualified Health Centers.

- All Public Health Districts (PHD) have established Regional Collaborative (RC) executive leadership teams that include a chair, co-chair, PHD Director, and the SHIP manager that will lead the RC's efforts and communicate with the Idaho Healthcare Coalition (IHC) to share information about each region. These teams meet on a regular basis.
- There was a PCMH transformation training for PHD SHIP managers and QI/QA specialists at the end of February/beginning of March. The training was conducted by HMA/Briljent. Ultimately, the PHDs/RCs will support data gathering and analytics at the regional and practice levels using SHIP-created systems and reports.

WELFARE/ FAMILY AND COMMUNITY SERVICES UPDATE

Russ Barron, Divisions Deputy Director, reported on the following topics:

Division of Welfare

Child Support Project

- The Department is starting to transition the current system off the mainframe to a web-based product. This is in an effort to fully modernize the automated systems that currently support Idaho's Child Support System. The Department is currently working to select a vendor to support the transition project. The transition will officially start July 1, 2016. It is expected to take approximately three years to complete.

Food Stamp Staggered Issuance

- Implementation of staggered day issuance for SNAP benefits is set to begin on July 1, 2016. SNAP benefits will be distributed to households receiving benefits over the first ten days of each month.
- The Department is currently holding stakeholder planning meetings on a regular basis in order to plan for and mitigate issues that may arise with the change.
- There have been several written communications to all SNAP households, as well as grocers and food pantries and others affected by the change.

Food Stamp Participation Data

- The Department continues to see the SNAP caseload decline. There were approximately 187,000 participants in April.

Work Services Contract Changes

- The new work services contract was not awarded to the current contractor (Easter Seals Goodwill). Over the next few months the Department will be working on transitioning the work from Easter Seals Goodwill to Maximus.

Family and Community Services (FACS)

Southwest Idaho Treatment Center (SWITC)

- Current census is 28 (including five patients at Kyler House, Hayden, ID and 23 patients at SWITC)

- There is a project underway to move from the Nampa campus and build a new facility elsewhere in the Treasure Valley. The new facility will have the capability to serve individuals with the serious issues, including violent and criminal behavior.
- The Nampa campus will be sold. The Department is in the process of re-zoning the property with the City of Nampa.

Foster Care

- As a result of concerns expressed by some foster parents, legislation was passed last session to increase court oversight of adoption placement in contested situations. The law also attempts to reduce the number of times a child is moved from one foster home to another.
- An OPE study has begun and is expected to be completed in December.
- A legislative interim committee will convene later this summer.
- In the meantime, the Department is continuing its initiative from last year to improve communication and court process improvements, etc.

Child Welfare Automation Project

- Work is beginning on upgrading the automation system used by Child Welfare. The first phase is an assessment of what is needed, including business process changes.

DIVISION OF SUPPORT SERVICES UPDATE

Dave Taylor, Division Deputy Director, was not present to provide an update.

DIRECTOR'S UPDATE

Director Armstrong updated the Board on the new contract for dental services. The contract was awarded to MCNA, a company based out of Florida. It is expected that DentaQuest will appeal the contract award to MCNA.

PCAP did not pass the 2016 Legislative Session, despite considerable support by a number of groups. The healthcare coverage gap is a work in progress. The Department is considering new approaches to propose to the 2017 Legislature.

ADJOURNMENT

The next meeting of the Idaho Board of Health and Welfare is scheduled to be held on August 18, 2016. There being no further business to come before the Board, Chairman Kerby adjourned the meeting at 12:00 p.m.

Respectfully signed and submitted by:

Darrell Kerby, Chairman

Richard M. Armstrong, Secretary

Tauscha Huerta, Liaison to the Board of Health and Welfare