

**IDAHO BOARD OF HEALTH AND WELFARE
MINUTES
November 16, 2017**

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
Dr. Richard Roberge
Wendy Jaquet
Stephen Weeg
Janet Penfold
Tammy Perkins
Senator Lee Heider
Jim Giuffré – participating via phone

STAFF PRESENT

Lori Wolff, Deputy Director, FACS and Welfare Services
Kathie Brack, Special Assistant to the Director
Tamara Prisock, Division Administrator, Licensing and Certification
Ross Edmunds, Division Administrator, Behavioral Health
Matt Wimmer, Division Administrator, Medicaid
Elke Shaw-Tulloch, Division Administrator, Public Health
Dicuwke Spencer, Deputy Division Administrator, Public Health
Catherine Libby, Division Administrator, Operational Services
Julie Hammon, Division Administrator, Welfare
Jodi Osborn, Financial Executive Officer
Treena Clark, Policy, Planning & Communications Program Manager, Behavioral Health
Sabrina Brown, Foster Care Recruitment and Retention Program Specialist, FACS
Carissa Decker, LMSW, Child Welfare Funding Team Supervisor, Idaho ICAMA Administrator, FACS
John Cramer, EMS Program Manager, Public Health
Leslie Tengelsen, PhD DVM, State Public Health Veterinarian, Bureau of Communicable Disease Prevention, Public Health
Jacqueline Watson, Maternal Child Health Program Manager, Public Health
Steve Millward, Certified Family Homes Program Manager, Licensing and Certification
Eric Brown, Therapeutic and Residential Program Manager, Licensing and Certification
Niki Forbing-Orr, Public Information Officer
Chris Smith, Public Information Officer
Lynn Overman, Liaison to the Board

OTHERS PRESENT

Nicole McKay, Office of the Attorney General; Chief, Health and Human Services
 Sara Stover, Legislative Services Office, Division of Financial Management, Analyst
 Grace Lloyd – Boise State University Public Health Student
 Raine Saunders – Health Freedom Idaho
 Sara Walton Brady -- Health Freedom Idaho
 Mistie Gardner Karlfeldt -- Health Freedom 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 8:07 a.m. Thursday, November 16, 2017, at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.
 Chairman Kerby announced that the presentation from Matt Wimmer would be moved up, directly after the presentation of Ross Edmunds.

ROLL CALL

Russ Barron, Secretary, called the roll. Roll call showed **eight (8)** members present. With **six (6)** voting members present, Chairman Kerby declared a quorum. Absent but participating via phone was Jim Giuffr . Stephen Weeg arrived at 10:20am.

PUBLIC COMMENT PERIOD

Chairman Kerby opened the floor for public comment. Sara Walton Brady from Health Freedom Idaho described her experience with the Idaho Immunization Form and subsequent difficulty enrolling her son in school. She is attending the Board meeting to ask the Board to encourage the DHW to communicate with Public School Districts regarding parent ability to opt out of signing the form.

Director Barron indicated that at the last meeting held with the Education Department and Ms. Brady, they agreed to change the form, removing the statement “the parent acknowledges they may be putting their child and other children at risk of illness and possible death by refusing immunization”. The new form has been emailed to Senator Heider and Senator Souza for their review. Director Barron clarified that the DHW creates the form, but does not have authority to require that schools use the form.

The form does not prohibit schools and principals from denying the enrollment of a non-immunized child. This is a matter Ms. Brady will need to discuss with the State Department of Education.

Dr. Roberge requested information regarding the number of children immunized in Idaho. Elke Shaw-Tulloch distributed a fact sheet to the Board. (See Attachment 1).

A copy of the revised immunization exemption form was provided to Ms. Brady.

ADOPTION OF MINUTES FROM BOARD MEETING ON AUGUST 17, 2017

Motion: Janet Penfold moved that the minutes of the August 17, 2017, Board meeting be adopted as prepared.

Second: Tom Stroschein

Roll Call Vote:

Ayes: **Jaquet, Kerby, Stroschein, Penfold, Roberge, Giuffré**

Nays: **None**

Motion carried.

SUMMARIES OF DHW RULES AND LEGISLATION FOR THE 2018 LEGISLATURE

Tamara Prisock, Division Administrator, Division of Licensing and Certification, presented the summaries. Many rules will be on the agenda, some will not and the summary addressed those rules that were not on the agenda. The dockets are broken out by Division. Public participation in developing dockets is also noted. Wendy Jaquet requested that Board members be invited to attend hearings when the rules come before committees. She would also like to receive notice of the Department's week to present before JFAC.

Six (6) proposals are being presented to the 2018 Legislature, as referenced in the summary at the beginning of the Administrative Rules section.

BEHAVIORAL HEALTH UPDATE

Ross Edmunds, Division Administrator, Division of Behavioral Health:

The Jeff D Lawsuit settlement compliance is going well. This program crosses the divisions of FACS (Family and Community Services) and Welfare as well as Behavioral Health. The first phase completion deadline is summer 2020 and will provide better access to services for children with SED (Serious Emotional Disturbances). Federal funds are available to those who qualify for Medicaid on January 1, 2018, for a new class of eligible children who are 185% FPL (Federal Poverty Level) to 300% FPL. We are adding effective services and organization for delivery of those services. This is being coordinated with mental health and juvenile services.

\$5.6 million was appropriated to service the felon probation program. To date, the program is not operational and funds are not being spent. The DHW will work with the IDOC in implementing contracts with mental health providers and providers who can provide medication to the probationer/parolee population. Medication availability has been a barrier. Behavioral Health is working with the Idaho Primary Care Association and Quality Healthcare Centers (QHC's) to deliver mental health and other services to probationers, so they have one place to receive all needed care. This will start in the Treasure Valley and be statewide by March 2018. A contract has just begun that will offer once per week psychotherapy sessions for all cases. This program

will require the full funding appropriation. The DIW is working with the IDOC to combine funding and have a single approach to the delivery of services.

Historically, people with serious and persistent mental illness (SPMI) have a hard time finding living spaces. People with SPMI have unpredictable behaviors and cannot live in Residential Assisted Living Facilities (RALF's). Repeat offenders have difficulty finding a place to live. State Hospitals must keep these individuals, but due to space, sometimes they are released to homeless shelters. HART (Homes with Adult Residential Treatment) will fill this housing/treatment gap; treatment is embedded with the living facility.

The Boise crisis center "Pathways" will open on December 8. This will be the 4th center. The DHW has a budget request this year for three additional crisis centers. The Governor's office has been very supportive. Region 2 has decided to reserve rooms in crisis hospitals instead of building a facility. Senator Heider visited the center in Twin Falls and reports it is very nice and always full. Ross indicated that the full appropriation will be utilized and data will be kept to determine how much more money will be required to fulfill state needs. Dr. Roberge reported that Region 3 is talking about opening a center, but officials want enough money to fund the center for 2 years before opening. There are robust efforts to do the same in Region 6 and Region 2.

The location for the next center will be a competitive process. All centers open with a 2-year state contract. At the end of the contract period, centers are required to submit a plan showing how they will become 50% self-funded. Region 7 has a crisis center that reached the 2-year funding mark. They submitted a plan and projected it will take 4 years to get to full self-sufficiency. They will seek 80% funding from the State up to that time. An estimated \$450,000 per quarter has been saved at the Coeur d'Alene center alone. Feedback from law enforcement and families confirm the centers are highly successful.

Funding is also being requested for Recovery Centers to deal with the Opioid Crisis. Mr. Kerby thanked Ross for his enthusiasm and energy supporting this program.

MEDICAID UPDATE

Matt Wimmer, Division Administrator, Division of Medicaid:

A handout in the binders outlined the updates. (See Attachment 2).

The DHW partners with Optum for Youth Empowerment Services (YES) and Homes with Adult Residential Treatment (HART).

We will follow the pattern of other states to develop Regional Care Organizations, starting in the Treasure Valley, for providers to collaborate for better quality of care to reduce budget needs.

The Medicaid Division will be asking the 2018 Legislature to approve rate increases for Rehabilitation Facility providers and Personal Care Assistance agencies.

APPROVAL OF TEMPORARY AND PENDING RULES

Behavioral Health, Behavioral Health Programs
Docket No.16-0715-1701

Presenter: Treena Clark

Treena Clark, Policy, Planning & Communications Program Manager, Division of Behavioral Health, presented the Behavioral Health Programs rule docket for the Board's approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for the "Behavioral Health Programs" presented under Docket No. 16-0715-1701, with an effective date of July 1, 2018.

Second: Janet Penfold

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

Motion carried.

Behavioral Health, Substance Use Disorders Services
Docket No. 16-0717-1701

Presenter: Treena Clark

Treena Clark, Policy, Planning & Communications Program Manager, Division of Behavioral Health, presented the Substance Use Disorders Services rule docket for the Board's approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for the "Substance Use Disorders Services" presented under Docket No. 16-0717-1701, with an effective date of July 1, 2018.

Second: Janet Penfold

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

Motion carried.

Behavioral Health, Rules and Minimum Standards Governing Non-Hospital, Medically-Monitored Detoxification/Mental Health Diversion Units
Docket No. 16-0750-1701

Presenter: Trecna Clark

Trecna Clark, Policy, Planning & Communications Program Manager, Division of Behavioral Health, presented the Rules and Minimum Standards Governing Non-Hospital, Medically-Monitored Detoxification/Mental Health Diversion Units rule docket for the Board's approval.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for the "Minimum Standards for Non-Hospital, Medically-Monitored Detoxification/Mental Health Diversion Units" presented under Docket No. 16-0750-1701, with an effective date of July 1, 2018.

Second: Janet Penfold

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

Motion carried.

COMMENTS FROM BOARD MEMBERS

A proposed meeting schedule for 2018 was discussed. (See Attachment 3).

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare Meeting adopt dates for 2018 meetings, with changes as follows:

February 22
 May 17
 August 23
 November 15

Second: Robert Roberge

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

Motion carried.

WELFARE/ FAMILY AND COMMUNITY SERVICES (FACS) UPDATE

Lori Wolff, Deputy Director of Welfare and Family and Community Services (FACS):

Lori reported that the Division of Welfare is working on eligibility for Advance Premium Tax Credits for Open Enrollment of the Insurance Exchange, which ends December 15. The Cost Share Reduction (CSR) was removed by the federal government and has created additional challenges, but the enrollment process is going well and is improving each year.

Child Support is in the 2nd year of funding a 3-year improvement to its IT system. This is the 1st year of a system development upgrade to the computer program. The cost to convert the system is \$24 million, versus \$80 million for replacement. The DHW will ask for the final year of funding to complete the upgrade. With the 3-year contract, most of the upgrades will be done. Strategies are already in place to determine how to continue system upgrades. Updating for the ICARE program will be a three to five-year project.

Family and Community Services (FACS) also requires a system modernization. The current code is being updated and staff are looking at cost effective ways to modernize the system. There is a need to reduce administrative work for caseworkers so they have more time to spend with children and families. Use of technological advances could assist with this goal. Funding is also being asked for 13 additional positions. Three positions will support the business office. Staffing issues should not be a factor in completing safety assessments, and there has been a steady increase in assessment need. More calls are related to the opioid crisis – especially for newborns in hospitals. The Child Welfare Executive Steering Committee has been an effective means of developing ideas and creating interaction with all stakeholders. The Interim Committee has also been effective in determining challenges and coming up with ideas.

The Work in Training program for Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) tries to get individuals into the work force. Most participants have a high school education, so the jobs they qualify for are low-paying and do not relieve their need for assistance. The federal government offers match dollars to support community organizations to train these individuals. The first 3 partners are now receiving referrals. The goal is to involve community colleges so individuals will be able to get technical and associates degrees. North Idaho College is a participating school.

BOARD CONCURRENCE OF APPOINTMENT

Director Barron introduced Miren Unsworth in her new position as the Division Administrator of the FACS division. She is a great strength to the Department. Her Curriculum Vitae was reviewed by Board Members, and she was asked to tell the Board about her experience and passion for the FACS division. (See Attachment 4).

- Miren was a child welfare social worker in Boise for 13 years. In addition, her mom retired after 40 years as a social worker. Miren had many positive interactions throughout the community when she was out with her mom that made her want to be a social worker. She attended Idaho State University and Portland State University to complete her

bachelor's and master's degrees, respectively. Her goal is to continue the work of existing programs and investigate new ideas and methodologies to further the programs positively.

Motion: Stephen Weeg moved that the Board of Health and Welfare approve the appointment of Miren Unsworth as Division Administrator of Family and Community Services (FACS) for the Department of Health and Welfare.

Second: Wendy Jaquet

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

Motion carried.

FACS, Child and Family Services
Docket No. 16-0601-1701

Presenter: Sabrina Brown

Sabrina Brown, Foster Care Recruitment and Retention Program Specialist, Division of Family and Children's Services, presented the "Child and Family Services" rule docket for the Board's approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Child and Family Services" presented under Docket No. 16-0601-1701, effective Sine Die, 2018.

Second: Tom Stroschein

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

Motion carried.

FACS, Child and Family Services
Docket No. 16-0601-1702

Presenter: Carissa Decker

Carissa Decker, LMSW, Child Welfare Funding Team Supervisor, Idaho ICAMA Administrator, Division of Family and Children's Services, presented the "Child and Family Services" rule docket for the Board's approval.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for the "Child and Family Services" presented under Docket No. 16-0601-1702, effective Sine Die, 2018.

Second: Janet Penfold

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

Motion carried.

PUBLIC HEALTH UPDATE

Elke Shaw-Tulloch, Division Administrator, Public Health:

A handout of Idaho's response to the Opioid crisis, with figures and treatment was provided. (See Attachment 5). Because this crisis crosses many divisions, the goal is to work with an interdisciplinary team. Wendy Jaquet suggested that numbers rather than percentages may give a clearer picture of the problem. West Virginia has a pilot program for Medicaid, which does not reimburse prescriptions for opioids.

There was some discussion about current laws and lack of funding for coroners to perform autopsies. Barriers include no information regarding opioids and not enough funding for toxicological screens. Reportedly, some coroners have only enough funding to do a limited number of autopsies per year, if they are able. In Idaho, most coroners are not able to perform autopsies locally because more sophisticated technology and a trained pathologist are needed. Approximately thirty counties send bodies for autopsies to the Ada County Coroner in Boise. The expenses associated with transporting a body to Boise reduces the frequency of autopsies. County coroners would like to see this changed.

The Expanded Access Program, also called a compassionate use program, for the administration of the drug Epidiolex to children with intractable seizures has been successful and will continue. The pharmaceutical company that manufactures Epidiolex has applied to the Federal Drug Administration (FDA) to fast-track the drug, which is reported to take approximately eight months. After its approval by the FDA, the Drug Enforcement Agency (DEA) will change the scheduling of the drug because it is Cannabis based, which currently makes it a schedule I drug. State law will also need to be changed for the drug to be made commercially available, but the Board of Pharmacy may have the ability to do this with their existing authority.

Immunizations: TRICARE, the insurer for military families, previously was not able to pay into Idaho's Immunization Assessment Fund. The Immunization Program has been working with the

Department of Defense, other states with assessment funds, and a contractor to find a solution so TRICARE can pay into the funds. A solution has been found. TRICARE has also agreed to pay Idaho in arrears for the money the general fund has paid to cover vaccines for these children for the past six or so years. Idaho has received a check for \$3,557,185.47 to cover both the arrears and the assessment for the current year.

A handout on immunization rates in Idaho was distributed by Elke Shaw-Tulloch. (See Attachment 6). Idaho is above the national average on immunization rates and has now reached the Centers for Disease Control (CDC) immunization goals for the first time. All data are received in aggregate from public schools (no individual data are shared) by the Division of Public Health. Homeschooling immunizations are not reported.

The flu vaccine for this year seems to be effective. There has been one outbreak reported in a nursing home. One death has already occurred.

Public Health, Emergency Medical Services (EMS), Account III Grants (New Chapter)
Docket No. 16-0104-1701

Presenter: John Cramer

John Cramer, EMS Program Manager, Division of Public Health, presented the “EMS Account III Grants (New Chapter)” rule docket for the Board’s approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the “Pending” rules for the “Rules Governing EMS Account III Grants (New Chapter)” presented under Docket No. 16-0104-1701, with an effective date of July 1, 2018.

Second: Stephen Weeg

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

Motion carried.

Public Health, Emergency Medical Services (EMS), Account III Grants (Repeal of Chapter)
Docket No. 16-0204-1701

Presenter: John Cramer

John Cramer, EMS Program Manager, Division of Public Health, presented the “EMS Account III Grants (Repeal of Chapter)” rule docket for the Board’s approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for the "Rules Governing EMS Account III Grants (Repeal of Chapter)" presented under Docket No. 16-0204-1701, with an effective date of July 1, 2018.

Second: Tom Stroschein

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

Motion carried.

Public Health, Idaho Reportable Diseases
Docket No. 16-0210-1701

Presenter: Leslie Tengelsen

Leslie Tengelsen, PhD DVM, State Public Health Veterinarian, Bureau of Communicable Disease Prevention, Division of Public Health, presented the "Idaho Reportable Diseases" rule docket for the Board's approval.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for the "Idaho Reportable Diseases" presented under Docket No. 16-0210-1701, effective Sine Die, 2018.

Second: Wendy Jaquet

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

Motion carried.

Public Health, Procedures and Testing to be Performed on Newborn Infants
Docket No. 16-0212-1701

Presenter: Jacqueline Watson

Jacqueline Watson, Newborn Screening Program Manager, Division of Public Health, presented the "Procedures and Testing to be Performed on Newborn Infants" rule docket for the Board's approval.

Motion: Stephen Weeg moved that the Idaho Board of Health and Welfare adopt the “Pending” rules for the “Procedures and Testing to be Performed on Newborn Infants” presented under Docket No. 16-0212-1701, with an effective date of July 1, 2018.

Second: Janet Penfold

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

Motion carried.

Operational Services, Behavioral Health, Licensing, Medicaid, and Welfare, Contested Case Proceedings & Declaratory Rulings
Docket No. 16-0503-1701

Presenter: Catherine Libby

Catherine Libby, Division Administrator, Division of Operational Services, presented the “Contested Case Proceedings & Declaratory Rulings” rule docket for the Board’s approval.

Motion: Janet Penfold moved that the Idaho Board of Health and Welfare adopt the “Pending” and “Temporary” rules for the “Rules Governing Contested Case Proceedings and Declaratory Rulings” presented under Docket No. 16-0503-1701, with an effective date of January 1, 2018.

Second: Stephen Weeg

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

Motion carried.

Licensing and Certification, Certified Family Homes
Docket No. 16-0319-1701

Presenter: Steve Millward

Steve Millward, Certified Family Homes Program Manager, Division of Licensing and Certification, presented the “Certified Family Homes” rule docket for the Board’s approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for the "Rules Governing Certified Family Homes" presented under Docket No. 16-0319-1701, with an effective date of July 1, 2018.

Second: Janet Penfold

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

Motion carried.

IDAHO HEALTHCARE PLAN

Russ Barron, Director of the Department of Health and Welfare, introduced the Idaho Health Care Plan which is designed to provide coverage for the Gap population and reduce premiums on the insurance exchange. (See Attachment 7). Lori Wolff gave a PowerPoint presentation to the Board describing the two CMS waivers (1332 and 1115) in the plan. (See Attachment 8).

Licensing and Certification, Residential Habilitation Agencies (Rewrite of Chapter) **Docket No. 16-0417-1702**

Presenter: Eric Brown

Eric Brown, Therapeutic and Residential Program Manager, Division of Licensing and Certification, presented the "Residential Habilitation Agencies (Rewrite of Chapter)" rule docket for the Board's approval.

Motion: Stephen Weeg moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for the "Rules Governing Residential Habilitation Agencies (Rewrite of Chapter)" presented under Docket No. 16-0417-1702, with an effective date of July 1, 2018.

Second: Wendy Jaquet

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

Motion carried.

Licensing and Certification, Residential Habilitation Agencies (Repeal of Chapter) **Docket No. 16-0417-1701**

Presenter: Eric Brown

Eric Brown, Therapeutic and Residential Program Manager, Division of Licensing and Certification, presented the “Residential Habilitation Agencies (Repeal of Chapter)” rule docket for the Board’s approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the “Pending” rules for the “Rules Governing Residential Habilitation Agencies (Rewrite of Chapter)” presented under Docket No. 16-0417-1701, with an effective date of July 1, 2018.

Second: Tom Stroschein

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

Motion carried.

BUDGET REQUEST UPDATE

Jodi Osborn, Financial Executive Officer:

Jodi provided two handouts with budget proposals for FY 2019. (See Attachments 9 & 10). Funds for the opioid crisis are utilized by Behavioral Health in the crisis centers. Funds will be derived from provider rate increases for substance abuse. With the loss of Millennium Fund moneys which will now potentially support the Idaho Health Care Plan, the DHW will propose a \$100 increase for the tobacco permits program. Approximately 1,600 permits are issued annually across the state.

Mr. Stroschein also expressed his support for the additional funding request to expand the Youth Suicide Prevention program to elementary school children.

OFFICER ELECTION FOR BOARD CHAIR

Idaho Code requires the annual election of a Board Chair.

Motion: Wendy Jaquet nominated Datrell Kerby for the Chair of the Idaho Board of Health and Welfare.

Second: Robert Roberge

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

Motion carried.

OFFICER ELECTION FOR BOARD VICE-CHAIR

Idaho Code requires the annual election of a Board Vice-Chair.

Motion: Wendy Jaquet nominated Commissioner Tom Stroschein for the Vice-Chair of the Idaho Board of Health and Welfare.

Second: Robert Roberge

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

Motion carried.

DIRECTOR'S UPDATE

Director Barron updated the Board regarding the Non-Emergency Medical Transportation (NEMT) contract. The current contract holder, Veyo, has had performance concerns. The DHW's Medicaid staff have met and corresponded with Veyo about needed improvements. Veyo has ended the contract and the Department accepted the termination offer, with an effective service end date of March 5, 2018. The Department of Administration/Division of Purchasing is going through the process of vetting the next top three bidders for a new contract. Medicaid will likely create a committee or team to monitor the transition to a new vendor. The team will include drivers, patients, doctors and advocates.

Southwest Idaho Treatment Center (SWITC) has received a new complaint. A survey team found the claim was unsubstantiated. Challenges remain at the SWITC due to patients who are a danger to staff and property. The facility needs to be a safe place for employees to end the high turnover rate. While it needs to be "secure", there are no guidelines on what that is or how to obtain it. There are no effective models from other states. Staff will work with the Administrative Rules Unit (ARU) to develop an outline for rules to present at the next Board meeting in February 2018. The Director also wants to re-constitute an Advisory Board for SWITC.

The DHW provided a rate model to the Idaho Association of Community Providers (IACP), which was not well received. The DHW has a budget increase request in the 2018 budget. Staff will meet with members of IACP later this month to discuss the request. Surveys of Assisted Living Facilities show they may not have the services needed to adequately cover the needs of patients. One issue has been a competitive pay rate for qualified nurses. The Office of Performance Evaluations (OPE) is conducting a study on the Licensing and Certification Bureau (L&C). Previously, inspections delayed certification, but the process now takes about 90 days. Reports from the study could be an opportunity to educate facilities and the public on the licensing and certification process.

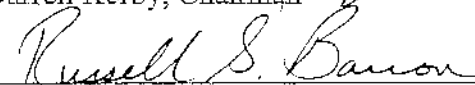
ADJOURNMENT

The next meeting of the Idaho Board of Health and Welfare is scheduled to be held February 22, 2018. There being no further business to come before the Board, Chairman Kerby adjourned the meeting at 2:31 p.m.

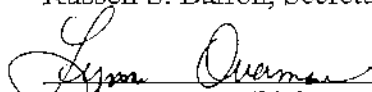
Respectfully signed and submitted by:



Darrell Kerby, Chairman



Russell S. Barron, Secretary



Lynn Overman, Liaison to the Board

Idaho Childhood (19-35 months old) Immunization Rates

- Vaccination coverage for the primary seven vaccination series for Idaho children ages 19-35 months of age, was 73.9%.
 - This is the highest level of coverage that Idaho has ever seen through the annual survey
 - The survey indicates that Idaho's level of childhood vaccination coverage for the primary series is above the national average of 70.7%
- Idaho ranks 18th out of 50 states for vaccination coverage with the primary seven vaccination series
- Idaho had promising increases in vaccination coverage in both Rotavirus vaccination and Hepatitis A vaccination
 - Rotavirus vaccination coverage in 2015 was 74.5%, and that increased to 80.2% in 2016
 - Hepatitis A vaccination coverage in 2015 was 58.8%, and that increased to 67.1% in 2016 (statistically significant)
- Idaho reached and exceeded CDC Healthy People 2020 goals, for the first time, in vaccination coverage of both Rotavirus and DTaP (diphtheria, tetanus, and pertussis)

Idaho School Immunization Report Statewide Summary by Grade, 2016-2017

- Most Idaho Kindergarten students are fully immunized
 - 86.1% were reported to be fully immunized in 2016, up from 85.8% in 2015
- Idaho does allow exemptions from school immunization requirements. These exemptions include: 1) Medical, 2) Religious/Other
- Idaho has one of the highest exemption rates in the nation. During the 2016-17 school year, 6.5% of Idaho Kindergarteners had at least one exemption on file (Oregon and Alaska are reporting higher exemption rates for Kindergarteners).
 - 1st grade exemption rates were also 6.5%, but by 7th grade, the rate drops to 6.0%
 - *NOTE: A parent can exempt their child from one or all immunizations. An exemption does not indicate a child is not vaccinated at all.*

Idaho Teen and Adolescent Immunization Rates

- Idaho had coverage increases in all reported vaccinations among those 13-17 years of age, compared with 2015 coverage figures.
- Idaho is above the national average for teenagers aged 13-17 who have received at least one dose of meningococcal vaccine.
 - In Idaho, 86.5 % of teenagers, aged 13-17 , have received their meningococcal vaccination.
- One other exciting takeaway from the survey was the fact that Idaho met or exceeded the CDC's Healthy People 2020 goals for TDaP and meningococcal vaccination. The coverage goal for both vaccinations was 80% among our teenagers aged 13-17, and the survey indicated that our TDaP vaccination coverage was 87.5 and our meningococcal vaccination coverage was 86.5, respectively.

Medicaid Update for the Idaho Board of Health and Welfare – November 16th, 2017

Legislative Session 2018

- 11 rule dockets covering:
 - Youth Empowerment Services - children's mental health reform (3 dockets)
 - Federal compliance changes for mental health parity (2 dockets)
 - Changes to adult developmental disability services in accordance with KW settlement agreement (3 dockets)
 - Reductions in administrative burden for nursing facility behavioral care unit status (1 docket)
 - Changes to infant toddler program requirements to leverage federal funding more effectively (1 docket)
 - Reductions in administrative burden for school based services (1 docket)
- Statute change to support value based payment and quality incentives for nursing facilities
- Statute change for Idaho Healthcare Plan
- Budget request for funding for Idaho Healthcare Plan and rate updates

Contracts

Non-Emergency Medical Transportation (Veyo):

- Veyo has notified the Department that it is exercising its option to terminate their contract effective March 5th, 2018
- Medicaid is working with the Division of Purchasing to contract with a new vendor based on previous responses to the request for proposals.
- Contracted with University of Chicago for a comprehensive review of the brokerage and will work with the new broker to respond to recommendations for improvement of the program.
- Will work closely with providers and community advocates through the transition to a new broker to make that transition as transparent and trouble free as possible.

Medicare-Medicaid Coordinated Plan

- Opt-in managed care plan for those eligible for both Medicare and Medicaid
- Currently approximately 2,400 members in Blue Cross of Idaho plan
- New plan operated by Molina Healthcare (distinct from Molina Medicaid Solutions) will be available effective January 1 in 9 Idaho counties
- Working with Blue Cross, Molina, and the federal Centers for Medicare and Medicaid Services (CMS) on a full managed care approach to coverage for these plans in those 9 counties
- Implementation target 2018

Medicaid Update for the Idaho Board of Health and Welfare – November 16th, 2017

Ongoing Initiatives

Youth Empowerment Services (YES):

- Comprehensive children's mental health reform consistent with Jeff D. settlement agreement
- Legislature approved HB43 authorizing expanded coverage for children with serious emotional disturbance (SED)
- Contracted with Liberty Healthcare to conduct independent assessments of SED status effective 1/1/18.
- Medicaid will reimburse for respite services for children with SED (as determined by Liberty independent assessment) through Optum
- Planning next phases which will include skill building services for children and a more robust case management structure

Regional Care Organizations and Patient Centered Medical Home Incentives

- Legislature approved HB128 authorizing value based purchasing approaches
- Working with hospitals, primary care providers, and other stakeholders to develop reimbursement approaches tied to quality measures to support enhanced systems of care
- Draft contract has been circulated to hospitals and other interested stakeholders
- Implementation target for Summer 2018

Rate Updates

- Requesting funding for rate increases for personal care agencies, residential assisted living personal care providers, and residential habilitation providers
- Roughly \$5M in increases for each of these provider groups, approximately \$16M total

2018

January						
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30	31					

USA Holidays and Observances					
Jan 01	New Year's Day	Jan 15	M L King Day	Feb 14	Valentine's Day
Feb 19	Presidents' Day	Mar 30	Good Friday	Apr 01	Easter Sunday
May 13	Mother's Day	May 28	Memorial Day	Jun 17	Father's Day
Jul 04	Independence Day	Sep 03	Labor Day	Oct 08	Columbus Day
Oct 31	Halloween	Nov 11	Veterans Day	Nov 22	Thanksgiving Day
Dec 25	Christmas				

calendarlabs.com

= Proposed Mtg. Dates

MOTIONS
By
BOARD OF HEALTH AND WELFARE

MEETING DATE: November 16, 2017

° jff °

MOTION MADE: I move that the Board of Health and Welfare approve the Appointment of Miren Unsworth as Division Administrator of Family and Community Services (FACS) for the Dept. of Health and Welfare.

MOTION BY: Stephen Weeg

SECONDED BY: Wendy Jaquet

VOTE: Voice Vote: Roll Call:

	<i>Aye</i>	<i>Nay</i>	<i>Absent</i>	<i>Abstain</i>
Mr. Kerby	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
Mr. Giuffre	<u>by phone</u>	<u> </u>	<u> </u>	<u> </u>
Mr. Weeg	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
Ms. Penfold	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
Dr. Roberge	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
Mr. Stroschein	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
Ms. Jaquet	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>

MIREN UNSWORTH, L.M.S.W.

400 W. Case St.
Kuna, ID 83634
(208) 284-3041

Education

- 2001-2003 **PORTLAND STATE UNIVERSITY** **PORTLAND, OREGON**
Graduated with a Master's Degree in Social Work in June 2003.
- 1997-2000 **IDAHO STATE UNIVERSITY** **POCATELLO, IDAHO**
Awarded Bachelor of Arts degree in December 2000, majoring in Social Work.

License

Licensed Master Social Worker, State of Idaho

Professional Affiliation and Board Appointments

- 2010-Present National Association of Social Workers (NASW)
- 2012-Present Idaho Governor's Task Force on Children at Risk
- 2012-Present Idaho Child Fatality Review Team
- 2012-Present Idaho Supreme Court Child Protection Committee
- 2016-Present Idaho Supreme Court Tribal State Court Forum
- 2011-2012 Idaho Children's Trust Fund Board

Work Experience

- 2014-Present **STATE OF IDAHO, DEPARTMENT OF HEALTH & WELFARE** **BOISE, IDAHO**
Currently hold the position of **Deputy Administrator** in the Division of Family and Community Services. Responsibilities and professional duties include:
- *Providing oversight of the state's child welfare program; including oversight of the program's policy unit and field operations. The program has a \$65 million dollar budget and 367 FTE.
 - * Providing direct supervision of the state's six Child Welfare Program Managers and the Child Welfare Chief over the state's Centralized Intake Unit.
 - *Recommending, interpreting, and implementing regulations and policies and ensuring program consistency and compliance with governing laws and regulations.
 - *Serving as a division representative and speaking on behalf the division at department and state-level meetings and task forces.
 - *Directing preparation of information, and providing testimony to, legislative committees.
 - *Directing child welfare program strategic planning and continuous quality improvement efforts and ensuring program conformance with planning and improvement efforts.

2012-2014

STATE OF IDAHO, DEPARTMENT OF HEALTH & WELFARE

BOISE, IDAHO

From June 2012 until September 2014, held the position of **Child Welfare Program Manager** in the Division of Family and Community Services. Responsibilities and professional duties included:

- *Coordination and development of federal plans and reports, including the state's Child and Family Services Plan.
- *Providing coordination in the development of "best practice" standards and other programmatic policies.
- *Providing oversight of the program's continuous quality improvement system.
- *Providing consultation, training, and technical assistance on child welfare practice issues to the seven regions in the division.
- *Managing the budget for the Child Welfare Bureau (Central Office Policy Team).
- *Supervising 12 Child Welfare Program Specialists.

2011-2012

STATE OF IDAHO, DEPARTMENT OF HEALTH & WELFARE

BOISE, IDAHO

From June 2011 until June 2012, held a position as a **Child Welfare Program Specialist** in the Division of Family and Community Services. Responsibilities and professional duties included:

- *Coordination and development of statewide child welfare service delivery in the areas of safety and well-being.
- *Development of "best practice" standards and other programmatic policies.
- *Providing trainings to social work staff in the practice areas of child safety and well-being.
- *Performing quality assurance reviews of child welfare services.
- *Providing consultation and technical assistance on child welfare practice issues to the seven regions in the division.

2009-2011

STATE OF IDAHO, DEPARTMENT OF HEALTH & WELFARE

BOISE, IDAHO

From April 2009 until July 2011, held a position as a **Child Welfare Chief** in the Division of Family and Community Services. Responsibilities and professional duties included:

- *Providing supervisory oversight of Foster Care Licensing and Permanency Units.
- *Training staff to Department standards as well as state and federal laws pertaining to child welfare; ensuring quality of service delivery activities within a family-centered practice framework; providing clinical consultation; hiring staff and evaluating staff performance on an ongoing basis; providing and coordinating emergency, crisis intervention, and after hours on-call services.
- *Coordination of regional Continuous Quality Improvement Reviews.
- *Managing regional compliance and reporting of statewide Program Improvement Plan and Regional Improvement Plan.
- *Coordination of the region's Independent Living Program.
- *Acting as regional liaison for the Keeping Children Safe Panel.
- *Chairing the regional Residential Placement Committee and co-chairing the regional Permanency Committee.

2005-2009

STATE OF IDAHO, DEPARTMENT OF HEALTH & WELFARE

BOISE, IDAHO

From August 2005 until April 2009, held a position as a **Child Welfare Supervisor** in the Division of Family and Community Services. Responsibilities and professional duties included:

- *Supervising eight social workers who provided safety assessment and case management services in the Child Welfare Program.
- *Training staff to Department standards, as well as state and federal laws pertaining to child welfare; ensuring quality of assessments and court reports; ensuring quality of service delivery activities within a family-centered practice framework; providing clinical consultation; hiring staff and evaluating staff performance on an ongoing basis; providing and coordinating emergency, crisis intervention, and after hours on-call services.
- *Serving as a member of the Ada County Multi-Disciplinary Team; the regional Permanency Committee; and the Region IV Family and Community Services Management Team.
- *Participating as a reviewer in Continuous Quality Improvement Reviews throughout the state.
- *Participating on Request for Proposal Evaluation Committees to review and select contracted services.
- *Presenting at community and professional trainings.

2003-2005

STATE OF IDAHO, DEPARTMENT OF HEALTH & WELFARE

BOISE, IDAHO

From September 2003 until August 2005, I held a position as a **Child Welfare Case Manager** in the Division of Family and Community Services. Initially, I held a dual-role position as a child protection risk assessment worker and a case manager in the child welfare program. In June 2004 I obtained a full time case management position.

Responsibilities and professional duties included:

- *Responding to reports of child abuse and neglect based upon established priority guidelines.
- *Conducting comprehensive family assessments.
- *Documenting case contacts and activities.
- *Writing court reports of investigation and reports of progress.
- *Developing and implementing family centered case plans with families.
- *Presenting cases in court.
- *Meeting with children and families on a regular basis to assess safety and work towards reunification efforts or alternative permanency placements.
- *Working closely with a diverse population of children and families.
- *Conducting regular case review meetings to assess progress and need for ongoing services.
- *Partnering with Casey Family Programs in the implementation of the Technical Assistance Program. Also assisted in facilitating an Independent Living Group at Casey Family Programs.

2000-2001

BANNOCK YOUTH FOUNDATION

POCATELLO, IDAHO

Employed as a **Street Outreach Worker**. Duties included providing supportive services to assist youth in moving off the streets to a safe and appropriate alternative living arrangement and conducting outreach clinics to provide education and prevention services to run away and homeless youth.

2000-2001 **BONNEVILLE NEIGHBORHOOD & YOUTH EMPOWERMENT PROJECT**
POCATELLO, IDAHO
Worked as the **Project Coordinator** for a Department of Juvenile Corrections prevention grant. Assisted in the coordination and implementation of service learning projects with the City Youth Program at Bonneville Elementary. Recruited volunteers to work with children in the Bonneville Neighborhood, networked within the community to provide information about the project, and coordinated a multi-disciplinary team.

2000 **BANNOCK YOUTH FOUNDATION** **POCATELLO, IDAHO**
Held the position of a **Youth Worker** in a shelter home for youth in foster care. Duties included planning and implementing program specific recreational activities, monitoring youth behaviors and activities, and mentoring the youth.

Educational Internships

2002-2003 **COLUMBIA RIVER MENTAL HEALTH SERVICES**
VICTIMS OF CRIMINAL ACTS (VOCA) PROGRAM.
VANCOUVER, WASHINGTON
Conducted assessments and provided individual therapy and case management services to child victims of physical abuse, sexual abuse, and domestic violence.

2001-2002 **METROPOLITAN FAMILY SERVICE**
FAMILIES AND SCHOOLS TOGETHER (FAST) PROGRAM **PORTLAND, OREGON**
Coordinated and implemented a ten-week multi-family program at Lane Middle School in Portland, Oregon. Facilitated a parent support group and managed a multi-disciplinary team.

2001-2002 **METROPOLITAN FAMILY SERVICE**
SCHOOLS UNITING NEIGHBORHOODS (SUN) PROGRAM **PORTLAND/GRESHAM, OREGON**
Co-facilitated a girls' assertiveness-building group with the Family Connections coordinator at Clear Creek Middle School, Gresham, Oregon. Also co-facilitated an accountability group for students in in-house detention at Tubman Middle School, Portland, Oregon.

2000 **STATE OF IDAHO, DEPARTMENT OF HEALTH AND WELFARE**
FAMILY RESOURCES PARTNERSHIP PROGRAM **POCATELLO, IDAHO**
Worked with a Community Resource Worker in two elementary schools. Provided assessment, referral, and case management services to families in crisis.

1999-2000 **JUVENILE OFFENDER GROUP** **POCATELLO, IDAHO**
Assisted in facilitating a psycho/educational model group for adolescent sex offenders. I began as a student and continued volunteering after my internship ended.

1999 **STATE OF IDAHO, DEPARTMENT OF HEALTH AND WELFARE**
DEVELOPMENTAL DISABILITIES PROGRAM **POCATELLO, IDAHO**
Observed and performed duties as needed in guardianship cases. Also participated in developmental assessments for children and home visits with program participants. Participated in learning activities with the Infant/Toddler Program.

Volunteer Work

2010 **EASTER SEALS-GOODWILL REENTRY CENTER** **BOISE, IDAHO**

Provided pro-bono counseling services to individuals exiting the correctional system and reentering the community.

Awards and Certifications

2005 Idaho Department of Health and Welfare Director's Award of Excellence
2009 Idaho Department of Health and Welfare Director's Award of Excellence
2009 Idaho Supreme Court Child Protection Committee Children's Advocate and Protector Award
2010 Idaho Department of Health and Welfare Director's Award of Excellence
2012 National Child Welfare Workforce Institute Leadership Academy for Middle Managers Program Graduate
2016 Idaho Department of Health and Welfare Director's Distinguished Service Award
2016 Georgetown University McCourt School of Public Policy Executive Certificate in Multi-System Integration

References

References available upon request.

Idaho Department of Health & Welfare's response to the Opioid Crisis: Impact on Physicians and Other Prescribers

Idaho experienced steadily increasing numbers of drug-induced deaths that mirrored the national increase in these types of deaths; for the period of 2012-2016, drug-induced deaths accounted for 1.8% of all deaths among Idaho residents.

Drug-induced deaths

64.2% Accidental	17.4% Suicides
12.0% Undetermined intent	0.2% Due to assault
6.2% Natural (deaths due to chronic drug use and abuse)	45 Is the median age of persons who died from a drug-induced cause

AGE-ADJUSTED DRUG-INDUCED MORTALITY RATE: Idaho Residents and U.S. Residents 2000-2016 Trend

Age-adjusted mortality rate per 100,000 population



2016 data for the United States has not been released.
Sources: Idaho Bureau of Vital Records and Health Statistics, CDC Wonder.

Opioids were frequently implicated; during 2012-2016, 62.0% of drug-induced deaths that reported one or more specific drugs involved opioids. This is almost certainly an underestimate of the impact of opioids on deaths in Idaho, because during this period, 34.1% of drug-induced deaths reported no specific drugs.

THE DIVISION OF PUBLIC HEALTH

In order to assist physicians and others working to prevent adverse outcomes from opioids, the Division of Public Health (DPH) applied for and received funding from the Centers for Disease Control and Prevention (CDC) that is being used to:



Integrate the Prescription Drug Monitoring Program (PDMP) into electronic health records. Funding is available to integrate the Idaho prescription drug monitoring database into providers' electronic health records using a product called "Gateway." This will reduce burden on physicians and other prescribers and allow fast lookup of patients' prior and current controlled substance use. *Contact Teresa Anderson at the Board of Pharmacy at (208) 334-2356 or teresa.anderson@bop.idaho.gov if you are interested in this opportunity.*



Educate prescribers. Idaho's seven local public health districts have identified "physician champions" who are educating other physicians on the use of the Idaho PDMP and the CDC Guideline for Prescribing Opioids for Chronic Pain via conferences and other educational opportunities. In addition, public health district health educators are providing education to interested clinics and offices on these areas and on the PDMP. Contact your local public health district directly if you are interested in having a health educator talk with you and your staff about this topic.



Enhance data quality and availability of data for public health purposes. DPH is contracting with the Board of Pharmacy to obtain PDMP data reports, working to improve death reporting through training of county coroners and funding for toxicology testing, and investigating use of complementary sources of data such as syndromic surveillance, EMS run data, and poison control center data.



Develop a data dashboard. Initial work has begun to display drug-related death data obtained from Idaho's Bureau of Vital Records and Health Statistics in an interactive format on a public-facing website. This data will be posted at <http://getthehealthy.dhw.idaho.gov/>.



Educate patients. This effort will support the development and distribution of materials for provider offices and a public communication campaign based on a CDC Campaign Implementation Toolkit. Content will be tailored to specific audiences and based on specific needs within Idaho, such as access to treatment for people addicted to opioids.

THE DIVISION OF BEHAVIORAL HEALTH

It is also of great importance to increase access to treatment for those already addicted to opioids. To address this need, the Division of Behavioral Health applied for and was recently awarded \$2 million to address the opioid epidemic. This funding will be used to:



Improve recovery support. This system of care seeks to reduce overdose events and fatalities, reduce "no shows" through immediate contact with a peer, and to help support services and sober recreational activities to the Opioid Use Disorder population.



Increase access to publicly-funded Medication-Assisted Treatment in Idaho. Eligible individuals with Opioid Use Disorder will be able to access methadone and Suboxone (buprenorphine and naloxone) at various clinics and provider offices throughout the state. The aim is to increase the number of methadone and Suboxone providers in Idaho, train traditional treatment providers in evidence-based treatment models focused on Opioid Use Disorder, and create a system in which traditional treatment providers can refer individuals to Medication-Assisted Treatment services. The funding will be used to provide services to 250 Idahoans or more per year. Contact the Division of Behavioral Health or see <https://www.samhsa.gov/medication-assisted-treatment> if you are interested in becoming a Medication-Assisted Treatment provider, or increasing your patient limit.



Distribute prescriber report cards to prescribers enrolled in the Prescription Drug Monitoring Program. The Idaho Board of Pharmacy (IBOP) will operationalize the new system through its current PDMP vendor, Appriss. Quarterly report cards will be sent to all prescribers of controlled substances and provide a summary of a healthcare provider's prescribing history, including their ranking compared to the "average" prescriber of the same specialty, and a summary or graphical representation of their prescribing history.



Establish drop-box programs in pharmacies statewide to allow for safe disposal of controlled substances and other prescription medications in a convenient location.



Increase the use of naloxone to reverse opiate overdoses through training and provision of naloxone to first responders and other community members who may come into contact with individuals at risk of opiate overdose. This will be accomplished by identifying a minimum number of first responder agencies that will begin carrying naloxone, community and provider trainings, and by providing naloxone kits to identified and trained entities.

THE DIVISION OF MEDICAID

The Division of Medicaid started the Idaho Medicaid Narcotic Prescribing Improvement Project in 2010. Medicaid pharmacy staff analyzed utilization to determine the depth of the problems and identify areas for targeted interventions.



Medicaid Completed / Ongoing Activities

- Required manual prior authorization of those agents known to have a high risk for abuse and diversion.
- Limited prescriptions to one long-acting opioid prescription at a time.
- Blocked the risky concurrent use of opioids and the muscle relaxer carisoprodol (Soma).
- Implemented case management for problem users of buprenorphine with a quarterly one-on-one discussion with the prescriber and a Medicaid pharmacist.
- Cooperative Medicaid pharmacist and provider case management for current methadone participants to taper to a safe dose or switch to another opioid.
- Allowing payment of pharmacist prescribed naloxone for Medicaid participants.
- Phased in limitation for all opioid prescriptions to amounts to of 90 morphine milligram equivalents (MME) or less daily.
- Sent educational letters to prescribers for high utilizers.



Medicaid Planned Future Interventions

- New limitations for those using high-risk combinations of opioids and benzodiazepines.
- Increased efforts to identify drug diversion.
- Better coordinated efforts with behavioral health benefits.

The Department of Health and Welfare is partnering actively with the local public health districts, the Board of Pharmacy, Idaho State University, the Office of Drug Policy, and many other stakeholders participating in strategic planning in the fight to end this epidemic before more lives are needlessly lost.



Idaho Childhood (19-35 months old) Immunization Rates: 4:3:1:3[‡]:1:4* Series



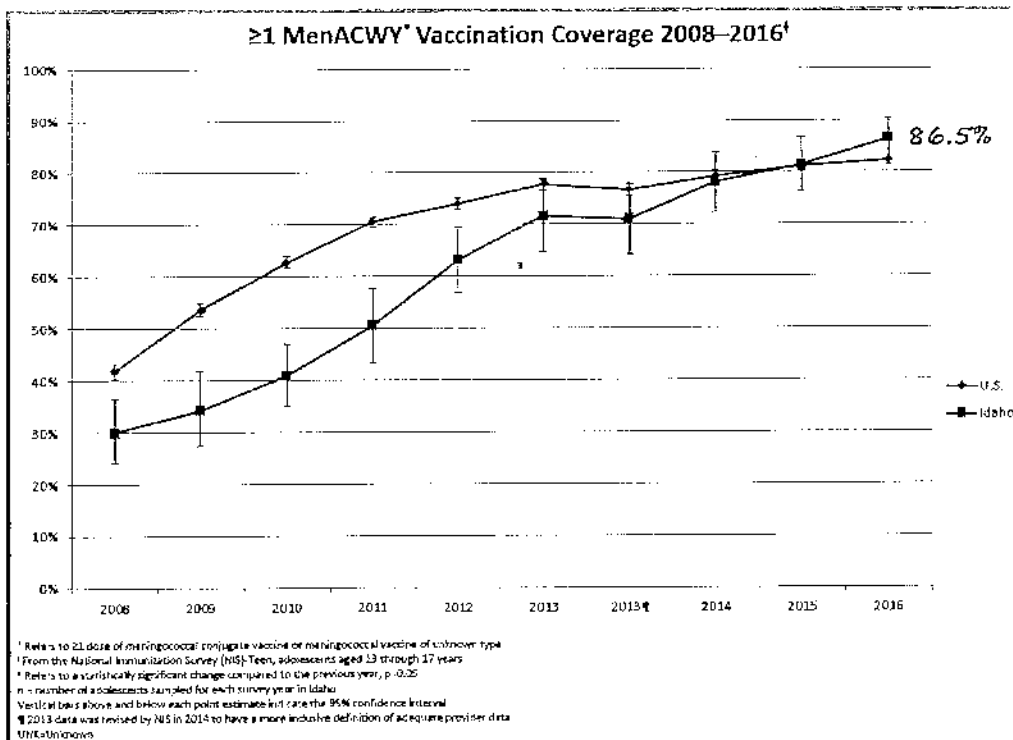
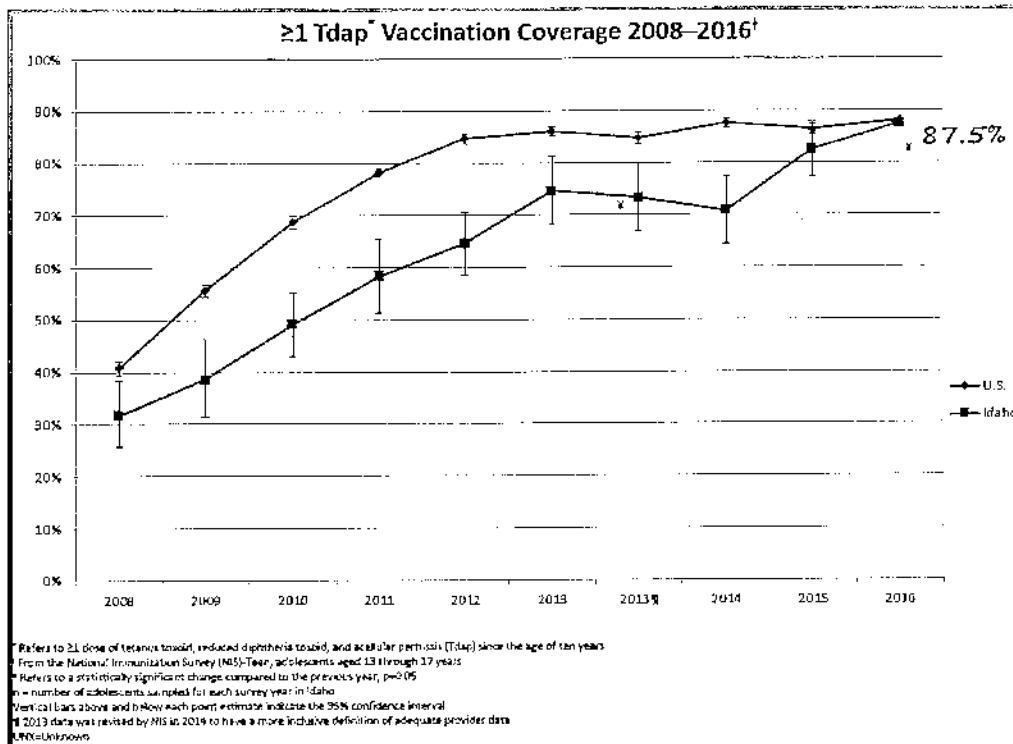
*Refers to 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine, or diphtheria and tetanus toxoids (DTP/DT/DTaP), 3 or more doses of polio virus vaccine, 1 or more doses of a measles-mumps-rubella vaccine (MMR), plus full series of *Haemophilus influenzae* type b (Hib), 3 or more doses of hepatitis B vaccine, 1 or more doses of varicella vaccine, and 4 or more doses of pneumococcal conjugate vaccine (PCV)

‡ Full series *Haemophilus influenzae* type b (Hib) vaccine: ≥3 or ≥4 doses, depending on brand received

Idaho School Immunization Report: Statewide Summary by Grade, 2016-2017

		Idaho			
		Kindergarten	1 st Grade	7 th Grade	TOTAL
Enrollment		22,589	23,224	24,356	70,169
Adequately Immunized	Count	19,451	20,809	20,644	60,904
	% of Enrolled	86.1%	89.6%	84.8%	86.8%
Conditionally Admitted	Count	444	160	93	697
	% of Enrolled	2.0%	0.7%	0.4%	1.0%
Total Exempt	Count	1,478	1,520	1,471	4,469
	% of Enrolled	6.5%	6.5%	6.0%	6.4%
- Medical Exemption	Count	86	81	74	241
	% of Enrolled	0.4%	0.3%	0.3%	0.3%
- Religious Exemption	Count	127	138	152	417
	% of Enrolled	0.6%	0.6%	0.6%	0.6%
- Personal Exemption	Count	1,265	1,301	1,245	3,811
	% of Enrolled	5.6%	5.6%	5.1%	5.4%
No Immunization Record	Count	147	89	63	299
	% of Enrolled	0.7%	0.4%	0.3%	0.4%
Incomplete Immunization Record	Count	1,069	646	2,085	3,800
	% of Enrolled	4.7%	2.8%	8.6%	5.4%

Idaho Teen and Adolescent Rates, 2008-2016



Idaho Health Care Plan

A unique Idaho solution aimed at stabilizing the individual insurance market and insurance rates while addressing the gap population by offering affordable insurance to those working and living below the poverty line.

What problems are we trying to solve?

Stabilize Insurance Rates: Rates on the individual market have increased roughly by 20 percent year over year since implementation of the Affordable Care Act (ACA) in 2014, making it less affordable for the general population to afford coverage. Affordability is causing many to choose to go without coverage.

Cover the gap: There remains a significant number of working Idahoans living under 100 percent of the Federal Poverty Level (FPL) who do not have access to affordable coverage because they are ineligible for a premium tax credit. This plan would allow those individuals to purchase insurance on the private market and receive the advanced payment of the tax credit to help cover the cost of the monthly premiums, making private coverage more affordable – just as individuals at 100-400 percent of the FPL are able to do. This solution does not expand Medicaid, but rather offers affordable options on the private market.

What is the Idaho Health Care Plan?

This plan is a two-pronged proposal that would allow a customized health care strategy to meet the needs of Idaho. Both the Medicaid program and Idaho's Insurance Exchange would need federal flexibility through waiver authority in Medicaid and the Affordable Care Act to make necessary changes to our current system to solve some of our most pressing issues.

Your Health Idaho 1332 Waiver: This waiver would allow individuals with incomes under 100 percent of the FPL to receive the premium tax credits to make the coverage affordable so they can purchase insurance on the private market. To receive the tax credit, these individuals would have to report some taxable income – adding a “work” requirement for individuals receiving federal subsidies.

Medicaid 1115 Wavier: Allows individuals on the private market with certain medically complex diagnoses to move to Medicaid and receive treatment for the duration of their illness. This would allow more comprehensive and consistent coverage for these individuals in keeping with the goals of the Medicaid program. It would also pull a portion of the high-cost individuals from the private individual market, reducing insurance premium costs for the rest of the individual market population.

The Idaho Health Care Plan is not

- An entitlement program
- Medicaid expansion



IDAHO DEPARTMENT OF
HEALTH & WELFARE



What would this plan cost the state?

No state general funds are needed for changes under the 1332 Waiver.

To help the working poor in the gap and halt the alarming increases in premiums on the individual market that are harming the middle class, the state will need to make approximately \$22 million available to the Department of Health & Welfare to implement the 1115 Waiver. Under this plan taxpayers would also see a reduction in funding to the Catastrophic Health Fund and county indigent healthcare funds due to more individuals having access to health coverage.

Is Legislation required?

To implement the provisions of this plan, the Idaho Legislature would need to pass legislation allowing the provisions for both waivers. Legislative proposals have been submitted by the Department of Insurance and the Department of Health and Welfare, in concert with Your Health Idaho, covering the statute changes required to implement this program. The Idaho Legislature and the Governor also would need to approve funds to cover the state general fund portion of this plan.

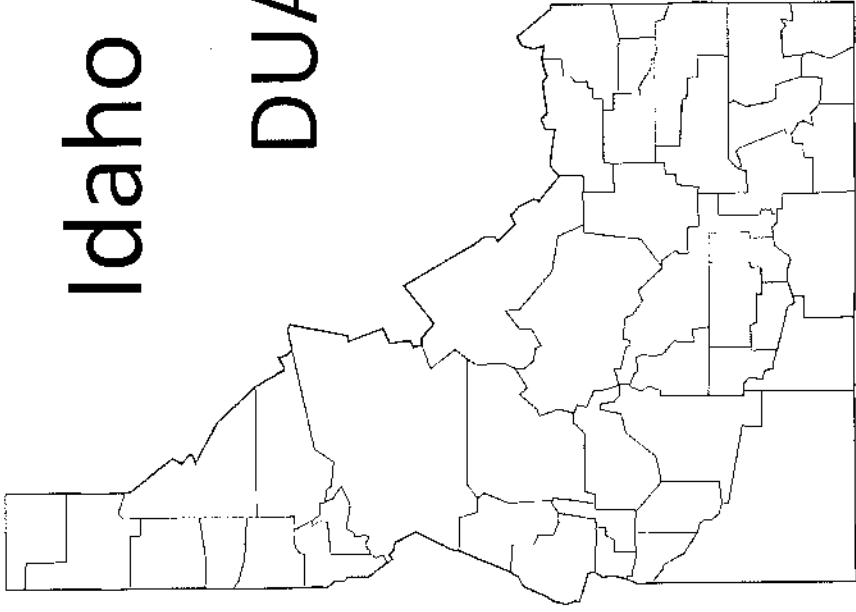
Who approves the waivers?

The Secretary of Health and Human Services (HHS) would ultimately have to approve both waivers. Idaho will work closely with the Centers on Medicaid Services (CMS) and the Center for Consumer Information and Insurance Oversight (CCIIO) to address federal concerns and move towards federal approval for these waivers. The Department of Health and Welfare will submit the 1115 Waiver to CMS and the Department of Insurance will submit the 1332 Waiver to CCIIO. Both departments and Your Health Idaho will work closely with their federal partners to ensure the waiver process progresses.



IDAHO DEPARTMENT OF
HEALTH & WELFARE





Idaho Health Coverage

DUAL Waiver strategy

(11115 + 1332)

Department of Health and Welfare

Department of Insurance

Your Health Idaho

November 2017

ACA Principles

Universal Health Coverage for Individuals

- Medicaid
- Private Insurance

Everyone is in-coverage

- No pre-existing conditions
- No waiting periods
- No benefit limits

Carrier Risk Normalization for Adverse Selection

What Happened?

- Supreme Court Ruling (making Medicaid Expansion optional)
- Individual State Actions
- No Risk Normalization
- Young, healthy population did not enroll in adequate numbers
- Significant adverse selection drives rate increases

Priorities in Health Care this plan will address...

Reduce Insurance Rates/Stabilize Market

- **Issue:** Insurance rates continue to increase annually since the implementation of the ACA, making health insurance for everyone less affordable and less accessible. Individuals are choosing to go without coverage and pay a penalty because it is cheaper.
- **Strategy:** Dual Waiver

Improve Access to Healthcare and Coverage

- **Issue:** Individuals under 100% FPL do not have access to affordable health coverage in Idaho.
- **Strategy:** Dual Waiver

Why Now?

Flexibility at Federal Level

- Federal government hasn't found a solution
- HHS sent letters to states encouraging states to submit waivers and come up with state specific solutions

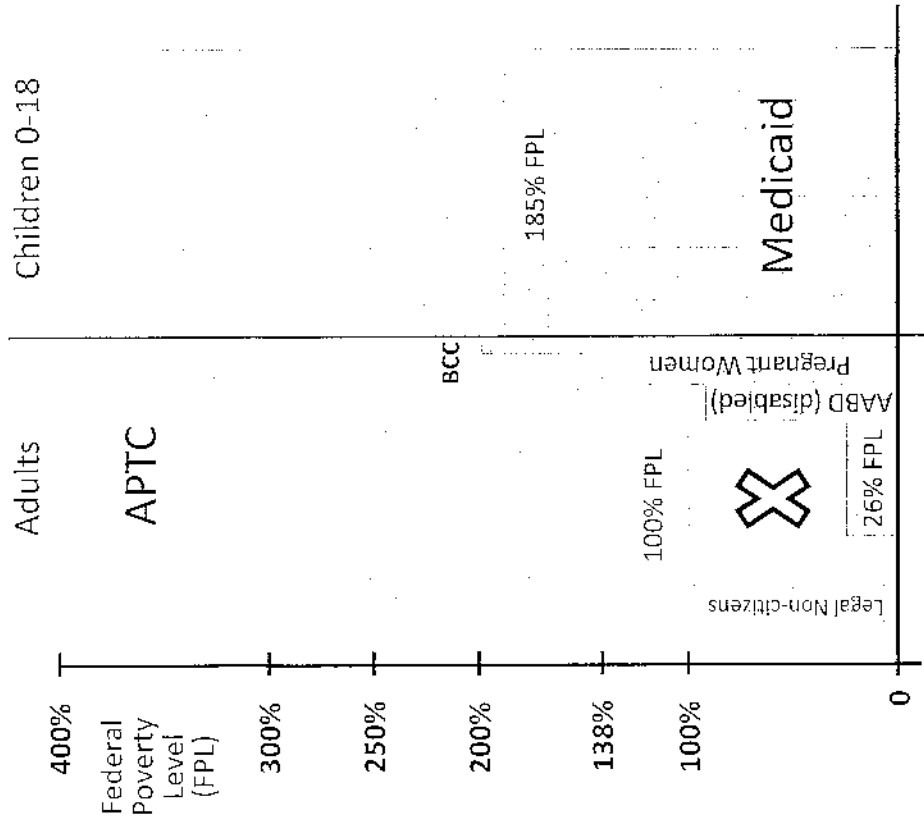
Must Address Rate Increases

- ACA transformed the "risk pool" in insurance world, making it impossible to assess risk with new rules and new population
- Insurance companies will continue to pass on "risk" and cost if we can't stabilize

Medicaid Reforms

- DHW is ready to implement Payment Reform strategies around Provider Based Managed Care that will transform the delivery and payment structure in Medicaid, making it a perfect time for Dual Waiver Strategy.

Idaho's current Medicaid & Subsidized Insurance (APTC) Coverage



Generally Medicaid covers:

- Children 0% to 185% FPL
- Parents to 0% to 26% FPL

Generally APTC covers:

- Children from 185% to 400% FPL
- Adults from 100% to 400% FPL

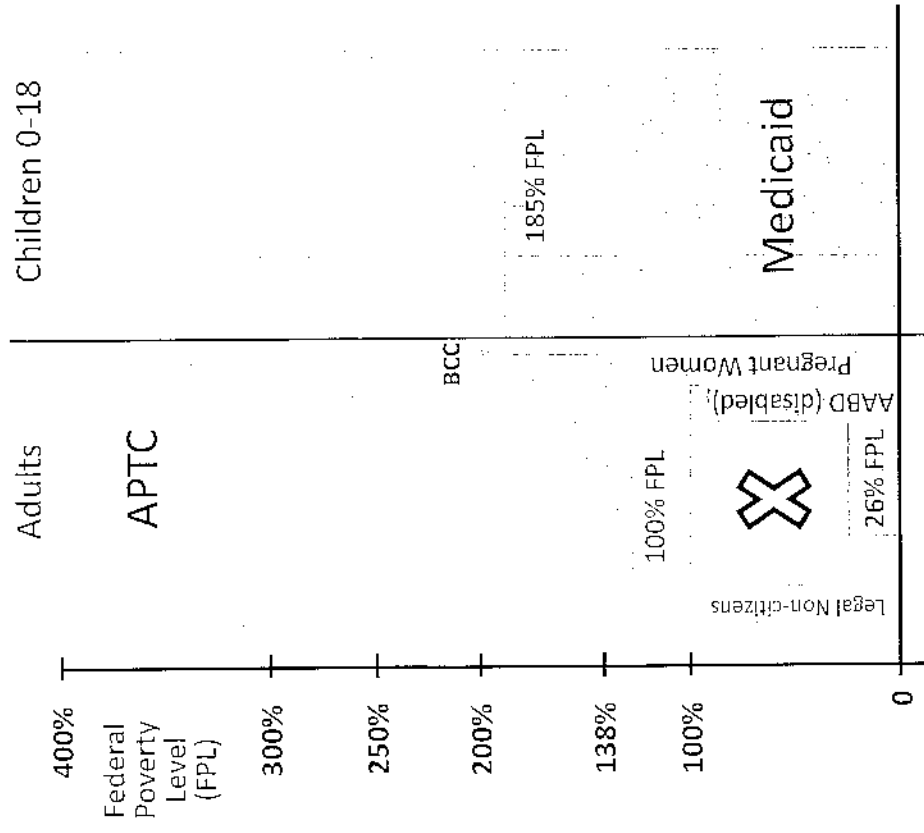
Other groups modify this general coverage:

- Legal Non-citizens get APTC from 0% to 100% FPL (working citizens do not)
- Aged/Disabled (AABD) get Medicaid from 0% to ~83% FPL
- Pregnant Women get Medicaid from 0% to 138% FPL
- Breast & Cervical Cancer diagnoses (BCC) 0% to 200% FPL

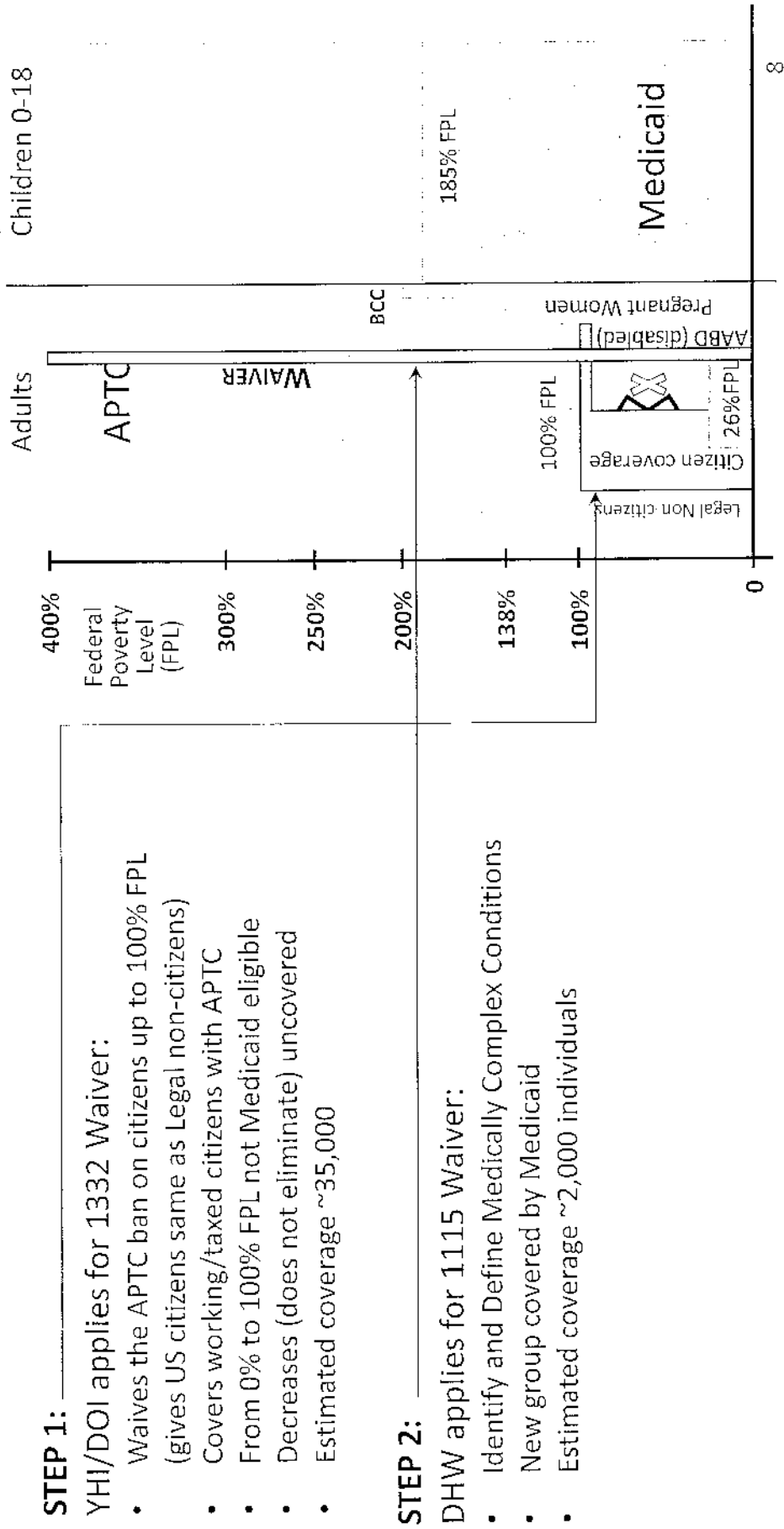
There is no Medicaid/APTC coverage for:

- Non-disabled Adult US Citizens from 0% FPL to 100% FPL (unless Parents)

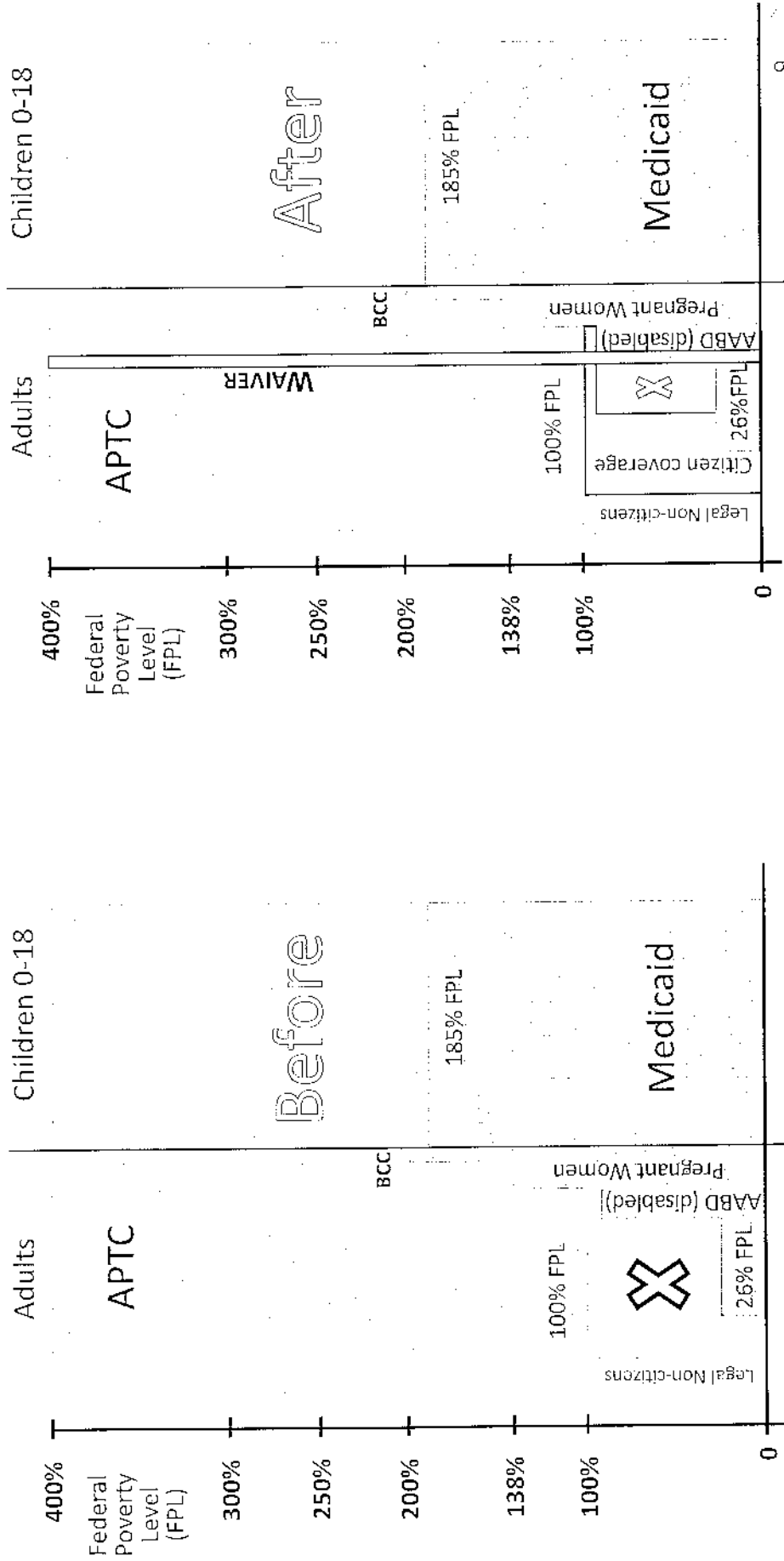
Idaho's current Medicaid & Subsidized Insurance (APTC) Coverage



Combining 1332 + 1115 Waivers to improve GAP coverage



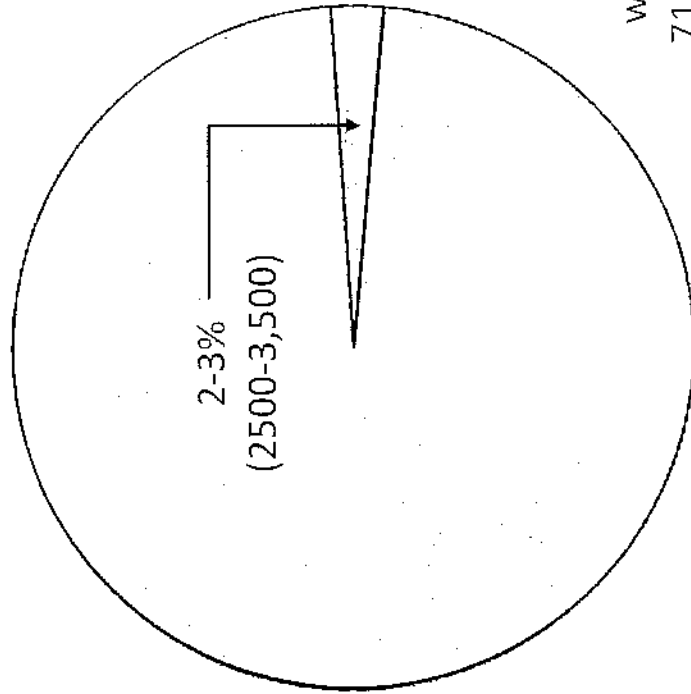
Comparison - Before & After with Combined 1332 + 1115 Waivers



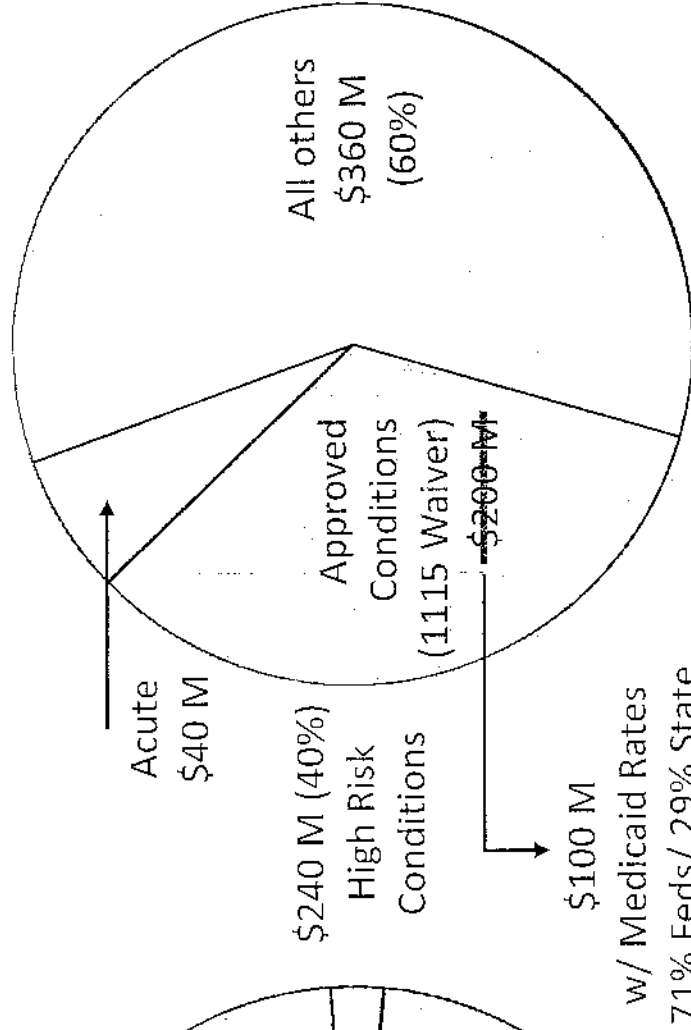
2019's 1115 Waiver: Reduce High Cost Claims to Balance Risk Pool

Conceptual
NOT actuarial
data

125,000 People

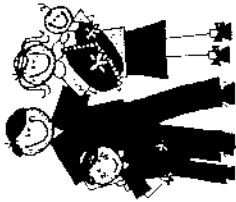


\$600M Individual Market



\$100 M
w/ Medicaid Rates
71% Feds/ 29% State
\$29 M State Funds

2019's 1115 Waiver: Impacts (Rates decrease by 20%)



Family of 4
2 Adults
2 Kids

Family
Impact

~\$200 to \$400
per month
premium savings

Current Rate

\$2,000

20% Rate Decrease
~\$400/month savings

\$1,600
New Rate

Current Rate

\$1,200

20% Rate Decrease
~\$240/month savings

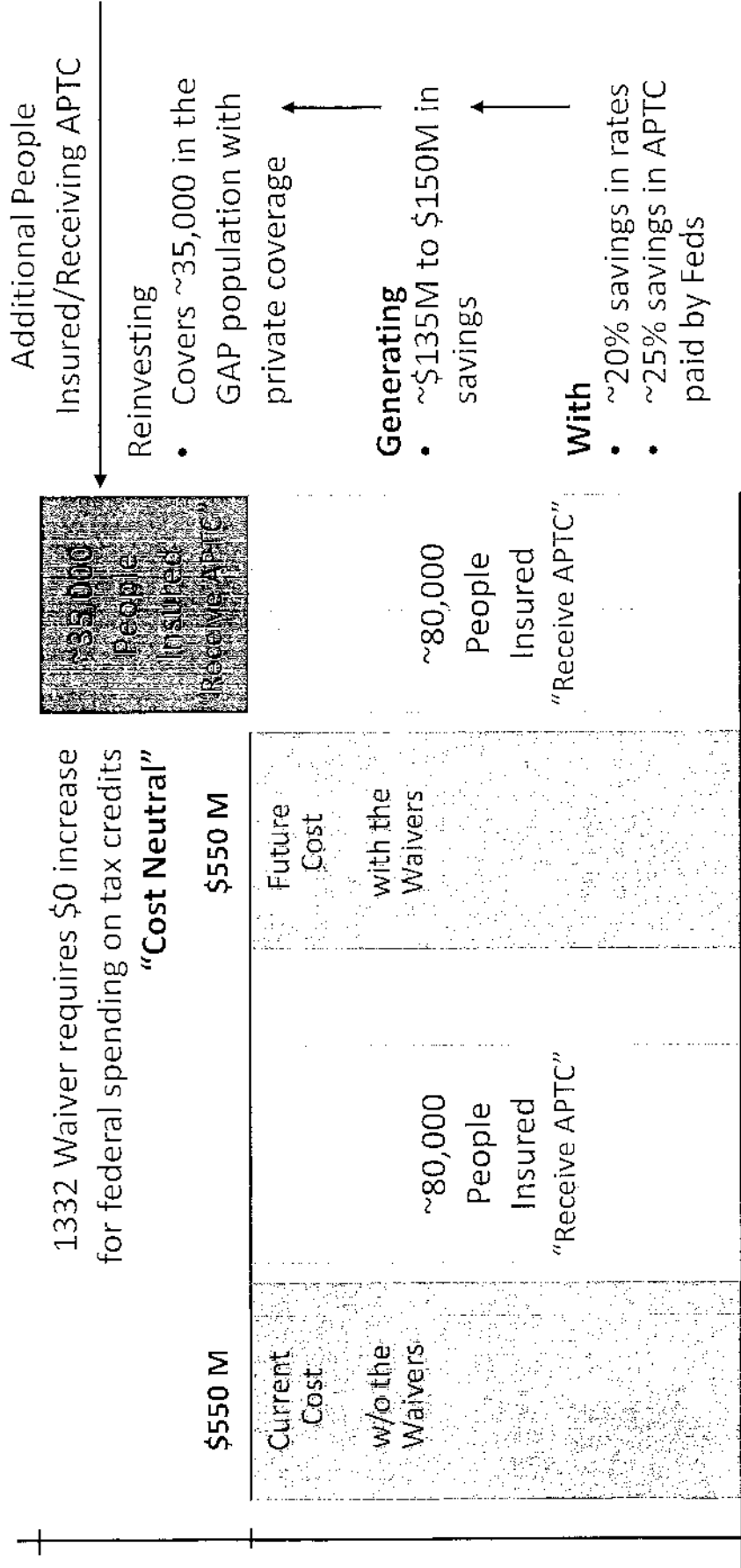
\$960
New Rate

Silver Plan

Bronze Plan

2019's Dual Waiver: Overview

1332 Waiver requires \$0 increase for federal spending on tax credits
"Cost Neutral"

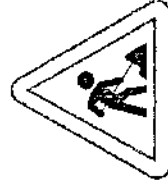


Idaho's 1115 Waiver Design – high level overview

- Cover individuals under 65 years old who are not otherwise eligible for other full Medicaid programs and do not have access to employer supported coverage
- Cover individuals up to 400% of FPL (align with individual market covered on State Exchange)
- Cover individuals with complex medical conditions (examples include):
 - Metastatic Cancers (Stage 4)
 - Hemophilia
 - End Stage Diseases
 - Bone Marrow Disorders
- Customers could apply for this program through the regular application process or customers who meet requirements for 1115 Waiver could be identified through health care providers or carriers and referred to DHW for eligibility determination
- Implement Cost Share/Premiums for individuals at higher income levels

High Risk Diagnosis – preliminary list and considerations

HCC	HCC label	Lives	Member Months	Carrier Allowed	Avg Altwd/ Person/yr
G10	Quadriplegia and Traumatic Complete Lesion Cervical Spinal Cord	17	188	\$ 3,564,499	\$ 327,323
066	Hemophilia	6	65	\$ 1,255,251	\$ 209,208
184	End Stage Renal Disease	104	1,006	\$ 14,103,387	\$ 135,609
038	Metastatic Cancer	467	4,793	\$ 53,374,474	\$ 114,292
G06	Disorders of Bone Marrow (Myelodysplastic syndromes, Myelofibrosis, Aplastic Anemia)	22	242	\$ 2,139,646	\$ 97,257
159	Cystic Fibrosis	21	225	\$ 2,032,080	\$ 96,670
G07	Diseases of the Blood (Hemolytic anemia, sickle cell anemia, thalassemia major, etc)	28	334	\$ 2,385,366	\$ 85,192
009	Lung, Brain, and Other Severe Cancers, Including Pediatric Acute Lymphoid Leukemia	177	1,784	\$ 13,303,814	\$ 75,163
154	Vascular Disease with Complications	98	1,064	\$ 7,270,654	\$ 74,190
118	Multiple Sclerosis	335	3,650	\$ 17,245,931	\$ 51,480
035	End-Stage Liver Disease	150	1,538	\$ 7,654,692	\$ 51,031
G08	Disorders of Immunity (Combined/severe immunodeficiencies, etc)	167	1,893	\$ 7,568,655	\$ 45,321
046	Chronic Pancreatitis	75	803	\$ 3,309,397	\$ 44,125
010	Non-Hodgkin's Lymphomas and Other Cancers and Tumors	233	2,525	\$ 9,876,428	\$ 42,388
115	Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy	118	1,261	\$ 4,746,648	\$ 40,226
139	Congestive Heart Failure	855	9,329	\$ 29,955,576	\$ 35,036
037	Chronic Hepatitis	241	2,648	\$ 8,212,479	\$ 34,077
075	Coagulation Defects and Other Specified Hematological Disorders	443	4,798	\$ 13,405,868	\$ 30,262
111	Amyotrophic Lateral Sclerosis and Other Anterior Horn Cell Disease	12	134	\$ 336,564	\$ 28,047
011	Colorectal, Breast (Age < 50), Kidney, and Other Cancers	304	3,393	\$ 8,241,563	\$ 27,110
G02A	Adult Metabolic/Endocrine Disorders (Mucopolysaccharidosis, Lipidoses, Glycogenesis, etc)	562	6,239	\$ 11,520,443	\$ 20,499
112	Quadriplegic Cerebral Palsy	5	61	\$ 102,026	\$ 20,405
012	Breast (Age 50+) and Prostate Cancer, Benign/Uncertain Brain Tumors, and Other Cancers and Tumors	327	9,103	\$ 16,691,569	\$ 20,183
G16	Chronic Kidney Disease (Stage 4 & Stage 5)	67	659	\$ 1,077,425	\$ 16,081
G12	Parkinson's and Huntington's, other motor control Diseases (Muscular dystrophy, etc)	99	1,034	\$ 1,477,466	\$ 14,924
013	Thyroid Cancer, Melanoma, Neurofibromatosis, and Other Cancers and Tumors	311	3,520	\$ 3,394,199	\$ 10,914
113	Cerebral Palsy, Except Quadriplegic	27	280	\$ 248,406	\$ 9,200
103	Pervasive Developmental Disorders, Except Autistic Disorder	22	224	\$ 121,593	\$ 5,527
102	Autistic Disorder	117	1,294	\$ 602,237	\$ 5,147



Idaho's 1332 Waiver Design – high level overview

- Waive a portion of section 36B(c)(1)(B) in IRS Code, extending the taxpayer definition to include US citizens under 100% of FPL with taxable income who are not otherwise eligible for Medicaid
 - These individuals would be treated the same as lawfully present non-citizens under 100% of FPL who are not eligible for Medicaid due to their non-citizen status
 - Idaho would determine eligibility for APTC and CSR using the same calculations as are currently used for non-citizen group
 - These individuals would be able to select from the same plans currently available on Idaho's State Exchange (QHP's)
 - May include pass through funding due to APTC savings from lower individual market premiums, as a result of Idaho's Individual High Risk Reinsurance Pool (as modified by Idaho Legislature during 2017 session) and the 1115 waiver
- (B) SPECIAL RULE FOR CERTAIN INDIVIDUALS LAWFULLY PRESENT IN THE UNITED STATES. —If—
- “(j) a taxpayer has a household income which is not greater than 100 percent of an amount equal to the poverty line for a family of the size involved, and
 - “(ii) the taxpayer is an alien-lawfully present in the United States, but is not eligible for the Medicaid program under title XIX of the Social Security Act by reason of such alien-status, the taxpayer shall, for purposes of the credit under this section, be treated as an applicable taxpayer with a household income which is equal to 100 percent of the poverty line for a family of the size involved.

2019's Dual Waiver: Benefits to Idaho

- ~35,000 more Idaho lives covered
- Could cover ~\$150 M to ~\$180 M in new claims *estimated (with private coverage) – amount paid to providers*
- Entire GAP population incentivized to participate (employment/earnings)
- 20% reduction on premiums for everyone
- \$200 - \$400 savings to an individual family *estimated per month premium reduction for a family*
- Risk pool is better balanced

What's next?

- ✓ Submit Legislation for 1115 and 1332 Waivers
- ✓ Submit budget request for general fund portion of 1115 waiver
- Submit waivers to CMS and CCIO for conditional approvals (cannot implement waivers without statutory approval)
- Continue discussions with stakeholders and Legislators
- Begin working on implementation strategies and details around coordination between DHW, DOI, and YHI

Questions & Discussion

	B	E	F		J	K	L	P	
1									
2	DEPARTMENT OF HEALTH & WELFARE								
3	FY19 Proposed Decision Units (for SFY 2018 really)								
4	SUPPLEMENTALS								
5	DRAFT - FOR DISCUSSION PURPOSES ONLY								
6							Date / Time:	11/15/2017 15:32	
7	Dept.				One		Funding		
8	Priority/DU #	Division	Program	Description	Time	FTE	General	Total	
9	4.37	Behavioral Health	SHS	SHS Fund Adjustment	N	-	\$ 1,889,300	\$ -	
10	4.37	Behavioral Health	Community Hospitalization	Community Hospitalization Shortfall	Y	-	\$ 1,000,000	\$ 1,000,000	
11	4.34	Behavioral Health	Children's Mental Health	Youth Empowerment Services	N	-	\$ 322,300	\$ 644,600	
12	4.37	Behavioral Health	SHN	<p><u>Contracted tele-psychiatrist, contract nurse practitioner, proposed nurse comp plan:</u></p> <p>Contracted Tele-psychiatrist - \$50,000 Contracted Nurse Practitioner - \$50,000</p> <p>Proposed Nurse compensation increase plan - \$61,800 ongoing (All positions are full-time and fully benefitted). The supplemental portion of the request is for \$16,600 with an annualization of \$45,200 for fiscal year 2019.</p>	Both	-	\$ 116,600	\$ 116,800	
13	BEHAVIORAL HEALTH SUBTOTAL						-	\$ 3,328,200	\$ 1,761,200
14	4.35	FACS		<p><u>Child Welfare Social Workers and Supervisors:</u></p> <p>Funding to support front line delivery of services to Child Welfare clients and related families and to modify processes to improve Child Welfare System.</p> <p>FTP authority from 13 vacant positions (10 S/R + 3 FACS)</p>	Both	-	\$ 133,500	\$ 267,000	
15	FACS SUBTOTAL						-	\$ 133,500	\$ 267,000
16	4.31	Medicaid	Financial Operations	<p><u>Trustee and Benefits Held Payments from SFY 2017:</u></p> <p>During the end of SFY 2017, Medicaid did not have enough general fund appropriation due to not collecting enough drug rebate receipts to cover a portion of the final trustee and benefit payments on June 28th.</p>	Y	-	\$ 10,701,000	\$ 55,329,200	
17	4.32	Medicaid	Financial Operations	<p><u>Receipt authority for general receipts decrease:</u></p> <p>Receipts need to accommodate a decrease in receipt authority due to a decrease in hospital cost settlements.</p>	N	-	\$ 7,186,200	\$ -	
18	4.35	Medicaid	Financial Operations	<p><u>Personal Assistance Services Rate Changes:</u></p> <p>The Department conducted a cost survey of Personal Assistance Agency and Assisted Living Facility providers in 2017 to establish reimbursement rates and address participant access to services in accordance with administrative rule section IDAPA 16.03.10.037. Providers have stated that they are experiencing high turn-over in service delivery staff.</p>	N	-	\$ 477,500	\$ 1,656,200	
19	4.35	Medicaid	Financial Operations	<p><u>Supported Living Services Rate Changes:</u></p> <p>The Department conducted a cost survey in order to establish reimbursement rates in accordance with administrative rule section IDAPA 16.03.10.037. The Department has worked extensively with providers and the Centers for Medicare and Medicaid (CMS) to finalize a reimbursement methodology that accurately reflects the cost to provide these services.</p>	N	-	\$ 259,500	\$ 900,000	
20	4.38	Medicaid	Medical Care	<p><u>Clinical Quality Measurement System Development:</u></p> <p>2nd year of a project ending 9/30/2020. This funding will assist Patient Centered Medical Homes (PCMH) to submit clinical quality measures to Idaho's Health Information Exchange (HIE) and further Idaho Medicaid's strategic objectives to transform the state's primary care landscape to a Patient Centered Medical Home (PCMH) model and move towards value-based reimbursement.</p>	Y	-	\$ 217,500	\$ 2,175,000	

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2	FY19 Proposed Decision Units (for SFY 2018 really)								
3	SUPPLEMENTALS								
	<u>DRAFT - FOR DISCUSSION PURPOSES ONLY</u>								
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7	Dept.				One		Funding		
8	Priority/DU #	Division	Program	Description	Time	FTE	General	Total	
21	4.33	Medicaid	BDDS	<u>KW Lawsuit Compliance with Court Order:</u> This request covers the cost of developing a new supports budget methodology as court ordered in the KW lawsuit settlement agreement. The Department has partnered with Human Services Research Institute (HSRI) to develop, test, and assist in implementation of the new methodology.	Y	-	\$ 106,800	\$ 213,500	
22	4.33	Medicaid	BDDS	<u>KW Lawsuit Compliance - Legal Fees:</u> This request covers the cost to implement court-ordered training to support adequate due process for adult Medicaid participants with developmental disabilities who contest the department's decision at hearing.	Y	-	\$ 49,000	\$ 98,000	
23	4.38	Medicaid	Medical Care	<u>Clinical Quality Measurement Web-Based Viewer:</u> This funding will assist Patient Centered Medical Homes (PCMH) to be able to review patient level quality measures for care delivery through Truver's Provider Performance Assessment web based viewer.	Y	-	\$ 36,800	\$ 368,000	
24	MEDICAID SUBTOTAL						-	\$ 19,034,100	\$ 61,737,900
25	4.39	Public Health	Admin	<u>Funding to continue Expanded Access Program for Epilex:</u> These funds will be used to maintain 38 Idaho children with intractable epilepsy in the Expanded Access Program	Y	-	\$ 26,800	\$ 26,800	
26	4.39	Public Health	BCPS	<u>Ryan White Supplemental Grant - Additional Funding</u>	N	-	\$ -	\$ 1,000,000	
27	PUBLIC HEALTH SUBTOTAL						-	\$ 26,800	\$ 1,026,800
28	TOTAL						-	\$ 22,522,600	\$ 64,792,900
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34	DIVISION SUB-TOTALS:								
35	Behavioral Health							\$ 3,328,200	\$ 1,761,200
36	Councils							\$ -	\$ -
37	FACS							\$ 133,500	\$ 267,000
38	Public Health							\$ 26,800	\$ 1,026,800
39	Support Services							\$ -	\$ -
40	Licensing & Certification							\$ -	\$ -
41	Healthcare Policy Initiatives							\$ -	\$ -
42	Medicaid							\$ 19,034,100	\$ 61,737,900
43	Welfare							\$ -	\$ -
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DEPARTMENT OF HEALTH & WELFARE
FY19 Proposed Decision Units
MAINTENANCE
DRAFT - FOR DISCUSSION PURPOSES ONLY

Date / Time: 11/15/17 3:32 PM

Dept.	Priority/DU #	Division	Program	Description	One Time	FTE	General	Funding Total
	10.54	Behavioral Health	SHN	SHS Fund Adjustment	N	-	\$ 45,200	\$ 45,200
	10.75	Behavioral Health	SHS	FMAP rate change	N	-	\$ 7,600	\$ -
BEHAVIORAL HEALTH SUBTOTAL								
	10.51	FACS		Child Welfare Staffing - Annualization	N	-	\$ 354,200	\$ 708,400
	10.75	FACS	CWS	FMAP rate change	N	-	\$ 18,200	\$ -
	10.75	FACS	SWTC	FMAP rate change	N	-	\$ 10,100	\$ -
FACS SUBTOTAL								
	10.71 through 10.74	Medicaid	Financial Operations	Medicaid cost based pricing, mandatory pricing, caseload, and utilization	N	-	\$ 35,316,000	\$ 132,162,600
	10.75	Medicaid	Financial Operations	FMAP rate change	N	-	\$ 2,682,200	\$ -
	10.53	Medicaid	Financial Operations	Personal Assistance Services Rate Changes - Annualization	N	-	\$ 2,389,900	\$ 8,281,000
	10.52	Medicaid	Financial Operations	Supported Living Services Rate Changes - Annualization	N	-	\$ 1,298,700	\$ 4,500,000
MEDICAID SUBTOTAL								
	10.77	Welfare	AABD Cash	AABD Cash caseload annual growth	N	-	\$ 636,300	\$ 636,300
WELFARE SUBTOTAL								
							\$ -	\$ -
TOTAL							\$ 42,758,400	\$ 146,333,500
DIVISION SUB-TOTALS:								
Behavioral Health							\$ 52,800	\$ 45,200
Councils							\$ -	\$ -
FACS							\$ 382,500	\$ 708,400
Public Health							\$ -	\$ -
Support Services							\$ -	\$ -
Licensing & Certification							\$ -	\$ -
Healthcare Policy Initiatives							\$ -	\$ -
Medicaid							\$ 41,686,800	\$ 144,943,600
Welfare							\$ 636,300	\$ 636,300
TOTAL							\$ 42,758,400	\$ 146,333,500
CHECK FIGURE							\$ 42,758,400	\$ 146,333,500
VARIANCE							\$ -	\$ -

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1	DEPARTMENT OF HEALTH & WELFARE								
2	FY19 Proposed Decision Units								
3	LINE ITEMS								
4	DRAFT - FOR DISCUSSION PURPOSES ONLY								
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7	Funding								
8	Dept. Priority/DU #	Division	Program	Description	One Time	FTE	General	Total	
9	12.02	Behavioral Health	SHS Fund Adjustment	Crisis Center request for Regions 2, 3, and 6: The Division of Behavioral Health is requesting the funding necessary to contract for the operation and startup of three behavioral health community crisis centers in addition to four centers already funded.	Both	-	\$ 4,535,000	\$ 4,535,000	
10	12.14	Behavioral Health	SUD	SUD - Provider Rate Increase	Ongoing	-	\$ 256,000	\$ 256,000	
11	12.07	Behavioral Health	CMH	Jeff D CANS Integration	N	-	\$ 250,000	\$ 500,000	
12	12.47	Behavioral Health	SHS	SHS Staffing Request FTP and funding for Health Information Specialist and Admin Assistant position	N	2.00	\$ 101,400	\$ 101,400	
13	12.44	Behavioral Health	SHS	SHS Reclassify LPN's to RN's	N	-	\$ 92,000	\$ 92,000	
14	12.38	Behavioral Health	SHN	SHN - FTP and funding for Registered Nurse, SR for the Infection Prevention Officer	N	1.00	\$ 77,400	\$ 77,400	
15	12.46	Behavioral Health	SHN	FTP and funding for Health Information Manager: The individual will hold certification as a Registered Health Information Technician (RHIT) or Registered Health Information Administrator (RHIA), and will provide oversight of the Health Information Management functions within State Hospital North	N	1.00	\$ 72,800	\$ 72,800	
16	12.43	Behavioral Health	SHN	Automated Medication Storage Systems: State Hospital North (SHN) is requesting funds to purchase two automated medication storage systems. These units would be located on each patient unit and provide nursing with an accurate medication storage and dispensing system for narcotics and ward stock items.	Y	-	\$ 40,800	\$ 40,800	
17	12.18	Behavioral Health	SHN	Change Medical Directors to non-classified:	N	-	\$ 32,700	\$ 32,700	
18	12.18	Behavioral Health	SHS	Change Medical Directors to non-classified:	N	-	\$ 32,700	\$ 32,700	
19	12.46	Behavioral Health	SHS	SHS Advanced Physical Skills Training	Y	-	\$ 80,000	\$ 80,000	
20	12.29	Behavioral Health	SUD	IROC Federal Authority: A federal grant aimed at prevention and treatment of the growing opioid addiction in Idaho and across the Nation. The grant is called <u>Who's Response to the Opioid Crisis</u> (IROC). The non-competitive federal grant is part of the Cures Act and has already been awarded to Idaho.			\$ -	\$ 1,955,000	
21	12.49	Behavioral Health	OH	Community Mental Health: Add intent language to be able to transfer in excess of 10%	N	-	\$ -	\$ -	
22	12.52	Behavioral Health		Tobacco Permit Fees - Fund 0174	N	-	\$ -	\$ 160,000	
23	12.07	Behavioral Health	CMH	YES Project - Transfer GF to Medicaid	N	-	\$ (1,181,800)	\$ (1,181,800)	
24	BEHAVIORAL HEALTH SUBTOTAL						4.00	\$ 4,339,200	\$ 6,704,200
25	12.03	FACS	Automated Systems	Redevelop Child Welfare Information System (Phase 3): The third year of a five year project to modernize the Division's Child Welfare information System and improve its mobile technology capacity.	Yes	-	\$ 3,900,000	\$ 7,800,000	
26	12.27	FACS	LD	Early & Periodic Screening, Diagnostic and Treatment (EPSDT) State Plan Amendment (SPA): The establishment of this defined Medicaid benefit will allow the program to use increased resources to eliminate of the program's waiting list, decrease contractor turnover, provide needed services to infants and toddlers, and ultimately meet federal requirements.	N	-	\$ 321,100	\$ 1,129,800	

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1	DEPARTMENT OF HEALTH & WELFARE								
2	FY19 Proposed Decision Units								
3	LINE ITEMS								
4	DRAFT - FOR DISCUSSION PURPOSES ONLY								
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6	Dept.	Division	Program	Description	One Time	FTE	General	Funding Total	
7	Priority/DU #								
8	12.41	FACS	DD	Transfer \$ & 2 FTP from SWTC to DD: A transfer of funds and two positions from the Southwest Idaho Treatment Center to the Community Developmental Disabilities Program Court Services and Crisis Prevention Team. Two positions will be transferred to support the crisis team in their mission to assist individuals who have developmental disabilities to stay in their communities. The positions will be Developmental Specialists Senior. These positions will have Board Certified Behavioral Analyst (BCBA) credentials. With the addition of these positions the Northern and Eastern Hubs of the state will have Behavioral Analyst expertise available to help children and adults with significant behaviors. \$73,800 - GrF + \$73,800 - FTE	N		\$	\$	
27									
28	FACS SUBTOTAL							\$	4,221,100 \$ 8,929,800
29	12.09	Healthcare Policy Initiatives		Statewide Healthcare Innovation Plan (SHIP) This request is for an additional \$5,000,000 in federal spending authority for the period of 7/1/2018-6/30/2019 to continue implementation of the Statewide Healthcare Innovation Plan (SHIP) for SFY2019.	One Time			\$ 5,000,000	
30	HEALTHCARE POLICY INITIATIVES SUBTOTAL							\$	\$ 5,000,000
31	12.11	Licensing & Certification	RALF	3 Additional Health Facility Surveyors: Currently, there are 376 licensed facilities with 359 total buildings and 9,912 licensed beds. The RALF program oversees those 9,912 licensed beds with 9 permanent Health Facility Surveyors. This translates to 1,101 licensed beds per surveyor.	N	3.00	\$ 91,400	\$ 276,900	
32	LICENSING & CERTIFICATION SUBTOTAL							3.00 \$ 91,400	\$ 276,900
33	12.01	Medicaid	Medicaid	Idaho Health Care Plan	Both	4.00	\$ 22,034,600	\$ 75,779,300	
34	12.39	Medicaid		Assisted Living Facility Rate Change	N		\$ 1,501,400	\$ 6,202,500	
35	12.07	Medicaid		YES Project - Transfer GF from CMH	N		\$ 1,161,600	\$ 1,131,800	
36	12.38	Medicaid	Financial Operations	Children's Developmental Disability Agency Rate Changes: 2017 cost survey. These providers service array include the following: individual and group habilitative support and intervention services, individual and group family education services, individual and group respite services, therapeutic consultation services, and crisis intervention services.	Ongoing		\$ 577,200	\$ 2,000,000	
37	12.33	Medicaid	Administration	Improved Integrity of Provider Enrollment III Phase III pays for the federally mandated enhancements to our Medicaid Management Information System (MMIS) to safeguard the provider enrollment process. 42 CFR Part 455 Subpart E.	Y		\$ 289,200	\$ 2,892,000	
38	12.08	Medicaid	Administration	Medicaid Personnel and Operating Request: The first position is needed to manage the work to transition our Medicaid Management Information System (MMIS) to a modular systems approach as required by federal regulations. The second position will support a higher standard of financial forecasting and modeling for the Medicaid budget to ensure accurate budget projections. The third and fourth positions are needed to support program analysis reporting and contract monitoring activities for Regional Care Organizations (RCO) to further Medicaid's strategic objectives to transform the state's primary care landscape towards value-based payment reform. We are also requesting one-time marketing funds for RCO communication to operationalize Medicaid's strategic objectives to transform the state's primary care landscape towards value-based payment reform. We expect all expenditures related to implementation of value-based payment strategies to be fully offset by decreases in trustee and benefit spending. The fifth and sixth positions are limited service positions and are needed to support the Youth Empowerment Services (YES) program through 2020. Implementation of the YES program is a multi-divisional including automated system changes as well as contracting efforts.	Both	6.00	\$ 255,100	\$ 590,200	
39	12.45	Medicaid	Medical Care/ITSS	Medicaid External Quality Review (EQR): To cover the cost to pay for required External Quality Review (EQR) for our managed care contracts. Medicaid is federally required to conduct this review for our Idaho Behavioral Health Plan, Dental Plan, and Medicare-Medicaid Coordinated Plan(s).	N		\$ 240,000	\$ 480,000	

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40	12.15	Medicaid	Medical Care	Clinical Quality Measurement System Development: For connecting Medicaid Patient-Centered Medical Home (PCMH) providers to Idaho's Health Information Exchange (HIE)	Y	-	\$ 330,000	\$ 2,300,000			
41	12.03	Medicaid	Administration	Medicaid Management Information System (MMIS) Independent Verification and Validation (IV&V): This request covers the cost to pay for the Centers for Medicare and Medicaid (CMS) required Independent Verification and Validation (IV&V) vendor. The IV&V will provide an independent and unbiased perspective on the progress of MMIS system development and the integrity and functionality of the system.	Y	-	\$ 250,000	\$ 2,000,000			
42	12.15	Medicaid	Medical Care	Clinical Quality Measurement Web-Based Viewer Maintenance: For the implementation of advanced analytics and display capabilities through a web-based Medicaid Management Information System (MMIS) portal.	Ongoing	-	\$ 63,300	\$ 253,000			
43	12.48	Medicaid	Financial Operations	Technical Records Specialists for the Office of Financial Recovery: Currently we pay for temporary workers to perform technical records specialist duties in our federally mandated estate recovery program. We want to move the general fund cost from operating to personal because we have been using this temporary service for multiple years. The work is not considered temporary anymore and the general fund cost is about the same.	N	2.00	\$ 18,200	\$ 39,400			
44	12.36	Medicaid	LTSS	Personal Needs Allowance (PNA) increase for participants in Nursing Facilities: The initial PNA was set at \$40 per month over 20 years ago. With the cost of goods and services going up each year over the last 20 years, it is time to increase this amount to \$55, so the participant can purchase personal items each month. On average, 3,740 participants have skilled nursing facility coverage each month. If this request is approved, participants will retain more of their monies to use for personal items and services, which will reduce their share of cost amounts resulting in a department responsibility of an estimated \$486,600 per year for Medicaid claims.	N	-	\$ -	\$ -			
45	12.27	Medicaid		Early & Periodic Screening, Diagnostic and Treatment (EPSDT) State Plan Amendment (SPA): The establishment of this defined Medicaid benefit will allow the program to use increased resources to eliminate the program's waiting list, decrease contractor turnover, provide needed services to infants and toddlers, and ultimately meet federal requirements.	N	-	\$ (321,300)	\$ (1,126,700)			
46	MEDICAID SUBTOTAL						12.00	\$ 26,269,500	\$ 91,588,300		
47	12.34	Public Health	Suicide Prevention Program	Youth Suicide Prevention: The Suicide Prevention Program currently provides the evidence-based program, ongoing wellness and suicide prevention program - Sources of Strength (Sources) - in middle, junior, and senior high schools in Idaho. The additional \$523,800 requested would allow expansion of this program into 25 new Idaho public schools per year and allow for a pilot evidence-based program called the Good Behavior Game (GBG) to be implemented in Idaho public elementary schools that feed into the Sources schools.	Ongoing	-	\$ 523,800	\$ 523,800			
48	12.23	Public Health	BCPH	Idaho Hospital Association Cancer Data Registry of Idaho (CDRI): The CDRI is the only source for population-based cancer statistics and cancer survival statistics among Idahoans. The Bureau of Community and Environmental Health has been cobbling together funding over the last several years to keep CDRI at level funding. However, with the uncertainty of federal funds and the continued need for population-based cancer statistics, ongoing general funds are needed to secure and complete the work.	Ongoing	-	\$ 106,000	\$ 126,000			
49	12.13	Public Health	Food Protection Program	Food Protection Program FTP: Health Program Specialist (class M) to ensure staffing capacity within the Food Protection Program and increase standardization in retail food inspection practices in Public Health Districts.	Ongoing	1.00	\$ 77,400	\$ 77,400			

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50	12.31	Public Health	BVRHS	Electronic Death Registration System (EDRS) Modernization: The computer language Idaho's EDR is written in is no longer the industry standard. At this time, the language can be updated as a less expensive option compared to replacing the system and will extend the application's lifespan. If the application language is not updated the system will cease to work with commercially available web browsers, effectively eliminating the usefulness of the system.	One Time	-	\$ 75,000 \$ 75,000
51	12.51	Public Health		Public Health Physician Pay Increase	N	-	\$ 73,300 \$ 12,700
52	12.17	Public Health	MRPC	Rural Health Research Analyst: A .33 FTE increase for a Research Analyst responsible for data collection and analysis to determine Health Professional Shortage Areas (HPSAs). The federal requirements for states to collect and analyze data to determine HPSAs has significantly increased.	Ongoing	0.33	\$ - \$ 19,900
53	12.19	Public Health	WIC	e-WIC Program Specialist FTP: FTP for Health Program Specialist classification; help implement, coordinate, and evaluate e-WIC. The program is federally required to transition from paper benefits to electronic benefits (eWIC) by 2020. Also requests federal spending authority.	Both	1.00	\$ - \$ 2,111,600
54	12.20	Public Health	BVRHS	Vital Statistics Receipt Authority Transfer: The Bureau of Vital Records & Health Statistics is requesting an ongoing transfer of \$100,000 in receipt authority from Trustee & Benefits (T&B) to support personnel expenditures. The existing Trustee & Benefits authority is within the Physical Health Services appropriation.	Ongoing	-	\$ - \$ -
55	12.20	Public Health	EMSP	Increase receipt authority for Time Sensitive Emergency (TSE): The spending authority for TSE Receipts is currently \$127,000. It is anticipated that the program receipts will exceed the current spending authority. This request is to increase receipt spending authority by \$200,000 to allow the program to operate on TSE receipts.	Ongoing	-	\$ - \$ 200,000
56	12.32	Public Health	Suicide Prevention Program	Zero Suicide Federal Spending Authority: The Suicide Prevention Program apply for a federal grant from SAMSHA to implement Zero Suicide. The division and function have inadequate federal spending authority.	Ongoing	-	\$ - \$ 697,400
57	12.42	Public Health	BOCAPS	Clinical Services Health Education Specialist: FTE for Health Educator Specialist classification help bureau with education and outreach activities.	Ongoing	1.00	\$ - \$ 66,800
58	12.33	Public Health	Immunization Program	TRICARE Funding: Funding to pay for TRICARE - covered children vaccines. These funds will be used to cover the potential gap in vaccine funding created by TRICARE's continued refusal to participate in the Idaho Vaccine Assessment Fund.	One time	-	\$ - \$ -
59	12.41	Public Health	BOCAPS	Critical Congenital Heart Disease: to cover operating costs to add Critical Congenital Heart Defect (CCHD) screening to the newborn screening rules.	Ongoing	-	\$ - \$ -
60	PUBLIC HEALTH SUBTOTAL					3.33	\$ 855,500 \$ 3,893,600
61	12.10	Support Services	IT	IT Security applications: Increased cost of maintenance and service agreements over the last 4 years - Cisco Security	Ongoing	-	\$ 549,300 \$ 985,400
62	12.12	Support Services	IT	SCO Mainframe Costs:	N	-	\$ 454,100 \$ 1,057,400
63	12.23	Support Services	Operational Services	Potential move - Cda: Move related costs for new Cda Facility - public works, moving expenses, misc, etc.	Y	-	\$ 182,000 \$ 340,100
64	12.50	Support Services	Criminal History Unit	CHU System Modernization Grant - NEW for Revision 1: The Bureau of Audit and Investigations Criminal History Unit (CHU) is requesting funding and authority for a total of \$600,000 (\$150,000 general funds and \$450,000 federal funds) to pursue a federal grant to improve and modernize its existent criminal history and background check system software and fingerprint equipment. The Centers for Medicare and Medicaid Services will provide \$450,000 in a 3-to-1 match arrangement.	Y	-	\$ 175,000 \$ 700,000

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65	12.35	Support Services	IT	ITSD Staffing The resources requested will provide critical support to all agency personnel who utilize the systems required by the various programs in this regard. Maintaining adequate staffing allows us to provide the much-needed enhancements or improvements to these information systems.	Both	1.00	\$	152,300	\$ 363,300	
66	12.25	Support Services	IT	Software Licenses 2,000 licenses for Microsoft Enterprise Mobility Suite - Security This software enables DHW to control content of mobile devices (smartphones, tablets and laptops) indicating whether a document can be printed, shared or saved to an external device, even when the device is not on the DHW network. 3,500 licenses for Ivanti Performance Manager software. This product will enable IT teams to centrally control resources for a 1 application and desktop delivery methods while reducing hardware costs and increasing performance.	Both		\$	133,800	\$ 241,000	
67	12.37	Support Services	IT	ITSD Targeted Class Salary Increases- NEW for Revision 1: The Information Technology Services Division (ITSD) is requesting funding for \$167,000 (\$100,200 federal funds, and \$66,800 general funds) to increase the compensation for three Information Technology (IT) classifications: IT Information Systems Technician, Senior, IT Systems Integration Analyst and IT Systems Coordinator. This is an effort to minimize the impact to our agency and division in obtaining and retaining skilled IT personnel.	N	-	\$	66,800	\$ 167,000	
68	12.23	Support Services	Operational Services	Operational Services Staffing: Request for one FTP and funding for a Project Manager to lead initiatives for state-wide improvements to workplace safety and security, implement strategies and tools to minimize disruptions to delivery of essential services during emergencies, and to increase efficiency, productivity and quality of Division of Operational services work management processes.	N	1	\$	62,600	\$ 93,600	
69	12.16	Support Services	Criminal History Unit	Criminal History Unit (CHU) Staffing and Equipment: The Bureau of Audit and Investigations Criminal History Unit (CHU) is requesting two full-time positions, operating costs and receipt authority of \$134,600 in order to satisfactorily meet the increased demand for its services.	Both	2.00	\$	7,000	\$ 136,600	
70	12.24	Support Services	Medicaid Program Integrity Unit	Medicaid Program Integrity Unit (MPIU) Staffing: This requested position is to fulfill two administrative functions: a) preparing legal documents for recovering uncollectable debts through asset recovery and b) preparing legal records for exclusions and terminations. This individual will prepare court documents needed to obtain court judgments on outstanding provider debts.	Both	1.00	\$	-	\$ 59,400	
71	12.28	Support Services	Fraud Analysis	Medicaid Program Integrity Unit (MPIU) Fraud Analysis Staffing: There is an increased ROI seen in partnering units, such as Medicaid Program Integrity Unit (MPIU), when data analysis is used during an investigation. Such analysis provide auditors with targeted, high value leads upon which to focus their investigation.	Both	1.00	\$	-	\$ 68,700	
72	SUPPORT SERVICES SUBTOTAL						9.00	\$	1,794,100	\$ 4,253,400
73	12.34	Welfare	Child Support	Child Support Automated System Modernization (year 3 of 3 year project): Year 3 of the Child Support modernization effort will see additional revisions to OS functionality using automation development and business re-engineering that has been the key to the Division of Welfare's service delivery success.	Y	-	\$	2,720,000	\$ 6,090,000	
74	12.30	Welfare	Child Support	Ongoing transfer of Personnel dollars to Operating to support ongoing maintenance of new Child Support system: FTP authority (10.05) to FACS; funds stay in S/R	N	-	\$	203,500	\$ 588,600	

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75	12.05	Welfare	SNAP	<u>Employment and Training (E&T):</u> USDA/FNS 50:50 funding for Employment & Training (federal authority only - match to salaries)	N		\$ -	\$ 2,000,000	
76	12.39	Welfare	AABD	<u>Aid to the Aged, Blind, and Disabled Program (AABD) Rule Change:</u> This request is for \$35,000 (rounded) in state general funds to increase the Aid to the Aged, Blind, and Disabled Program (AABD) cash benefit received by a disabled individual residing in a nursing home to help cover personal needs from \$10 a month to \$25 a month, a \$15 per-month increase. There is no matching federal funds for this request as the AABD-Cash program is 100% state funded.	N		\$ -	\$ -	
77	12.30	Welfare	Child Support	<u>Ongoing transfer of Personnel dollars to Operating to support ongoing maintenance of new Child Support system:</u> FTP authority (10.05) to FACS; funds stay in S/R	N		\$ (203,600)	\$ (598,600)	
78	WELFARE SUBTOTAL							\$ 2,720,000	\$ 10,000,000
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81	TOTAL						31.33	\$ 40,290,800	\$ 130,646,200
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87	DIVISION SUB-TOTALS:								
88				Behavioral Health		4.00	\$ 4,339,200	\$ 6,704,200	
89				Courts		-	\$ -	\$ -	
90				FACS		-	\$ 4,221,100	\$ 6,929,800	
91				Public Health		3.33	\$ 855,500	\$ 3,993,800	
92				Support Services		9.00	\$ 1,794,100	\$ 4,253,400	
93				Licensing & Certification		3.00	\$ 91,400	\$ 276,800	
94				Healthcare Policy Initiatives		-	\$ -	\$ 5,000,000	
95				Medicaid		12.00	\$ 26,269,500	\$ 91,588,300	
96				Welfare		-	\$ 2,720,000	\$ 10,000,000	
97				TOTAL		31.33	\$ 40,290,800	\$ 130,646,200	
98				CHECK FIGURE		31.33	\$ 40,290,800	\$ 130,646,200	
99				VARIANCE		-	\$ -	\$ -	
100									