

**IDAHO BOARD OF HEALTH AND WELFARE
MINUTES
November 14, 2019**

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

BOARD MEMBERS PRESENT

Darrell Kerby, Chairman
Tom Stroschein, Vice-Chair
Dave Jeppesen, Secretary
James Giuffré
Wendy Jaquet
Dr. Linda Hatzenbuehler – via phone
Sara Stover
Senator Fred Martin

STAFF PRESENT

Lisa Hettinger, Deputy Director, Finance, Licensing & Certification (L&C), Audits & Investigations
Tamara Prisock, Division Administrator, L&C
Kathie Brack, Special Assistant to the Director
Kelly Petroff, Director of Communications
Niki Forbing-Orr, Public Information Officer
Lynn Overman, Liaison to the Board
Fernando Castro, Program Supervisor, Audits & Investigations
Nate Elkins, Program Supervisor, L&C
Jamie Simpson, Program Supervisor, L&C
Miren Unsworth, Division Administrator, Family and Community Services (FACS)
Steve Millward, Program Manager, L&C
Bill Evans, IT Support Analyst
Elke Shaw-Tulloch, Division Administrator, Public Health (PH)
Wayne Denny, Bureau Chief, Emergency Medical Services (EMS)
Matt Wimmer, Division Administrator, Medicaid
Julie Hammon, Division Administrator, Self-Reliance (SR)

OTHERS PRESENT

Nicole McKay, Division Chief, Deputy Attorneys General (DAG)
Daphne Huang, DAG
Jared Tatro, Principal Budget & Policy Analyst, Legislative Services Office
Betsy Russell, Idaho Press

Kathy Griesmeyer, ACLU
 Joe Pollock, citizen
 Mark Bost, citizen
 James Vavrek, Gravis Law
 Carlie Foster, Lobby Idaho
 Jason Kreizenbeck, Lobby Idaho
 Martin Bilbao, Bilbao Co.

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 14, 2019 at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.

ROLL CALL

Director Jeppesen, Secretary, called the roll. Roll call showed eight (8) members present. With five (5) voting members present, Chairman Kerby declared a quorum. Absent and excused was Representative Fred Wood and Dr. Timothy Rarick.

PUBLIC COMMENT PERIOD

Chairman Kerby opened the floor for public comment. Mark Bost addressed the Board regarding a program entitled "Focus on Children", a court-ordered, educational program for divorcing parents. He has been required to take the course and feels it is not helpful. He appealed to the Board for creation of a baseline curriculum for all counties. He has already spoken with a judge and Sara Thomas, Administrative Director of Idaho Courts. He believes the program has been administered by individuals who have no formal training and the curriculum is "three (3) decades out of date for social norms."

Chairman Kerby thanked Mr. Bost for his comments. As this program is mandated and administered by the Courts, neither the Department of Health and Welfare (DHW), nor the Board have authority over the curriculum.

ADOPTION OF MINUTES FROM BOARD MEETING ON AUGUST 15, 2019

Motion: Jim Giuffré moved that the minutes of the August 15, 2019 Board meeting be adopted as prepared.

Second: Wendy Jaquet

Vote:

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

Nays: **None**

Motion Carried

HEARING ON APPEAL: JOEY POLLOCK VS. DHW

Nicole McKay, Division Chief - Deputy Attorneys General addressed Board members regarding oral argument in this case. Board authority is to uphold or deny the Preliminary Order of the Hearing Officer. Mr. Pollock has agreed to waive confidentiality to address the Board. His attorney and the DHW each had 20 minutes to present oral argument.

Mr. Pollock's counsel, James Vavrek from Gravis Law agreed to waive confidentiality to address the Board.

Mr. Pollock's Certified Family Home license was placed on provisional status due to an incident recorded in a 2 ½ minute video provided to the department by Mr. Pollock. In the video, Mr. Pollock's step-daughter Ellen is seen striking her mother repeatedly in an unprovoked attack. Mr. Pollock intervened by slapping Ellen who came away with a bloody nose. Mr. Vavrek argued that to limit the decision based on one 2 ½ minute video is an injustice. Mr. Pollock has served his step-daughter for 20 years and there has been no evidence of an unsafe home outside of this single incident. In addition, Mr. Pollock contacted the Garden City police immediately after the incident and the police determined there was no abuse. Further, Mr. Pollock provided the video to the department and did not attempt to hide the incident. Mr. Vavrek also asserted the department did not conduct an adequate investigation because Ellen was the only person interviewed. Ellen's neurologist has confirmed Ellen's medicine led to her heightened aggression. The medicine has been adjusted and there have been no further incidents. Mr. Pollock contacted the department at least three times prior to the incident to request help with the aggressive behavior.

Jim Giuffré thanked Mr. Pollock for his long service to his step-daughter but stated his alarm seeing the incident and hearing the language Mr. Pollock used towards Ellen. He asked Mr. Pollock why a provisional license was not acceptable to him, based on the record of the incident. Mr. Pollock indicated the provisional license will remain on his record and declare he abused his step-daughter. He feels he was only protecting his wife in an isolated incident.

Daphne Huang, Deputy Attorney General for the DHW and Steve Millward, Program Manager for the Certified Family Home program, DHW then addressed the Board.

Ms. Huang informed the Board of Mr. Pollock's compliance with four conditions imposed by the provisional license. Mr. Pollock's Certified Family Home has been returned to full licensure. Ms. Huang argued the video is more than adequate to show the department acted appropriately in issuing a provisional license. The department has a duty to protect CFH residents from mental and physical abuse and have the right to be treated with respect. Mr. Pollock's desire to protect his wife is not an excuse to abuse his step-daughter. There is no known rule in Idaho that permits abuse of one person to protect another; self-defense is not lawful under CFH rules. Training and compliance for maintaining a Certified Family Home is a requirement of all licensees and therefore Mr. Pollock has no legitimate rebuttal to the allegations.

Jim Giuffré asked if any intervention was provided by the department prior to issuing the provisional license.

Mr. Millward stated an eight-hour training course is provided once per year, including a review of client rights for freedom from abuse or neglect. The department was obligated to take enforcement action based on the incident recorded. Several factors were considered, including whether the incident was isolated or showed a pattern of behavior and whether the license should be revoked or placed on provisional status. The provisional license allowed the department to work closely with Mr. Pollock to monitor his compliance and is the lowest sanction.

A plan was created to:

1. Identify behavior triggers to Ellen's aggression
2. Train Mr. Pollock to options available
3. Train Mr. Pollock in non-violent intervention techniques

Mr. Pollock complied with all requirements and the provisional license has been lifted.

Tom Stroschein asked if the record of the provisional license could be expunged. Per Nicole McKay, there is no mechanism for that. In addition, the Board's authority in this matter is to uphold, reverse or modify the hearing officer's decision. To reverse or modify the decision, the Board would have to find the department abused its discretion in issuing a provisional license to Mr. Pollock. Mr. Stroschein also asked if Mr. Pollock's pay was affected by the provisional license. Mr. Millward confirmed that Mr. Pollock's pay was not affected with a provisional license.

Mr. Giuffré and Mr. Kerby expressed regret for the incident and acknowledged Mr. Pollock's compliance with the remedies to have the provisional license lifted. They expressed their belief the department acted appropriately in issuing the provisional license.

Motion: Wendy Jaquet moved that the Board of Health and Welfare vote to affirm the Preliminary Order in appeal #19-65822, Joey Pollock vs. State of Idaho, Department of Health and Welfare.

Second: Linda Hatzenbuehler

Roll Call Vote:

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

Nays: **None**

Motion Carried

VAPING DISCUSSION Elke Shaw-Tulloch

Ms. Shaw-Tulloch reported as of November 5 there have been 10 cases of respiratory infection in Idaho because of vaping. There have been no deaths. (**See Attachment 1**)

The Department is utilizing social media, advertisements, and community outreach programs like Project Filter to educate citizens regarding the health risks associated with vaping. The Public Health Division is focusing its outreach on youth for good health practices and offering nicotine patches. Without federal or state regulation of these products, education and cessation resources are the most effective course of action. States that have banned vaping are experiencing costly litigation.

Senator Martin stated he introduced a bill during the last legislative session to ban the purchase, possession and use of tobacco and e-cigarettes up to age 21. Penalties would mirror those of alcohol laws for those under 21. He plans to reintroduce the bill at the 2020 Legislature.

There was much discussion among Board members about the marketing practices on youth - particularly with flavored products. Mr. Giuffré stated his concern that education and intervention are not enough to dissuade youth before they become addicted. He cited research indicating nicotine is more addictive than heroin, with addiction occurring on the second exposure.

Motion: Jim Giuffré moved that the Department of Health and Welfare, Public Health Division provide Governor Little with a comprehensive list of options to consider regarding health issues related to and/or regulation of vaping in Idaho.

Second: Wendy Jaquet

Vote:

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

Nays: **None**

Motion Carried

Linda Hatzenbuehler requested vaping be placed on the agenda for follow-up at the next Board meeting.

COMMENTS FROM BOARD MEMBERS

Wendy Jaquet reported on the 2020 census. In 2015, \$2.4 billion in federal monies came to Idaho in the form of grants for schools, roads, hospitals and law enforcement because of growth - approximately \$1473 per person.

Jim Giuffré commented on the inaccuracies of social media posts regarding vaccination.

Mr. Giuffré and Wendy Jaquet also complimented Director Jeppesen for his participation in an Idaho Public Television broadcast of "Resilience: The Biology of Stress and the Science of Hope", which deals with the long-term effects of trauma. The Director's comments related to traumatized children serviced by DHW programs.

Per Kathie Brack, this broadcast could not be re-aired or shared with Board members because IPTV only obtained the rights to air the film one time.

Tom Stroschein reported the State Recovery Centers continue to operate largely with Millennium funds. Region 2 has opened two satellite offices that are staffed by AmeriCorps.

LEGISLATION AND RULES – Tamara Prisock

Tamara provided Board members with 4 handouts including a list of Legislative Proposals for the 2020 Legislative Session. **(See Attachment 2)**
Docket No. 0214-1901 will be vacated. **(See Attachment 3)**

Board members also received a summary of public comments from the August public meetings. Meetings regarding immunization were the most highly attended and commented on. **(See Attachment 4)**

In keeping with the Governor’s Red Tape Reduction Act, the number of restrictive words in the Department rule chapters has been reduced by 20 percent. Some restrictive words such as “shall” and “must” have been reduced by 28 percent. **(See Attachment 5)**

Idaho is unique among other states in that agencies receive training to avoid implementing unnecessary regulations. This balances public safety with over-regulation.

APPROVAL OF TEMPORARY AND PENDING RULES

EMS DOCKET NO. 16-0102-1901 RULES DEFINITIONS

Presenter: Wayne Denny

Wayne Denny, Bureau Chief of EMS presented the EMS rules docket for the Board’s approval. This docket removed language to align the rule with Idaho Code.

Motion: Jim Giuffré moved that the Idaho Board of Health and Welfare adopt the “Pending” Rules for “Emergency Medical Services – Rule Definitions,” presented under Docket No. 16-0102-1901, effective Sine Die 2020.

Second: Wendy Jaquet

Vote:

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

Nays: **None**

Motion Carried

EMS DOCKET NO. 16-0103-1901 AGENCY LICENSING REQUIREMENTS

Presenter: Wayne Denny

Wayne Denny, Bureau Chief of EMS presented the EMS rules docket for the Board's approval. This docket lists criteria to designate TSE as an EMS agency.

Wendy Jaquet asked if this referred to paramedics or the first level of service. Mr. Denny stated this is to close the gap of time between EMS situations and hospital awareness of the situations.

Motion: Wendy Jaquet moved that the Board of Health and Welfare adopt the "Pending" Rules for "Emergency Medical Services – Agency Licensing Requirements," presented under Docket No. 16-0103-1901, effective Sine Die 2020.

Second: Linda Hatzenbuehler

Vote:

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

Nays: **None**

Motion carried

EMS DOCKET NO. 16-0107-1901 PERSONNEL LICENSING REQUIREMENTS

Presenter: Wayne Denny

Wayne Denny, Bureau Chief of EMS presented the EMS rules docket for the Board's approval. This docket deals with licensing reciprocity from state to state.

Jim Giuffré asked if there were concerns about personnel competency without an exam. Mr. Denny responded that a robust supervisor level is in place to determine competency. This removes exam anxiety for those who have been practicing for many years. The docket also allows military personnel that have a National Registry card to be approved without retaking the exam in each state.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the "Pending" Rules for "Emergency Medical Services – Personnel Licensing Requirements," presented under Docket No. 16-0107-1901, effective Sine Die 2020.

Second: Linda Hatzenbuehler

Vote:

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

Nays: **None**

Motion carried

EXECUTIVE SESSION

James Giuffré moved that the Idaho Board of Health and Welfare, pursuant to Idaho Code §74-206, convene in executive session to communicate with legal counsel regarding pending/imminently-likely litigation [Idaho code §74-206(1)(f)] and the vote to do so by roll call.

Second: Tom Stroschein

Vote:

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

Nays: **None**

Motion carried

Executive Session convened at 10:30 a.m.

Wendy Jaquet moved that the Idaho Board of Health and Welfare, pursuant to Idaho Code §74-206, conclude the executive session convened to communicate with legal counsel regarding pending/imminently-likely litigation [Idaho code §74-206(1)(f)] and the vote to do so by roll call.

Second: Tom Stroschein

Vote:

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

Nays: **None**

Motion carried

Executive Session concluded at 10:55 a.m.

PUBLIC HEALTH DOCKET NO. 16-0208-1901 GENDER MARKER, MEDICAL ATTESTATION

Board Chairman Darrell Kerby read the following statement:

A review of the record has revealed at the May 16, 2019 meeting, when the Board of Health and Welfare considered Docket No. 16-0208-1901, that while the Board had a quorum present, and a majority voted to approve the docket, the docket did not receive four affirmative votes as required by Idaho Code sec. 56-1005(8). As such, that docket is vacated for voidness.

Based upon the lack of required affirmative votes, the volume and content of the public comments, and in furtherance of the Red Tape Reduction Act, Docket No. 16-0208-1901, this temporary and proposed rule is vacated and will not advance for legislative consideration this coming session. The vacation of this docket is limited to the rulemaking and has no impact on legislative discretion. **(See Attachment 6)**

Wendy Jaquet and Jim Giuffré expressed interest in sharing articles pertinent to Board discussions. Nicole McKay reminded the Board of the Open Meeting Law and instructed that informational articles may be sent to Board Liaison Lynn Overman to distribute to Board members through Department email and the SharePoint site. Ms. McKay reminded Board members that discussing the articles outside of quarterly Board meetings violates Open Meeting Law.

L&C DOCKET NO. 16-0319-1901 CERTIFIED FAMILY HOMES

Presenter: Steve Millward

Steve Millward, Program Manager in the Division of Licensing and Certification stated the two main points of the Docket are to require caregivers to renew background checks every five years; and allow the department to deny CFH certification to those who are already operating with foster care or childcare licensing.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" Rules for "Rules Governing Certified Family Homes," presented under Docket No. 16-0319-1901, effective July 1, 2020.

Second: Jim Giuffré

Vote:

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

Nays: **None**

Motion carried

L&C DOCKET NO. 16-0322-1901 RESIDENTIAL CARE OR ASSISTED LIVING FACILITIES

Presenter: Jamie Simpson

Jamie Simpson, Program Supervisor in the Division of Licensing and Certification provided a summary handout to all Board members. **(See Attachment 7)**

Jim Giuffré asked Ms. Simpson if the square footage referenced in item 12 of the summary applies to new construction only. Ms. Simpson responded that it did.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the “Pending” Rules for “Residential Care or Assisted Living Facilities in Idaho,” presented under Docket No. 16-0322-1901, effective July 1, 2020.

Second: Linda Hatzenbuehler

Vote:

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

Nays: **None**

Motion carried

AUDITS/INVESTIGATIONS DOCKET NO. 16-0506-1901 CRIMINAL HISTORY AND BACKGROUND CHECKS

Presenter: Fernando Castro

Fernando Castro, Program Supervisor for Audits and Investigations presented the docket for the Board’s approval.

Jim Giuffré asked about the effectiveness of Community Review Panels. Miren Unsworth, Division Administrator, Family and Community Services (FACS) informed the Board the Community Review Panels are new and are directed by the Health Districts and report to legislative committees. The process has not yet completed a full annual cycle. Panel members are co-trained by the Department of Health and Welfare and the Idaho courts. Health Districts cover the cost of Criminal History Unit (CHU) background checks and work with public health directors and panel members to disclose pertinent information.

Jim Giuffré moved that the Idaho Board of Health and Welfare adopt the “Pending” Rules for “Criminal History and Background Checks,” presented under Docket No. 16-0506-1901, effective Sine Die 2020.

Second: Tom Stroschein

Vote:

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

Nays: **None**

Motion carried

AUDITS/INVESTIGATIONS DOCKET NO. 16-0506-1902 CRIMINAL HISTORY AND BACKGROUND CHECKS

Presenter: Fernando Castro

Fernando Castro, Program Supervisor for Audits and Investigations stated the docket removes references to the National Crime Information Center, as federal law does not permit the department to make requests of a federal agency. This excludes warrants and crimes of a sexual nature.

Jim Giuffré noted the definition as written uses too many words to describe that background checks for volunteers are only needed if other IDAPA rules require it.

Mr. Castro explained the language was selected because during the negotiated rulemaking process, long term care providers objected to any requirement for volunteer background checks. They rely on a large pool of volunteers and the cost for multiple background checks would be prohibitive. They also feared volunteers would be less inclined to participate if they had to pay for their own background checks.

Jim Giuffré moved that the Idaho Board of Health and Welfare adopt the “Pending” rules for “Criminal History and Background Checks,” presented under Docket No. 16-0506-1902, effective July 1, 2020.

Second: Linda Hatzenbuehler

Vote:

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

Nays: **None**

Motion carried

Remaining agenda items were addressed in a different order than appears on the agenda to accommodate Mr. Stroschein’s travel schedule. This allowed for

a quorum and at least four affirmative votes for action items, as per Idaho Code Section 56-1005(8).

CONCURRENCE OF ANDREW MASTERS

Director Jeppesen introduced Mr. Masters to the Board as the new Division Administrator for Information and Technology Services Division (ITSD) and recommended him for Board approval. Mr. Master's curriculum vitae was provided in the Board binder. **(See Attachment 8)**

Mr. Masters expressed his appreciation and excitement to work in the Department of Health and Welfare. He worked in clinical research for 10 years and has high expectations for outcomes facilitated by the department. He is happy to have a good IT team. His passions are information technology and music.

Board members welcomed Mr. Masters. Mr. Giuffré, Ms. Jaquet and Dr. Hatzenbuehler shared difficult experiences accessing the DHW Infonet (now named Inside DHW) due to password expiration and lack of support for Apple products. Andrew assured the Board he will examine a new IT policy regarding access options for Board members.

Tom Stroschein moved that the Idaho Board of Health and Welfare concur with the appointment of Andrew Masters as Division Administrator for ITSD.

Second: Jim Giuffré

Vote:

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

Nays: **None**

Motion carried

DIRECTOR'S UPDATE

Director Jeppesen told the Board his goal has been to visit all 45 DHW offices in the state this year. As of today, he has two offices left to visit. He reports it has been helpful to meet in small groups to understand "what the workers do and how to help them do it." Workers expressed appreciation for his visits and asked him to visit again. After the legislative session, he will make those visits in a job shadowing capacity. This will allow him to evaluate the effectiveness of the Strategic Plan. A copy of the Strategic Plan is in the Board binders. **(See Attachment 9)**

The Behavioral Health Division has made great strides. Director Jeppesen has met with the Governor and Sara Thomas from the Idaho Courts to discuss the development of a statewide system of services over the next five years. Three branches of government and community partners will create a council over the next six to nine months with three main goals: 1. To increase access to services; 2. To improve prevention of substance abuse and mental health problems; and, 3. To provide robust crisis management. Data shows millennials are currently the

largest living age group in the United States. They are also the group with the largest behavioral and mental health issues - this is an issue that will have continued focus for the department.

Tom Stroschein encouraged the Director's proposed efforts, commenting that a program will take at least five years to become established. Dr. Hatzenbuehler endorsed the issue as a "top of the list" item.

Director Jeppesen asked Matt Wimmer, Division Administrator of Medicaid to address the Board regarding hospital reimbursements. Mr. Wimmer referred to Governor Little's memoranda requesting agency budget reductions for FY 2020 and FY 2021. **(See Attachments 10 & 11)** A one-page document with Medicaid payment reductions for FY 2020 was shared with the Board. **(See Attachment 12)** Controlling costs will require statute changes that are outlined on the document and will be presented to the 2020 Legislature.

Nursing facilities and hospitals make up 1/3 of Medicaid spending and are likely able to bear the required reductions. The department has been in discussions with the Idaho Hospital Association (IHA) and the Idaho Health Care Association (IHCA) for collaboration on how reductions will be structured and the implementation of value-based care reimbursements.

VOTE FOR CHAIRMAN AND VICE CHAIRMAN

Tom Stroschein moved that the Idaho Board of Health and Welfare vote for Darrell Kerby as Chairman of the Board of the Idaho State Department of Health and Welfare, effective immediately and until the next election in November 2020.

Second: Wendy Jaquet

Vote:

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

Nays: **None**

Motion carried

Tom Stroschein moved that the Board of Health and Welfare vote for Jim Giuffré as Vice Chairman of the Board of the Idaho State Department of Health and Welfare, effective immediately and until the next election in November 2020.

Second: Wendy Jaquet

Vote:

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

Nays: **None**

Motion carried

SET 2020 MEETING SCHEDULE

Wendy Jaquet moved that the Idaho Board of Health and Welfare approve the meeting dates for 2020 as follows:

February 27
 May 21
 August 20
 November 12

Second: Tom Stroschein

Vote:

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

Nays: **None**

Motion carried

**FINANCIAL SERVICES, OPERATIONAL SERVICES, SFY2021 BUDGET REQUEST:
 LISA HETTINGER**

Ms. Hettinger provided five handouts to Board members, including the Idaho General Fund Revenue Report. **(See Attachments 13-17)**

State revenues are lower than projected during the 2019 legislative session. To maintain a financially responsible surplus of funds, the Governor has requested the Department develop a plan to execute a two percent base reduction for FY 2021 and a 1 percent reduction during the current fiscal year.

Medicaid enrollment has decreased, which seems attributable to the improved economy and national policies regarding Medicaid and Immigration status.

Our current non-emergency medical transportation (NEMT) contractor (line 6) has been struggling with its service. Mr. Giuffré asked if Medicaid clients are prohibited from using Uber or Lyft. Per Matt Wimmer, Division Administrator of Medicaid, the majority of NEMT users have developmental or physical disabilities and Uber and Lyft drivers are rarely able to meet their needs.

Ambulatory Service Centers (ASC), (line 15) will be offset by hospital required procedures.

Medicaid Enterprise System Procurement (line 16) will include claims, data and pharmacy management.

Jim Giuffré commented the base programs look good if these proposals meet with the Governor's requested two percent reduction.

Wendy Jaquet stated the revenue projections don't seem a large enough concern to warrant these reductions. Per Sara Stover, Governor's Office Senior Policy Advisor, while the state is still enjoying five percent growth, economist data points to a downturn. The Governor does not want to cut budget in the middle of a budget cycle in a year with the implementation of Medicaid Expansion and increasing Department of Corrections needs.

Jim Giuffré asked if the state is building a new adolescent psychiatric hospital or looking into contracting with a private hospital. Director Jeppesen informed the Board there is available room at the state-run State Hospital South in Blackfoot. An advisory group at the Southwest Idaho Treatment Center (SWITC) will bring an update to the Director today.

FACS/SWITC, MIREN UNSWORTH

Miren Unsworth, Family and Community Services Division Administrator gave the Board an update on the SWITC Advisory Board formed a year ago. There is a primary service gap for acute and sub-acute care in the state. SWITC has become a catchall and currently serves 17 individuals with developmental disabilities, psychiatric, medical and complex behavioral health needs. The Advisory Board has proposed options for a new level of care model:

1. Establish an observation and assessment unit. A Request for Information (RFI) has been issued to determine if this would best be served by a private contractor or a partnership between SWITC and a private interest.
2. A step-down facility to share the SWITC campus.
3. Build community provider capacity.

Exploration of funding, licensing and operations for all three of these proposals is in process. The goal for implementation is year-end, 2021. Jim Giuffré complimented the department for creating a new process of care and an aggressive timeline.

Ms. Jaquet asked for status on litigation at SWITC. Ms. McKay reported there is one open case that may have oral argument on a Motion to Dismiss in late winter or early spring.

Ms. Unsworth also reported on the Child Welfare IT system upgrade. Consultants were hired to re-engineer the old system. The new Intake Module rolled out in June and the upgraded Safety Assessment module was initiated in October. The Case Management system is scheduled for launch by the end of 2020. This upgrade to the system will allow our caseworkers to move from crisis management to case management.

SELF-RELIANCE, MEDICAID EXPANSION ENROLLMENT, JULIE HAMMON

Julie Hammon, Welfare Division Administrator reported on eligibility for Medicaid Expansion. Beginning in July, customers applying for food stamps were asked if they were interested in applying for Medicaid. In October, eligibility workers widened the audience by asking those who applied for Medicaid for their children if they were interested in coverage themselves. Of the 39,696 food stamp recipients eligible for enrollment, 16,000 were eligible for the Advanced Premium Tax Credit (APTC). 12,000 Supplemental Nutrition Assistance Program (SNAP) recipients still need to be contacted between now and January regarding eligibility for Medicaid Expansion. The division does not have a number representing those not on SNAP who may want to enroll, but it is estimated at 91,000. In addition, 32,000 qualify for the APTC and 27,000 are eligible for recertification.

MEDICAID, MATT WIMMER;

Dr. Hatzenbuehler inquired about availability for those who may need behavioral health care with Medicaid Expansion. Per Matt Wimmer, a survey was sent to Primary Care Providers. 80 percent of all providers responded, with almost all indicating they would take new clients. Medicaid feels confident in primary care access for the expansion population. A survey of behavioral health providers received a strong response as well.

Dr. Hatzenbuehler requested a report of behavioral health care under Medicaid Expansion be included as an agenda item for the meeting May 21, 2020.

Mr. Wimmer reported Federal approval for Medicaid Expansion was received 11/13/19. Two waivers have been submitted and are awaiting approval/denial by the Centers for Medicare and Medicaid Services:

1. Work requirements for benefit recipients
2. Primary care referrals needed for family planning.

A waiver is also being drafted for psychiatric services to be provided in non-hospitals or Institutes for Mental Disease (IMD). Also, a Coverage Choice waiver will be resubmitted.

Jim Giuffré commented the waivers, except for the proposed draft for psychiatric services, are not in alignment with Idaho voter's approval of Medicaid Expansion and feels time and money will be spent defending the waivers. He believes the Board should not allow this. Senator Martin reminded the Board of a bill presented for Medicaid Expansion without waivers, but it did not pass the Legislature. Chairman Kerby stated public policy is set by the Legislature and it is not the Board's purpose or authority to change that policy. Ms. McKay reminded Board members any discussion that may lead to a motion will need to be listed on the agenda as an action item.

Ms. Jaquet requested further discussion on Medicaid Expansion waivers be included on the February 27, 2020 meeting agenda.

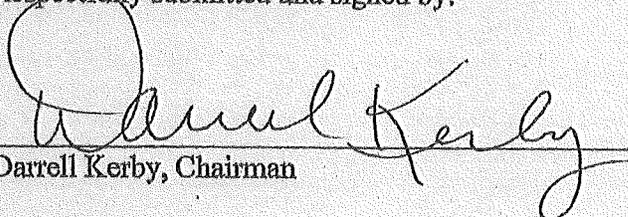
She also inquired whether the 1115 Family Planning Waiver required a Primary Care Physician (PCP) to make a referral. Per Mr. Wimmer, if the waiver is approved, clients may continue to go to their PCP for family planning services. If the PCP is unable to provide the service needed, they may refer the patient to a specialist. Medicaid requires the referral for payment.

Mr. Giuffr  asked if the department has data on the number of clients eligible for Medicaid who do not work. Per Mr. Wimmer, roughly 7,500 people fit this profile, but the numbers do not indicate if the reason for not working is due to a disability.

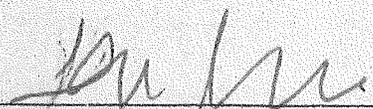
ADJOURNMENT

The next meeting of the Idaho Board of Health and Welfare is scheduled to be held February 27, 2020. There being no further business to come before the Board, Chairman Kerby adjourned the meeting at 2:17 p.m.

Respectfully submitted and signed by:



Darrell Kerby, Chairman



Dave Jeppesen, Secretary



Lynn Overman, Liaison to the Board

Board of Health and Welfare Meeting

November 14, 2019

Vaping Update

- As of November 5, 2019, **2,051** cases of e-cigarette, or vaping, product use associated lung injury have been reported from 49 states (all except Alaska), the District of Columbia, and 1 U.S. territory.
- Thirty-nine** deaths have been confirmed in 24 states (as of November 5, 2019), which has resulted in a variety of Government actions.
- Idaho has identified **ten** cases of vaping-related lung injury.

PUBLIC HEALTH DISTRICT OF RESIDENCE	NUMBER OF CASES
Central District Health	3
Panhandle Health District	1
Southwest District Health	2
South Central District Health	1
Southeastern Idaho Public Health	1
Eastern Idaho Public Health	1
North Central District Health	1

Actions to address Vaping by Project Filter & DHW:

In response to the national vaping epidemic, DHW and Project Filter are implementing a suite of robust and targeted wrap-around actions listed below.

DHW Social Media:

DHW has developed several media messages that are being used on our blog posts and websites and by Project Filter.

INGREDIENTS

WATER VAPOR
Water



VAPE CLOUD
Propylene glycol,
Glycerin, Flavorings
(many), Nicotine,
NNN, NNK, NAB,
NAT, Ethylbenzene,
Benzene, Xylene, Toluene,
Acetaldehyde, Formaldehyde,
Hexamethene, Glyoxal, Benzophenanthrene,
Chlorobenzene, Octaldehyde, Decaldehyde






VAPING IS UNSAFE AND UNREGULATED. GET THE FACTS.

VAPING IS THE NEW SMOKING

It wasn't cool then. It isn't cool now.




VAPING IS UNSAFE AND UNREGULATED.
GET THE FACTS.

**KIDS LOVE
STRAWBERRY,
MANGO,
AND MINT
FLAVORS.**



SO DO VAPING COMPANIES.
VAPING IS UNSAFE AND UNREGULATED.
GET THE FACTS.




Project Filter has a rigorous counter-marketing campaign:

- Project Filter uses social media strategically to reach target populations across Idaho;
- Project Filter is heavily involved in community engagement and outreach, sponsoring 37 community events in SFY2018-2019, nine sports venues/teams, professional events and conferences, and other ad hoc outreach activities across the state. Tailored marketing messages are customized for each sponsored event and smoke-free signage is provided as requested;
- Project Filter uses social media influencers (sponsored 11 athletes in SFY2018-2019) to target vulnerable populations and improve reach to young people in schools and in the community;
- Project Filter is in the process of updating its website to include vaping related resources and materials for users, parents, and educators;
- Project Filter is ramping up specific health education vaping materials, which include geo-fenced ads in bars (the use of GPS technology to create a virtual geographic boundary that allows an ad to pop up when in a certain location), bus wraps in the treasure Valley, AMI juke box ads, and other radio and print media.

Project Filter has tailored cessation services to include a youth program:

- From December 1, 2019, Quitline services will include a youth program with coaches trained to deal with youth vaping issues. This program includes message and instant chat functions.
- As part of this program, Project Filter is exploring an option to offer gum, lozenges and patches to younger participants who provide a prescription from their doctor.

Project Filter is strengthening the evidence base on vaping:

- To improve data and evaluation, Project Filter is working with partners to build evidence-base data on vaping. Currently there is limited Idaho specific data on vaping.
- Project Filter conducted a gap analysis of Idaho youth tobacco and vaping to understand the feasibility and scope of additional youth tobacco data collection.

Project Filter has an active presence in schools across Idaho:

- Sponsored athletes promote and educate Idahoans on tobacco and vaping at their sport, community events, as well as presenting in schools, reaching youth across the state.
- Project Filter staff present at schools and provides support to educators on workshops, vaping health education resources and materials.

Project filter has subgrants with local public health districts to provide resources and education at the local level.



DHW Legislation
Legislative Proposals - 2020 Legislative Session
 Updated November 12, 2019

DFM Submission #	Topic / Description	Contact Person (Division Administrator)
270-03 APPROVED TO MOVE FORWARD	<i>Civil Commitment Oversight and Guardian Rights – FACS</i> – The intent of this legislation is to update the law to clarify the authority of the Department of Health and Welfare to treat individuals committed to the Department under IC 66-406.	Cameron Gilliland cameron.gilliland@dhw.idaho.gov or 208.332.5702
270-04 APPROVED TO MOVE FORWARD	<i>Membership of DD Evaluation Committee – FACS</i> – The number and complexity of guardianships has created a workload burden for social workers in the Department's Crisis Prevention and Court Services Program. Changing the statute would allow the program's licensed counselors to participate on the evaluation teams spreading the workload more effectively among state staff who usually fill the social work role on the committee. The skill set needed for the committee is similarly available among social workers and Licensed Professional Counselors.	Blake Brumfield Blake.brumfield@dhw.idaho.gov 208.334.4910
270-08 APPROVED TO MOVE FORWARD	<i>Daycare Licensing Enhancements – Welfare</i> – Update and improve on basic day care license regulations for Idaho Overview: State legislation regarding child care licensing hasn't been updated since 2011. Part of this statute update is to comply with federal regulations and the rest of the updates are to align day care license requirements with the Idaho Child Care Program (ICCP) standards. <i>Criminal History & Background Checks - FBI Request to Eliminate Some Language – Operational Services</i> – The FBI has communicated to the Department of Health and Welfare that no state law can require the FBI to provide certain information that they maintain in the National Crime Information Center. The FBI has asked that specific references to the National Crime Information Center be removed from this statute. The FBI has provided assurances that it will continue to provide the Department with the information that it maintains in accordance with applicable federal law. The FBI has communicated to the Department that if the language that they object to is not removed, they will cease to provide the information necessary to complete the Department's criminal history and background checks.	Ericka Rupp Ericka.rupp@dhw.idaho.gov 208.334.5641
270-10 APPROVED TO MOVE FORWARD	<i>Criminal History & Background Checks - FBI Request to Eliminate Some Language – Operational Services</i> – The FBI has communicated to the Department of Health and Welfare that no state law can require the FBI to provide certain information that they maintain in the National Crime Information Center. The FBI has asked that specific references to the National Crime Information Center be removed from this statute. The FBI has provided assurances that it will continue to provide the Department with the information that it maintains in accordance with applicable federal law. The FBI has communicated to the Department that if the language that they object to is not removed, they will cease to provide the information necessary to complete the Department's criminal history and background checks.	Fernando Castro Fernando.castro@dhw.idahop.g or 208.332.7999

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IDAHO DEPARTMENT OF
HEALTH & WELFARE

IDAPA 16 DOCKET NO. / AUTHORITY	CHAPTER TITLE	EFFECTIVE DATE	DESCRIPTION	PRESENTER	CONTO- VERSIAL?	PUBLIC PARTICIPATION
Division of Public Health						
0102-1901 Board/Joint	Emergency Medical Services (EMS) – Rules Definitions	Sine Die	The Department is updating the definition of “EMS” in this chapter to align it with the changes made to Section 56-1012, Idaho Code, under House Bill 9, passed by the 2019 Idaho Legislature.	Wayne Denny (208)334-4000	No	Monthly meetings were held with stakeholders
0103-1901 Board/Joint	Emergency Medical Services (EMS) – Agency Licensing Requirements	Sine Die	The Department is updating this rule chapter to address Time Sensitive Emergency (TSE) designation of EMS agencies. The TSE EMS designation was developed to recognize EMS agencies that have met predetermined criteria for stroke, STEMI (ST-Elevation Myocardial Infarction, commonly known as “heart attack”), and trauma responses. These criteria were established based on nationally recognized best practices to improve patient outcomes.	Wayne Denny (208)334-4000	No	Monthly meetings were held with stakeholders; also Negotiated Rulemaking – May 2019
0107-1901 Board/Joint	Emergency Medical Services (EMS) – Personnel Licensing Requirements	Sine Die	The Department is proposing rule changes that do the following: 1. Update the Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA) Section to allow providers from other REPLICA states to obtain reciprocity in Idaho. These changes will expedite the reciprocity licensure process for out-of-state providers. 2. Adjust the timeframe for a candidate to successfully complete all components of the standardized exam from 12 months to 24 months to reflect changes in policy put in place by the vendor for the national exam, the National Registry of Emergency Medical Technicians (NREMT). 3. Add rules to align with the Occupational Licensing Reform Act. The Occupational Licensing	Wayne Denny (208)334-4000	No	Monthly meetings were held with stakeholders; also Negotiated Rulemaking – May 2019

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0201-1901 TSE Council	Time Sensitive Emergency System Council	7/1/20	<p>Reform Act requires the EMS Bureau to provide rules for EMS personnel licensure by endorsement for the military, veterans, and their spouses. These changes are directed by H0248 (2019).</p> <p>4. Clarify issues related to reinstatement of lapsed EMS Personnel Licenses.</p> <p>To best protect the public's health and safety, the document incorporated in this chapter, "Time Sensitive Emergency Standards Manual," is being revised and updated. Edition 2020-1 of this Standards Manual will be become effective July 1, 2020. The revision to these rules will ensure that the most recent edition of the manual has the force and effect of law.</p>	Chris Way (208)930-4224 Melissa Ball (208)334-0817	No	Regional monthly meetings were held with stakeholders
0202-1901 EMS Physician Commission	EMS Physician Commission	7/1/20	<p>To best protect the public's health and safety, the document incorporated in this chapter, "Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual," is being revised and updated. Edition 2020-1 of this Standards Manual will be become effective July 1, 2020. The revision to these rules will ensure that the most recent edition of the manual has the force and effect of law.</p>	Wayne Denny (208)334-4000	No	Quarterly meetings with Stakeholders



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IDAPA 16 DOCKET NO. / AUTHORITY	CHAPTER TITLE	EFFECTIVE DATE	DESCRIPTION	PRESENTER	CONTR- VERSIAL?	PUBLIC PARTICIPATION
0214-1901 Board Being VACATED	Construction and Operation of Swimming Pools	Sine Die	Fees were increased from \$50 to \$150 per year, the required sections have been updated, and all obsolete and extraneous and restrictive language removed. Will be folded into Pending Omnibus Docket No. 16-0000-1900F to publish 11/20/19	Sonja Schriever (208)334-6950	No	None
Division of Welfare						
0301-1801 Director Temporary effective date 1/1/20	Eligibility for Health Care Assistance for Families & Children	Sine Die	<ul style="list-style-type: none"> Section 281 provides Medicaid services to inmates of a public institution should they need inpatient care in a hospital. This section will align with the rule in IDAPA 16.03.05, "Eligibility for Aid to the Aged, Blind, and Disabled (AABD)" around the ineligibility of inmates of public institutions; Section 400 outlines the rules that govern the newly expanded adult population that may receive Medicaid for people 19 - 64 years of age. This section also includes the pregnancy Medicaid program since the income limits and coverage aligns with other adult coverage; and Section 500 removes the relevant rules related to Pregnant Women coverage incorporated into section 400. 	Camille Schiller (208)334-5969	No	None
0612-1801 Director	Idaho Child Care Program	7/1/20	The ICCP is removing sections that are no longer necessary and updating language to existing rules to align with federal regulations. The language updates pertain to health and safety training for providers. ICCP received federal guidance pertaining to identified sections of IDAPA and changes and additions must be completed to come into compliance with the regulations. The program also began reviewing components of the rule that can be removed to comply with the Red Tape Reduction Act.	Ericka Rupp (208)334-5641	No	None

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IDAPA 16 DOCKET NO. / AUTHORITY	CHAPTER TITLE	EFFECTIVE DATE	DESCRIPTION	PRESENTER	CONTRO- VERSIAL?	PUBLIC PARTICIPATION
Division of Medicaid						
0309-1803 Director Temporary effective date 7/1/19	Medicaid Basic Plan Benefits Temporary/Proposed	Sine Die	These changes will comply with a federal mandate. Children's intervention services currently offered under federal Home and Community-Based waiver authorities will be moved into the State Plan to allow access to these intervention services for all eligible children who have a medically necessary need and functional and/or behavioral need for such services.	Angie Williams (208)287-1169	Somewhat	Negotiated Rulemakings – July 2018 and July 2019
0309-2001 Director Temporary effective date 1/1/20	Medicaid Basic Plan Benefits Temporary (to publish Proposed after <i>Sine Die</i> , 2020)	1/1/20	This chapter refers to the federal Institutions for Mental Disease (IMD) exclusion, which will no longer apply as of the effective date of the approved waiver. All mentions of this exclusion in rule are being deleted from this chapter to allow Medicaid reimbursement for IMD services (complies with S1204 (2019)).	Clay Lord (208)364-1979	Somewhat	None.
0310-1704 Director Being VACATED - will be folded into Pending Omnibus Docket No. 16-0000- 1900 to publish 11/20/19	Medicaid Enhanced Plan Benefits	7/1/20	This rulemaking revises the reimbursement rate setting methodology for the following types of home and community-based service providers: 1. Developmental Disability Agencies (serving adults and children); 2. Residential Habilitation Agencies; 3. Supported Employment Agencies; and 4. Targeted Service Coordinators.	Karen Westbrook (208)364-1960	Yes	Negotiated Rulemakings: 2017 (6/16/17, 12/19/17), 2018 (5/25/18) & 2019 (6/28/19)
0310-1806 Director Temporary effective date 7/1/19	Medicaid Enhanced Plan Benefits Temporary/Proposed	7/1/20	These changes will comply with a federal mandate. Children's intervention services currently offered under federal Home and Community-Based waiver authorities will be moved into the State Plan to allow access to these intervention services for all eligible children who have a medically necessary need and functional and/or behavioral need for such services.	Angie Williams (208)287-1169	Somewhat	Negotiated Rulemakings – July 2018 and July 2019

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IDAPA 16 DOCKET NO. / AUTHORITY	CHAPTER TITLE	EFFECTIVE DATE	DESCRIPTION	PRESENTER	CONTR- VERSIAL?	PUBLIC PARTICIPATION
0318-1901 Director	Medicaid Cost- Sharing	7/1/20	The rulemaking proposes to align the Personal Needs Allowance (PNA) for all HCBS participants regardless of marital status. This alignment also allows the Department to reduce the PNA table from six (6) categories of eligibility down to two (2). The final determination of this rule change will align the PNA for all participants without a rent or mortgage expense to 100% of the Federal SSI benefit. Additionally, a subsection is being added that details that Native Americans and Medicaid Workers with Disabilities are exempt from this share of cost requirement. 42 CFR 447.56 prohibits states from collecting share of cost from Tribal participants and MWD participants. This update is necessary to help align this chapter with other rule chapters, CFR, and clarify existing practice. While this is an addition to this rule, it also provides a clarification to this chapter that has been a source of confusion for participants and providers of HCBS services.	Jennifer Pinkerton 208-287-1171	No	Negotiated Rulemaking – June 2019
Division of Licensing and Certification						
0319-1901 Board	Certified Family Homes	7/1/20	This rulemaking increases protection for vulnerable adults in CFHs by preventing exposure to others who have criminal convictions, substantiated adult protection or child protection complaints, or have had disciplinary issues regarding child care or foster care licenses. The proposed changes would: 1. Add requirement to renew criminal history and background check clearances on a recurring basis; and 2. Add as a cause for denying a certificate that the applicant had disciplinary issues with a child care or foster care license.	Steve Millward (208)334-0706	No	None

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IDAPA 16 DOCKET NO. / AUTHORITY	CHAPTER TITLE	EFFECTIVE DATE	DESCRIPTION	PRESENTER	CONTRÓ- VERSIAL?	PUBLIC PARTICIPATION
0322-1901 Joint	Residential Assisted Living Facilities	7/1/20	The proposed changes include: 1. Correct grammar and punctuation errors; Update references and definitions; 2. Eliminate verbiage that repeats requirements already outlined in statute or incorporated references; 3. Clarify, eliminate or relax existing requirements; 4. Strengthen certain requirements that directly impact resident health and safety; and 5. Allow accreditation by a Department approved accreditation entity in lieu of regular re-licensure inspections.	Tamara Prisoock (208)364-1971	Yes	Negotiated Rulemaking - July 2019
Council on Domestic Violence						
0504-1901 Council	Idaho Council on Domestic Violence and Victim Assistance Grant Funding	7/1/20	The Council on Domestic Violence and Victim Assistance is revising its chapter of rules to remove obsolete language and update its language to reflect current best practices.	Nicole Fitzgerald (208)332-1540	No	July 2019
Divisions of Operations / Support Services						
0506-1901 Joint Temporary effective date 1/1/2019	Criminal History & Background Checks	Sine Die	The 2018 Idaho Legislature passed Senate Bill 1341 that amended the Child Protective Act effective July 1, 2018. Under this bill it mandated the creation of Citizen Review Panels in each of the state's public health districts, comprised of volunteers who are required to review all child protective act cases open for 120 days or more. On a quarterly basis, the panels evaluate and report on recommendations to the Idaho Legislature for the improvement of the child protection system experience for children. This law requires that panel members must pass a criminal background check.	Fernando Castro (208)332-7999	No	None

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IDAPA 16 DOCKET NO. / AUTHORITY	CHAPTER TITLE	EFFECTIVE DATE	DESCRIPTION	PRESENTER	CONTRO- VERSIAL?	PUBLIC PARTICIPATION
0506-1902 Board	Criminal History & Background Checks	7/1/20	<ol style="list-style-type: none"> 1. Clarifies who is subject to a background check. 2. Clarifies background check documentation record keeping requirements. 3. Clarifies when an incomplete application is no longer viable for processing. 4. The Department has determined that the crime of "assault with intent to commit a serious felony," Section 18-909, Idaho Code, is indicative of the inability of the applicant to care for the vulnerable. Therefore, it wishes to add it to the list of disqualifying offenses of the rule. 5. Clarifies when a new background check or state-only check is required for a rehired employee. 6. FBI has requested that references to the federal Nation Crime Information Center and the federal Sex Offender Registry be removed. 	Fernando Castro (208)332-7999	No	None

Public Comment Summary

DOCKET NO. 16-0000-1900 and 16-0000-1900F (Omnibus Dockets for Reauthorization of the Department's Rule Chapters)

This document summarizes of all public comments received in writing and during the six public hearings conducted by the Department in August 2019 on the two rule dockets reauthorizing all Health and Welfare rule chapters. The two dockets published as Temporary/Proposed in a special Administrative Bulletin on June 19, 2019. For each rule chapter, the number of oral and written comments either supporting the proposed reauthorized chapter or opposing the proposed reauthorized chapter are included.

Public Meetings were held as follows:

Thursday, August 22, 2019 1:00 p.m. - 4:00 p.m. (MDT)
Medicaid Central Office 3232 Elder Street Conf. Rooms D East & D West Boise, ID 83705
Facilitator: Tamara Prisock

Friday, August 23, 2019 1:00 p.m - 4:00 p.m. (MDT)
Region VII Office 150 Shoup Avenue 2nd Floor Conference Room Idaho Falls, ID 83402
Facilitator: Chris Freeburne

Monday, August 26, 2019 9:00 a.m - 12:00 p.m. (PDT)
Region I Office 1120 Ironwood Drive Lower Level, Conf. Room Coeur d'Alene, ID 83814
Facilitator: Joyce Broadsword

Tuesday, August 27, 2019 10:00 a.m - 12:00 p.m. (PDT)
Lewiston State Office Bldg. 1118 F Street 3rd Floor Conf. Room Lewiston, ID 83501
Facilitator: Joyce Broadsword

Tuesday, August 27, 2019 3:00 p.m - 4:30 p.m. (PDT)
Grangeville Senior Center 108 Truck Route Road Grangeville, ID 83530
Facilitator: Joyce Broadsword

Wednesday, August 28, 2019 1:00 p.m. - 4:00 p.m. (MDT)
Region V Office 601 Poleline Road Main Conference Room Twin Falls, ID 83301
Facilitator: Chris Freeburne

Rule Chapter	Number of Comments Supportive of Proposed Chapter	Number of Comments Opposed to Proposed Rule Chapter
All Rule Chapters	0	3
16.01.03: EMS Agency Licensing Requirements	0	1
16.02.08: Vital Statistics Rules	0	4
16.02.10: Idaho Reportable Diseases	0	4
16.02.11: Immunization Requirements for Children Attending Day Care	126	167
16.02.12: Procedures/Testing for Newborn Infants	1	28
16.02.15: Immunization Requirements for Idaho School Children	154	182
16.03.04: Rules Governing the Food Stamp Program In Idaho	0	1
16.03.08: Rules Governing Temporary Assistance for Families in Idaho	0	1
16.03.09: Medicaid Basic Plan Benefits	0	25
16.06.01: Child and Family Services	1	36
16.06.02: Rules Governing Standards for Child Care Licensing	0	16
16.06.12: Rules Governing the Idaho Child Care Program	0	16



Rule Reductions:

We have reduced the total number of words in our rule chapters by 158,318 words (18.4%) and the number of restrictive words by 3,237 (26.8%). These reductions include the elimination of 19 rule chapters.

Count Summary - Restrictive Words & Total Words		
	Before 6/30/19 (83 Chapters)	As of 10/16/2019 (65 Chapters)
Total Word Counts	862,178	703,860
Total Word Count Reduction	0	158,318 (18.4%)
Total Restrictive Words	12,071	8,834
Total Restrictive Word Count Reduction	0	3,237 (26.8%)

Note: We have achieved the desired reduction of 20% in the number of restrictive words in our rule chapters (Strategic Plan Goal 4, Objective 2).

Board Chairman statement:

A review of the record has revealed at the May 16, 2019 meeting, when the Board of Health and Welfare considered Docket No. 16-0208-1901, that while the Board had a quorum present, and a majority voted to approve the docket, the docket did not receive four affirmative votes as required by Idaho Code sec. 56-1005(8). As such, that docket is vacated for voidness.

Based upon the lack of required affirmative votes, the volume and content of the public comments, and the in furtherance of the Red Tape Reduction Act, Docket No. 16-0208-1901, this temporary and proposed rule is vacated and will not advance for legislative consideration this coming session. The vacation of this docket is limited to the rulemaking and has no impact on legislative discretion.

Just in case a question comes up, this for the Chair's reference:

FOOTNOTE For Statement: Idaho Code sec. 56-1005(8) requires: The board, by the affirmative vote of four (4) of its voting members, may adopt, amend or repeal the rules, codes, and standards of the department, that are necessary and feasible in order to carry out its duties and responsibilities and to enforce the laws of this state.

Summary of Proposed Residential Care Assisted Living Facility Rule Changes

Docket No. 16-0322-1901

Net Reduction: 6,385 words, 61 restrictive words

1. Staff accepting money from residents as gifts or in exchange for additional services added to the definition of exploitation. (010.31)
2. Accreditation may be accepted in lieu of survey. (130.03)
3. Evidence or resolution (for non-core deficiencies) no longer required. (130.09)
4. Activity requirements no longer include activities of daily living or leisure time. (151)
5. Disaster plan now requires two separate locations for evacuation. (155.01)
6. Emergency generators, when installed, must comply with NFPA. (155.03)
7. Admission agreement to disclose charges that result when resident does not give 30-day notice. (216.10.c)
8. Multiple facility administrator criteria removed from rule (except size and number). (215)
9. Reportable incidents can be reported within 1 business day, rather than 24 hours. (215.08.f)
10. Facility to provide a copy of smoking policy upon move in. (216.18)
11. AC to keep facility below 78 during the day and 75 at night. (250.10)
12. 100 sf per resident in shared room for construction after 1/1/21 (up from 80). (250.12.d)
13. Secured environment required only for residents at risk for elopement, not all cognitive impairments. (250.13)
14. Chemicals now must be locked only for residents with cognitive impairments. (260.07)
15. LPN rather than RN can now respond to changes of condition. (300.02)
16. Staff other than RN can now report medication concerns to physician. RN still responsible to ensure notifications occur. (305.01)
17. No longer required to report to physician or state if care or services are not provided. (305.05)
18. Medications can be donated to any authorized entity. (310.02)
19. Behavior interventions reviewed as appropriate rather than after 72 hours. (330.06.b.ii)
20. Weekly Menu to be posted in common area. (451.01.c)
21. Fluids to be offered between meals and at bedtime. (460.2.d)
22. Allows for single use items for special events. (460.04)
23. Policies and procedures for abuse, neglect, exploitation and inadequate care must be posted in facility, available upon request and shared annually with residents. (510-525)
24. Policy changes must be dated. (641)
25. Ban on admissions no longer imposed for repeat non-core deficiencies. (920.01)
26. No civil monetary penalties for first time deficiencies. (925.01)

ANDREW MASTERS

Results oriented business, data, and technology innovator focused on delivering high quality outcomes. Resourceful leader with a proven record of accomplishment delivering financially viable solutions while providing a catalyst for business acceleration and growth. Highly skilled at developing and articulating complex concepts with colleagues and customers that mobilize teams to perform and deliver to the vision.

Professional Experience

Mentor, VentureCapital.org, Boise ID: 2019 – Present

Actively engaging in the venture community; supporting and contributing subject matter expertise in technology, industry, and business strategies.

- Engaged in Boise entrepreneur and startup organizations, including relationships with BSU and Trailhead technical communities.
- Focused on providing value in early company advisory roles, team collaboration, technical planning and preparation for fund raising.

Mentor in Residence, Durham NC: 2018 – Present

Expert industry subject matter advisor for spinoffs and startups that culminate from the Duke University Office of Licensing and Ventures program.

- Early and young company guidance based on Intellectual Property position, industry, and technical viability, aiding in roadmap development, strategic planning, and assessments of commercial viability.

Bioclinica, Princeton NJ

Senior Vice President & Chief Technology Officer: 2015 – 2018

Responsible for product lifecycle, product management, development, test, production delivery and support including marketing and ongoing product optimization and integration. Executive leadership of company-wide Enterprise IT Services, acquisition due-diligence with subsequent integration and financial rationalization, and business development technology leadership in strategic engagements.

- Led and advanced the company's eClinical technology portfolio in 14 months from a \$300M valuation to a \$1.4B private equity acquisition.
- Successfully migrated multiple outsourced product development and test teams in-house and across globe saving more than \$1M annually in product investments and improved quality and timeliness of product development and delivery.
- Drawing upon industry experience and vision, applied machine learning (ML) and artificial intelligence (AI) technologies, to deliver pilot programs with medical imaging, clinical research data, and unstructured documents.
- Overhauled product lifecycle and delivery by developing product Customer Advisory Boards, resulting in market-driven prioritized product features key to gaining annual biopharma sales of more than \$110M.
- Completed M&A candidate identification, selection, due diligence, and subsequent integration of multiple technology product companies, expanding the Bioclinica eClinical suite to market leading end-to-end capabilities.
- Led the establishment of the Bioclinica App xChange, cultivating a collaboration environment for innovation with emerging biopharma technology providers.
- Created the Bioclinica eHealth Cloud, a hybrid cloud integrating Amazon EC2, Microsoft Azure, and Bioclinica private VMware UCS virtual services, delivering to global customers a flexible and highly configurable eClinical platform.

ANDREW MASTERS

Professional Experience (continued)

PPD, Wilmington NC

Vice President – Enterprise Information Management & Architecture: 2009 – 2015

Strategy and development leader for data analytics and clinical operations technologies.

- Delivered advanced industry analytics that led to direct differentiating capabilities resulting in more than \$1B in revenue wins during 2013.
- Completed technology pre/post acquisition due-diligence investment evaluation and integration plan for strategic \$107M acquisition.
- Created innovation funding and implementation program winning 9 industry awards, delivering high-value strategic partnerships and 1st in market clinical trial mobility solutions.
- Produced Enterprise Architecture / CIO strategy plan for major technology vendors/partners, providing significant experience, expertise, and efforts in contracting, licensing, pricing analysis and negotiation; delivering more than \$16M savings in license and services.

Lenovo International, Morrisville NC

Chief Architect, Global IT Transformation: 2006 - 2009

Technology and strategy leader in the development of Lenovo's global information services capabilities.

- Led the development and execution of the strategy for Lenovo's divestiture, consolidation, and sunset of 9,000 worldwide IBM legacy applications, achieving \$25M in year-on-year net reduction in IT spend.
- Delivered more than \$54M shared services cost-avoidance including innovative global network and Internet voice/contact center infrastructure in partnership with IBM, Avaya, Cisco, and Riverbed.
- Deployed and leveraged IBM InfoSphere ETL tools to successfully manage the data transformation and QA actions that resulted in Lenovo's worldwide transition from PeopleSoft to SAP CRM in 6 months.
- Led the redesign of ThinkVantage Technologies (TVT) download services, partnering with IBM and Akamai, delivering more than 25% improvement in customer downloads; reducing annual operating costs of \$1.2M.
- Partnered with i2 and SAP to design Lenovo's award-winning eCommerce solution, deployed in the U.S., Canada, and Asia; resulting in 250% increase in traffic volumes.
- Architect and solution leader with Nortel to deliver Lenovo's "eLounge" virtual store showcased at the 2009 Consumer Electronics Show (CES) in Las Vegas.
- Led collaboration with Amazon alliance, defining architecture for partner integration of product catalog, punch-out, and configure-to-order (CTO) capability.

DHL Express, Scottsdale AZ

Director, Global Business Technology Innovation: 2005 - 2006

Worldwide innovation leader of dedicated and cross-functional teams focused on leveraging emerging technologies.

- Led the expansion of innovation R&D activities via education and change programs, which optimized DHL Express process and capability.
- Delivered \$300M first year annual revenue opportunity executing integrated business and technology Proof-of-Concept and continuous improvement programs.
- Led the Strategic Roadmap contributing to DHL's annual growth target of 10-20%, developing the business case and deployment strategy for technologies including 2D/3D barcode, RFID, GPS, and mesh networks.
- Delivered \$25M combined annual revenue and savings for DHL Express worldwide by managing employee innovation program.

ANDREW MASTERS

Professional Experience (continued)

Amerifunding, Denver CO

Chief Information Officer: 2003 - 2005

Managed and delivered all information services, including vendor selection and management, support services and reporting, and strategic and financial planning.

- Lead executive on 2 highly successful technology-based acquisitions, negotiating price and terms, and developing and managing all integration activities.
- Designed innovative business solutions leveraging emerging technologies for the deployment of "office-in-a-box" SaaS solutions.
- Integrated four mortgage companies' information exchange and operations ahead of target; achieving a six month return on investment.

Avnet, Phoenix AZ

Vice President, eBusiness Solutions Development: 2002 - 2003

Executive responsible for application strategy, execution, and support in the Electronics Marketing Group, the largest division of Fortune 500, Global 100, electronic parts Distribution Company.

- Provided leadership and key content in the creation of an Enterprise Software Architecture and Data Management Framework for Avnet Electronics Marketing worldwide operations.
- Initiated and executed server consolidation, operational data store, and created an 8% annual operating budget reduction from \$83M.

ChannelPoint, Colorado Springs CO

Vice President, Engineering: 1998 - 2002

Managed full development lifecycle of application engineering services utilizing earned value management for worldwide Insurance industry solutions provider.

- Secured over \$24 million in Services revenue with GE Financial Assurance; exceeded quarterly and annual year 2000 operating plan objectives for revenue and profitability.
- Maintained a 46% margin of revenue-to-expense in the Life & Annuities division of ChannelPoint, exceeding target margin of 35%.
- Constructed a world class data center operating capability in Denver, CO, with satellites in Zurich, Switzerland and London, England, supporting 30+ Internet SaaS products with SLA's resulting in 99.995% service availability.

Additional Previous Experience

Management and Individual Contributor Responsibilities: 1977 - 1998

- Held numerous management positions with increased responsibility at *MCI COMMUNICATIONS* in the Business order entry and billing systems organizations. These included: Manager, Enterprise Architect, Systems Architect, Business Analyst, and Programmer-Analyst.
- Early career roles include employee and consultant positions as Programmer-Analyst, Programmer, and Hardware Technician at *ORCOM SYSTEMS*, *IBM*, *AC NIELSON*, *AUSTRALIAN TELCOM* (now Telstra), *WISCONSIN PUBLIC SERVICE*, and *DoD* (U.S. Navy).

ANDREW MASTERS

Invitations for Thought Leadership

- NewYorkBIO 25th Anniversary Conference 2015 Panel
Instrumenting Patients with Sensors, Wearables & Apps: The Road Ahead
- Oracle Open World 2014 San Francisco Conference Presentation
Industry Clinical R&D Platforms Offer Compelling Options to Drive Performance
- PRISMe Forum/SIG Boston 2011 Presentation
Transforming Business with Immersive and Socio-Collaborative Technologies
- SAP Sapphire '07 Atlanta Conference Presentation
Manufacturing Excellence Leveraging Production Operations in China
- Reviewer and contributor to Jeff Langr's book
Agile Java, Crafting Code with Test-Driven Development

Education

- MBA Global Executive, Duke University, 2008
- BSB Accounting, University of Phoenix, 2005
- AA Computer Science Emphasis National University, 1988

Certifications & Frameworks

- Pragmatic Enterprise Architecture Framework (PEAF) Certified Professional, 2010
- TOGAF 9 Foundation, 2019 Candidate
- MCSE Bootcamp, 2002

Professional Awards

- PPD CEO Leadership Excellence Award, 2011
- Lenovo CIO Award, 2006
- ChannelPoint Chairman's Award, 2000
- MCI Ring of Champions 1996



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Strategic Plan

SFY 2020-2024

July 1, 2019

Our mission:

Promote and protect the health and safety of Idahoans





IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

OFFICE OF THE DIRECTOR
450 West State Street, 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-5500
FAX 208-334-5926

July 1, 2019

Dear Idahoans,

The Department of Health and Welfare is dedicated to promoting and protecting the health and safety of all Idahoans. We have a tremendous impact on the lives of all those we serve. We work with struggling families to make sure they have a safe place to raise their children. We assist people in crisis – whether they are experiencing a mental or physical health crisis. We also help people who need public assistance, while always keeping the path to self-reliance in our sight.

We provide critical and valued services to more than a third of all Idahoans, and we strive to be a vital partner to other agencies and communities in our state, both in leadership and supportive roles.

Our agency's 2020-2024 Strategic Plan lays the path for us to address state and community issues with a vision that is coordinated with healthcare providers and partners. It is our timeline for meeting measurable objectives to attain goals to better serve the people of our state. It aligns with the state's strategic plan, as well as to our state's values.

Each strategic objective represents critical work to be done, and I want to share some highlights and encourage you to read the plan. Performance updates on each strategic goal and performance measure will be provided in a separate report later this year.

Our strategic goals are:

- Goal 1: Ensuring affordable, available healthcare that works
 - It's imperative that we help others in the healthcare community address the rising cost of healthcare. We are focused on slowing the growth rate of healthcare spending, and we will be tying Medicaid reimbursements to better and more efficient care that leads to healthier patients. Additionally, we will focus on improving access to providers in primary care shortage areas across the state.

- Goal 2: Protect children, youth and vulnerable adults
 - We are focused on improving the ongoing care system by implementing plans for both the behavioral health system and the long-term care system for Idahoans with developmental disabilities. We also are dedicated to making sure children who have experienced abuse or neglect have safe, permanent homes.
- Goal 3: Help Idahoans become as healthy and self-sufficient as possible
 - We are a helping hand to Idahoans, and part of that is helping individuals to become employed, or to gain additional training or education so they can get better jobs to support their families.
- Goal 4: Strengthen the public's trust and confidence in the Department of Health and Welfare
 - We will deliver on our promises. By creating a customer-centric, innovative culture, and implementing a pro-active communications strategy, we will strengthen the public's trust in our vision, our mission, and our ability to support our fellow citizens.

We won't lose focus on the work that fuels our compassion and drives us to be more innovative in our thinking: preventing suicides; helping those with substance use disorders achieve and maintain their recovery; making sure children live in safe, permanent homes; and implementing a statewide plan for youth and their families who access the children's mental health system in Idaho. We are committed to delivering services that provide for the safety and well-being of Idaho's families as effectively and efficiently as possible. This plan is our guide.

Sincerely,



Dave Jeppesen
Director

Strategic Plan Overview

2020-2024

OUR MISSION

Promote and protect the health and safety of Idahoans.

OUR VISION

Provide leadership for a sustainable, integrated health and human services system.

OUR VALUES

Integrity, high quality customer service, and compassion are the foundation for all department activities. A focus on these values will lead to success.

STRATEGIC GOALS

PERFORMANCE MEASURES

Strategic Goal 1:

Ensure affordable, available healthcare that works

- Shift toward making Medicaid spending payments to providers that deliver better health results and more efficient care, from 1% of payments to 50% by July 1, 2023
- Improve access to healthcare providers by decreasing the primary care shortage in federally designated areas from 67% to 66% by July 1, 2024
- Improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services from 30% to 50%, by June 30, 2024

Strategic Goal 2:

Protect children, youth, and vulnerable adults

- Improve time to permanency for children in foster care by 10% by July 1, 2021
- Transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75% of a comprehensive strategic plan by June 30, 2024
- Implement an effective long-term system of care for individuals with developmental disabilities who exhibit severe behaviors, by July 1, 2022

Strategic Goal 3:

Help Idahoans become as healthy and self-sufficient as possible

- Reduce Idaho suicide deaths by 20% by 2025
- Improve pathways to self-sufficiency by increasing the number of individuals who become employed, or gain additional training or education as a result of working in the Employment and Training Program from 42% to 52% by June 1, 2021

Strategic Goal 4:

Strengthen the public's trust and confidence in the Department of Health and Welfare

- Deliver a customer-centered innovation culture that increases a to be determined innovation measure by 10% by July 1, 2022
- Simplify our administrative rules by targeting a 20% decrease in the number of restrictive words in the department's 71 rule chapters, from 11,158 restrictive words to 8,926, by July 1, 2021

Strategic Goal 1: Ensure affordable, available healthcare that works

STRATEGIC OBJECTIVES:

- By July 1, 2024, slow the growth rate of healthcare costs in Idaho by increasing the funding amount from 29% to 50% in transformative payment arrangements (paying providers based on positive health outcomes), while improving access to healthcare providers by decreasing the primary care shortage in federally designated areas from 67% to 66%
 - Shift toward making Medicaid spending payments to providers that deliver better health results and more efficient care, from 1% of payments to 50% by July 1, 2023
 - Improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services from 30% to 50%, by June 30, 2024
 - Ensure eligible Idahoans have access to health coverage by implementing Medicaid expansion on January 1, 2020
-

Strategic Goal 2: Protect children, youth, and vulnerable adults

STRATEGIC OBJECTIVES:

- Ensure children who have experienced abuse or neglect have safe, permanent homes by improving their time to permanency by 10%, by July 1, 2021
 - Transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75% of a comprehensive strategic plan by June 30, 2024
 - Implement an effective long-term system of care for individuals with developmental disabilities who exhibit severe behaviors, by July 1, 2022
-

Strategic Goal 3: Help Idahoans become as healthy and self-sufficient as possible

STRATEGIC OBJECTIVES:

- Reduce Idaho's suicide rate by 20% by 2025, by implementing prevention and intervention initiatives from the Idaho Suicide Prevention SFY20 Action Plan
- Improve pathways to self-sufficiency by increasing the number of individuals who become employed, or gain additional training or education as a result of working in the Employment and Training Program from 42% to 52%, by June 1, 2020
- Catalyze community-driven, place-based health initiatives addressing determinants of health in high priority communities, by developing and activating a data-driven approach to guide resources, planning, and strategic implementation by June 30, 2020

Strategic Goal 4: Strengthen the public's trust and confidence in the Department of Health and Welfare

STRATEGIC OBJECTIVES:

- Deliver a customer-centered innovation culture that increases a to be determined innovation measure by 10% by July 1, 2022
- Reduce regulatory burden and simplify the administrative rules by targeting a 20% decrease in the number of restrictive words in the department's 71 rule chapters, from 11,158 restrictive words to 8,926, to be achieved by July 1, 2021
- Secure and protect information entrusted to us by Idahoans, by defending our network against threats, controlling physical access to worksites, and achieving a 100% annual completion rate for security awareness training for employees
- Build the trust of the public and other stakeholders through pro-active, frequent, intentional, simplified, and audience-specific communications strategies that will improve awareness of the department's work, to be developed and implemented by July 1, 2020
- Create consistent, respectful experiences for customers throughout their DHW journey by developing and implementing a customer experience strategy that improves the customer's experiences in key moments. The strategy will be measured by a relevant customer effort metric and improved by 10 percent by July 1, 2024

Strategic Goal 1

Ensure affordable, available healthcare that works



The department is committed to serving Idahoans by ensuring that:

- the growth of healthcare costs is slowed, and healthcare affordability is improved.
- care makes people healthier.
- care is based on quality, focusing on a positive patient experience.
- we improve the treatment and support provided to children and youth with functional impairment, and to their families.
- Idahoans have access to health coverage by implementing Medicaid expansion.

Performance Measures

We will know we have succeeded when we:

- shift toward making Medicaid spending payments to providers that deliver better health results and more efficient care, from 1% of payments to 50% by July 1, 2023.
- Improve access to healthcare providers by decreasing the primary care shortage in federally designated areas from 67% to 66% by July 1, 2024.
- improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services¹ from 30% to 50%, by June 30, 2024.

Key external factors – the success of this goal depends upon:

- the engagement of stakeholders within the healthcare delivery system, and their participation in the evaluation, planning, and implementation of new strategies and approaches.
- the availability of providers in rural areas of Idaho.
- the willingness by patients and their families to actively participate in improving their own health.
- our continued partnerships with federal agencies.

¹ as measured by the Child and Adolescent Needs and Strengths assessment (CANS)
Idaho Department of Health and Welfare
Strategic Plan SFY 2020-2024
July 1, 2019

Strategic Objective

By July 1, 2024, slow the growth rate of healthcare costs in Idaho by increasing the funding amount from 29% to 50% in transformative payment arrangements (paying providers based on positive health outcomes), while improving access to healthcare providers by decreasing the primary care shortage in federally designated areas from 67% to 66%*

*Data source: Annual Financial Analysis completed by OHPI.

Lead: Lisa Hettinger

Since the nineties, an increasing amount of financial burden was being placed on Idahoans as healthcare costs continued to inflate at a higher rate than general inflation. In 2013, key Idaho healthcare stakeholders created the State Healthcare Innovation Plan (SHIP). The goal of the plan was to transform the State's healthcare delivery system from a system that rewards providers for the volume of care without delivering good health outcomes, to one that incentivizes and rewards care that delivers better health outcomes while cost growth is contained. The pilot demonstration of this plan concluded in early 2019 and delivered reduced spending and improved infrastructure. Now, the SHIP plan needs to be expanded and evolved to engage with as many providers as possible to provide an accelerating reduction in the rate of healthcare cost growth. All of this must be done while holding providers accountable for increasing the quality of care and improving Idahoans' health outcomes.

Through the initiatives outlined in the SHIP, work will continue to enhance the infrastructure that allows primary care to deliver a whole-person model of care, where all necessary providers coordinate to ensure the best health outcome possible for their patient. Early work in this objective will include expansion of the number of providers who practice within a patient centered medical home (PCMH). The business model is only as effective as the completeness and quality of health data available to the clinic. Therefore, work will continue increasing provider participation in the Idaho Health Data Exchange (IHDE), which was created during the SHIP pilot. This tool allows the providers and health systems to have a centralized location of medical data, and have access to their patients' records anytime, anywhere. This allows primary care clinics to avoid treatments that the patient has already received, or that would be harmful to a patient because of complicating factors or other incompatible treatments. By avoiding situations like these, the affordability of healthcare starts to improve.

Value within healthcare is achieved when quality is increased, and cost is reduced. The SHIP pilot demonstrated both outcomes, but it was only a pilot. The plan now needs to be effectuated with as many providers as possible to achieve the same improvements for the Idahoans who were not

reached by the pilot. Implementing this phase of the SHIP is the charge of the Healthcare Transformation Council of Idaho (HTCI), with support from DHW leadership and the Office of Healthcare Policy Initiatives (OHPI). Collectively, we will continue the implementation of the SHIP to achieve the goal of increasing the percent of all healthcare payments made in Idaho through value-based arrangements with providers from the 29% measured in 2018 to 50% by July 1, 2023. This shift will move proactively towards ensuring affordable, available healthcare that works.

Tasks:

- OHPI will create the meeting support structure to facilitate and guide the HTCI as they work to identify the one-year initiatives/tasks necessary to craft a strategic plan for the next 4 years.
METRIC: Ability to show 1-2 initiatives that reasonably demonstrate progress would be made on the goal.
TARGET: August 1, 2019
- Contract with a vendor who will gather the healthcare expenditure data and produce an annual report to measure Idaho's progress toward implementing efficient payment models. DHW will also do the necessary work to assure the contractor can obtain the data from the majority of payers.
METRIC: Ability to show evidence of one DHW contract with a vendor to produce the annual financial analysis, and written agreements from the top five payers illustrating their commitment to providing the necessary data to the DHW contractor.
TARGET: Report available by July 1, 2020
- Produce a full strategic plan for HTCI by mid-September 2019
METRIC: Ability to show strategic plan, formally adopted by HTCI, reflected in the meeting minutes.
TARGET: One (1) by October 1, 2019

Strategic Objective

Shift toward making Medicaid spending payments to providers that deliver better health results and more efficient care, from 1% of payments to 50% by July 1, 2023

Lead: Matt Wimmer

The Division of Medicaid's mission is to pay for better health. Today, we pay for many medical procedures, community-based services, and supports for people with disabilities, but few if any payments are directly linked to actual health outcomes for the people we serve. Generally, providers are paid more when they do more, not for delivering quality care. Providers want to do the right thing and deliver high-quality care, but our current financial model is not structured to support this goal. By restructuring Medicaid payments to hold providers accountable for costs and quality, we can reward providers who do better and deliver on our mission.

Tasks:

- 100,000 Medicaid participants will be cared for by accountable care organizations that are paid based on their success at improving health and controlling costs, by July 1, 2020.
- 80% of Medicaid participants eligible for both Medicare and Medicaid will be served through a managed care plan with accountability for improving the health outcomes of their members by July 1, 2020.

Strategic Objective

Improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services* from 30% to 50%, by June 30, 2024

*as measured by an improvement of the Child and Adolescent Needs and Strengths assessment (CANS) score

Leads: Ross Edmunds and Matt Wimmer

Idaho's children's mental health system is effective for most of the children, youth, and families that need publicly funded services. However, the system does not always meet the needs of families that have the most challenging emotional and behavioral disorders. The primary reasons for the difficulty include coordinating a full continuum of services in the services array, coordinating intensive care, and collaborating effectively between child-serving agencies.

The department and partner agencies are working together on a project called Youth Empowerment Services, or YES. The YES project is transforming the children's mental health service delivery system in the state of Idaho. The project is being guided by a settlement agreement under the Jeff D. lawsuit.

The implementation of the YES project will result in a better system in Idaho for meeting the needs of children with serious emotional and behavioral health disorders. The improvements include: better access to a full array of services, better coordination of care between department programs and other programs that serve children, and care coordination for children, youth, and families up to the highest levels of need. When appropriate, YES will leverage the Medicaid behavioral health plan to implement these improvements in a cost-effective and comprehensive way.

Tasks:

- Deliver comprehensive service coordination to 50% of the children, youth and their families who have a person-centered plan, by December 31, 2019.
- Develop a statewide crisis response system plan for children, youth and their families by June 30, 2020.
- Implement an interim solution for providing services to families of children and youth over 300% of the federal poverty level by December 31, 2019.
- Provide a full range of case management options to children with serious emotional disturbance that enable every family to successfully navigate the Idaho system of care for children with mental health needs, by July 1, 2020.

Strategic Objective

Ensure eligible Idahoans have access to health coverage by implementing Medicaid expansion on January 1, 2020

Leads: Julie Hammon and Matt Wimmer

This strategic objective will provide affordable health insurance for low-income Idahoans who would otherwise not have access to healthcare. The Medicaid expansion law provides that the department must amend its Medicaid state plan to provide healthcare coverage adults between 0-138% of the Federal Poverty Level (FPL) as described in the Code of Federal Regulations. The department will implement Medicaid Expansion in Idaho by January 1, 2020, based on the legal requirements in the appropriation and statute. We will achieve this strategic objective by enrolling newly eligible adults and ensuring their access to primary care through simple and easy-to-use processes.

Medicaid expansion will allow about 62,000 adults without access to comprehensive healthcare coverage treatment opportunities that have not been available to them in the past, and allow access to a new form of coverage for about 28,000 adults who are currently eligible for coverage through Your Health Idaho. This represents a great opportunity to improve the population health of Idaho. It also represents a significant challenge for managing a transition from existing sources of care to Medicaid coverage. Many in this population have significant physical and behavioral health needs. To help meet those needs, we want to ensure that everyone enrolling in Medicaid as part of expansion has strong access to primary and behavioral healthcare as the foundation for meeting their overall health needs to promote their overall well-being, including increased participation in Idaho's economy and community life.

Tasks:

- Implement streamlined enrollment processes by ensuring all rules and system changes are in place, to ensure individuals eligible for the new expansion program are accurately enrolled and have access to coverage on January 1, 2020.
- Enroll 65% of the estimated 91,000 individuals projected to be eligible for Medicaid expansion group by January 1, 2020.
- Enroll 100% of the identified Substance Use Disorder/mental health customers who apply for and are eligible for Medicaid by January 1, 2020.
- Ensure that all newly eligible adults enrolled on January 1st are connected with a primary care provider within 90 days.
- Ensure that all newly eligible adults with known behavioral health needs are identified and connected with services within the Medicaid system of care within 14 days or less from the date of enrollment.

Strategic Goal 2

Protect children, youth, and vulnerable adults



The department is committed to serving Idahoans by ensuring that:

- all children who have experienced abuse or neglect have safe and permanent homes, as quickly as possible.
- adults with serious mental illness and addiction receive services within a comprehensive behavioral healthcare system.
- individuals with developmental disabilities who exhibit severe behaviors receive services that are person centered, trauma informed, and delivered in the least restrictive environment possible.

Performance Measures

We will know we have succeeded when we:

- improve time to permanency for children in foster care by 10%* by July 1, 2021.
*reduce reunification time to permanency from 8.2 months to 7.4 months;
reduce adoption time to permanency from 27.3 months to 24.6 months;
reduce guardianship time to permanency from 17.9 months to 16.1 months
- transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75% of a comprehensive strategic plan by June 30, 2024.
- implement an effective long-term system of care for individuals with developmental disabilities who exhibit severe behaviors by July 1, 2022.

Key external factors – the success of this goal depends upon:

- our continued partnerships with federal agencies.
- changes in federal requirements or federal funding.
- the availability of behavioral health professionals in rural and urban settings.
- behavioral health provider priorities and practice patterns.
- resources available in local communities to support individuals with chronic mental illness or substance use disorders.
- economic and social factors contributing to family crises, which can result in abuse and neglect of children and vulnerable adults.

Strategic Objective

Ensure children who have experienced abuse or neglect have safe, permanent homes by improving their time to permanency by 10%*, by July 1, 2021

*reduce reunification time to permanency from 8.2 months to 7.4 months;
reduce adoption time to permanency from 27.3 months to 24.6 months;
reduce guardianship time to permanency from 17.9 months to 16.1 months

Lead: Miren Unsworth

This strategic objective is to ensure all children who have experienced abuse or neglect have safe and permanent homes. Children who have experienced trauma need and deserve permanency in their living situations in order to heal, develop, and thrive. Lack of permanency and stability is detrimental to children's sense of safety, security and overall well-being. This is particularly true for very young children.

This objective is focused on strengthening processes within the Child Welfare Program to ensure:

- children who have been removed from their homes for their safety are returned to their families as soon as safety concerns have been addressed in the home.
- when it is not possible to safely return children to their families, children are placed in a timely manner with a family who can meet their lifelong needs through adoption or guardianship.
- children ages 0-3 are prioritized for expedited permanency.

Tasks:

- Beginning in July 2019, regional offices will review a report that identifies permanency plans for all children ages 0-3 who are in care for over 3 months. Children who are not in a potential permanent home will continue to be monitored monthly until the child is placed within a permanent home.
- By December 31, 2019, a case management business process redesign will be fully implemented. The redesign will address salient pain points that impact permanency, including:
 - Full disclosure to parents through a series of family meetings within the first 2 months of a case.
 - Targeted supervision that monitors early identification of relatives, paternity establishment, and identifying Indian heritage.
 - Allocating positions to focus on the intensive permanency work required for the 25% of youth who are lingering in foster care without an identified permanent placement.
- By October 31, 2019, the program will have developed both permanency performance standards, and a governance structure to monitor time to permanency.

Strategic Objective

Transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75% of a comprehensive strategic plan by June 30, 2024

Lead: Ross Edmunds

This objective and the subsequent tasks are all driving toward the same destination: achieving a comprehensive behavioral healthcare system in Idaho. This transformation has been occurring for years. Now, the department is working with a broad stakeholder team to develop a statewide, comprehensive strategic plan for Idaho's behavioral health system. Because this level of transformation will take years to fully accomplish, it is reasonable to expect that 75% of the plan could be implemented within the next five years.

The plan advances the work the State of Idaho has been doing to improve the behavioral healthcare system, through initiatives such as the development of crisis centers, implementation of new housing models, securing better funding to serve corrections populations, etc. Many of the necessary pieces of a strong system are in place, but the development and implementation of this plan will organize those system components into a structured, systematic approach to behavioral healthcare delivery in Idaho.

Tasks:

- The department, in collaboration with stakeholders and public input, will complete a strategic plan for Idaho's behavioral healthcare system in Idaho by June 30, 2020.
- 100% of adults currently served by the department's Division of Behavioral Health who qualify for Medicaid will successfully transition to a network provider for treatment, by December 31, 2020.
- The department will increase the number of Idahoans treated through the opioid treatment delivery system by 15%, by June 30, 2020.
- By December 30, 2020, the department's Division of Behavioral Health will transition from its current regional operations to have three specific and distinct roles and responsibilities consistently implemented across Idaho:
 - transition the majority of staff from current responsibilities to operating a comprehensive behavioral health emergency response team statewide.
 - develop and operate community response teams that assist adults with serious and persistent mental illness (SPMI) in getting their behavioral health needs met.
 - develop a plan for fulfilling the Division of Behavioral Health's role as the State of Idaho's Behavioral Health Authority.

Strategic Objective

Implement an effective long-term system of care for individuals with developmental disabilities who exhibit severe behaviors, by July 1, 2022

Lead: Miren Unsworth

Some individuals with a developmental disability are challenged with severe behaviors that prevent them from being served in the community. For these individuals, it is essential that they receive services that are person-centered, trauma-informed, and delivered in the least restrictive environment possible. Meanwhile safety for clients and the community must be maintained. This strategic objective will implement a system of care to ensure that individuals with severe behaviors receive the appropriate treatment, whether they are living at a treatment center or within the community, or are transitioning from a center back into the community.

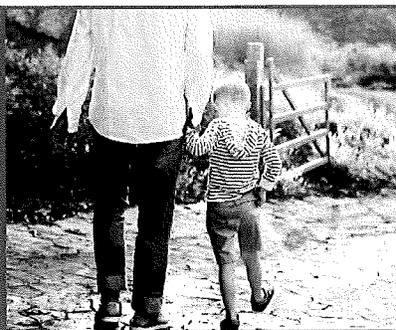
Upon the recommendation of Idaho stakeholders sitting on the Southwest Idaho Treatment Center Advisory Board, Idaho's system of services for individuals with severe behaviors is transitioning from a long-established Intermediate Care Facility, to a system of care covering crisis, stabilization, and transition services. This system will effectively enable people to continue living in the community when they can be served there safely. Alternatively, when treatment must occur outside of the community, the system will serve individuals through an effective assessment and stabilization setting. A third component of the system is a longer-term stepdown unit that will train clients to eventually live in the community. Finally, this objective includes enhanced specialized services within the community to serve clients with severe autism or significant medical needs.

Tasks:

- By July 31, 2019, all treatment components within the new system of care will be identified.
- By August 31, 2019, private sector options for service provision within the new system of care will be explored through the issuance of a Request for Information.
- By October 31, 2019, licensing and funding options for an Assessment, Observation and Stabilization Unit and a Step Down Unit will be identified.

Strategic Goal 3

Help Idahoans become as healthy and self-sufficient as possible



The department is committed to serving Idahoans by ensuring that:

- the suicide rate in Idaho is reduced.
- adults who are able to work earn enough money to be self-reliant.
- Idahoans become as healthy and self-sufficient as possible as a result of community-driven, place-based health initiatives.

Performance Measures

We will know we have succeeded when we:

- reduce Idaho suicide deaths by 20% by 2025.
- improve pathways to self-sufficiency by increasing the number of individuals who become employed or gain additional training or education as a result of working in the Employment and Training Program from 42% to 52% by June 1, 2021.

Key external factors – the success of this goal depends upon:

- the amount of financial resources appropriated to deliver services.
- our continued partnerships with federal agencies.
- dispelling the myths about the reasons people die by suicide.
- the willingness of healthcare providers to become certified to treat addiction.
- the availability of illicit opioids in the state, such as heroin and fentanyl.

Strategic Objective

Reduce Idaho's suicide rate by 20% by 2025, by implementing prevention and intervention initiatives from the Idaho Suicide Prevention SFY20 Action Plan

Lead: Elke Shaw-Tulloch

Suicide prevention and intervention is everyone's problem to solve, not just the Legislature, the Department of Health and Welfare, or other partners; everyone has a role. The department will address suicide prevention, intervention, and support for the bereaved in the aftermath of a suicide. These statewide collaborative efforts will engage with multiple sectors, with the goal to reduce Idaho's suicide rate by 20% by 2025. These efforts will be in alignment with the National Strategy for Suicide Prevention and the statewide Idaho Suicide Prevention Plan.

The department's Suicide Prevention Program will, in partnership with stakeholders, implement multi-year strategies to:

- develop healthy and resilient individuals, families, and communities.
- develop and implement clinical interventions and community based preventive services.
- train treatment providers and create a system to deliver support services to loss survivors.
- address gaps in data research and evaluation of suicide in Idaho.

Tasks, to be completed by July 1, 2020:

- Pilot the implementation of Zero Suicide practices in health facilities across Region 6. The pilot will include specialized training and support for medical staff and mental health professionals to ensure 100% of individuals being seen by participating physicians are screened for suicide, and of those identified as suicidal, 100% receive immediate suicide risk assessment, crisis response planning and follow up.
- Fund the suicide hotline to provide Idahoans who are in a suicide crisis with telephone, text and chat response, and follow up after the initial call.
- Fund youth education focused on suicide prevention to increase identification of and referral to services for students and educators experiencing suicidal thoughts.
- Utilize the Idaho Violent Death Reporting System to identify areas of need and deploy services as identified.

Strategic Objective

Improve pathways to self-sufficiency by increasing the number of individuals who become employed, or gain additional training or education as a result of working in the Employment and Training Program from 42% to 52%, by June 1, 2020

Lead: Julie Hammon

In Idaho, the state provides assistance to adults through the Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Families in Idaho (TAFI). Some of the adults receiving these benefits are able to work, and are either not working, or are not earning enough money to be self-reliant. With this strategic objective, the department will provide job training and education to these adults to improve pathways to self-sufficiency.

We will serve individuals who are mandated to participate in the Employment and Training Program as part of their benefit eligibility requirement, as well as individuals who choose to volunteer for the program to improve their employment prospects. Idaho will also offer work and training services for non-custodial parents who have difficulty in meeting child support obligations, to create pathways to more stable employment.

Tasks:

- Increase the percentage of Employment and Training Program participants with positive outcomes (certificates, degrees, education, jobs, job retention) from 42% to 52% by June 1, 2020.
- Add an additional 10 community partners to the Employment and Training Program by January 1, 2021.
- Work with the Governor's office to create a multi-level plan to address employment and training by August 31, 2019.

Strategic Objective

Catalyze community-driven, place-based health initiatives addressing determinants of health in high priority communities, by developing and activating a data-driven approach to guide resources, planning, and strategic implementation by June 30, 2020

Lead: Elke Shaw-Tulloch

The United States spends more on healthcare than any other developed country, yet health outcomes in nearly every indicator rank below comparable countries.¹ Consequently, Americans experience worsening trends in life expectancy, infant mortality, and chronic conditions than our peers around the world. Poor health outcomes such as obesity, diabetes, heart disease, suicide, illicit drug use, youth violence, social isolation, and mental health issues are intrinsically linked to the underlying social and economic "conditions in which people are born, grow, live, work, and age". These drivers of health outcomes are known as the Determinants of Health (DOH) and include factors such as poverty, unemployment, education, housing, social support, and the physical environment, as well as access to care. Having a healthy quality of life is determined more by these social and environmental factors than by medical care alone.

Idaho Determinants of Health data from 2017 show:

36.1% of children enrolled in public schools were eligible for free or reduced-price lunch

69.2% of occupied housing units were owned

27.6% of homeowner's monthly housing costs were 30% of household income or greater

12.1% of Idahoans were without health insurance

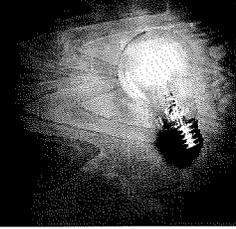
In state fiscal year 2020, the department will develop a framework that utilizes data to identify priority health issues in Idaho communities. Then, by working collaboratively with community and healthcare partners through an equity² lens, invest in bold and innovative solutions to begin addressing root causes of poor health that impact the community and ultimately individual Idahoans. Shifting the department's organizational funding structure from one that has traditionally invested wide and shallow by trying to repair the cracks when specific people develop poor health, to one that focuses narrow and deep, on the foundations of healthy communities. This will catalyze community-driven, place-based health initiatives that help Idahoans become as healthy and self-sufficient as possible.

¹www.debeaumont.org/about-us

² Health Equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and other social determinants. Equity is not the same as equality. To equalize opportunities, those with greater health needs and fewer resources need more efforts expended to improve their health. (Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity: And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.)

Strategic Goal 4

Strengthen the public's trust and confidence in the Department of Health and Welfare



The department is committed to serving Idahoans by ensuring that we:

- meet our customers' needs in ways that make their lives easier by fostering a culture of customer-focused innovation in all areas of the department.
- reduce the regulatory burden on the public imposed by our administrative rules.
- secure and protect the sensitive information entrusted to us by Idahoans.
- proactively communicate with the public to share how our work consistently improves the lives of Idahoans in need.
- engage our entire employee base to cultivate consistent, positive customer experiences across every phase of each customer's journey.

Performance Measures

We will know we have succeeded when we:

- deliver a customer-centered innovation culture that increases a to be determined innovation measure by 10% by July 1, 2022.
- simplify our administrative rules by targeting a 20% decrease in the number of restrictive words in the department's 71 rule chapters, from 11,158 restrictive words to 8,926, to be achieved by July 1, 2021.

Key external factors – the success of this goal depends upon:

- legislative buy-in and funding for new ways of approaching the services the department provides.
- access to external innovations that can be leveraged.
- identification and implementation of an innovation framework.
- commitment from all leadership, including commitment of resources to this culture shift.
- budget to support a measurement metric.
- budget to support the DHW website redesign.
- completion of projects and objectives.
- approvals from outside the agency.
- availability of human resources to support communications plans.

Strategic Objective

Deliver a customer-centered innovation culture that increases a to be determined innovation measure by 10% by July 1, 2022

Lead: Dave Jeppesen

Customers expect innovation that improves their lives and makes it easier to do business with companies and government agencies. The expectation for innovation is growing exponentially, led by the largest customer group of our time – those born between 1981 and 1996, who are often referred to as millennials. This group has high expectations for technology-enabled innovations that are designed to help the customer. Private companies have delivered innovations that have created a transformational change in customers' lives, which, in turn, has created a new bar for innovation. For example, Amazon has not only transformed industries, but has transformed what customers expect in terms of innovation from industry. Smart phones, led by Apple, have delivered innovations that we had not even dreamed of a generation ago; the current smart phone in a customer's pocket has more computing power than all the computers that put the first man on the moon. For a millennial, this level of innovation is what they have grown up with and expect. For all generations, this level of innovation has become the new norm. The Department of Health and Welfare is embarking on this strategic objective as the starting point of a concerted effort to meet – and exceed – customers' expectations for innovation.

The rising tide of customer expectations for innovation is not limited to specific industries or companies; customers expect the highest level of innovation from every organization they interact with, whether it is private or public. That is why it is critical that the department fosters a culture of customer-centered innovation that meets the new standard of customers. This includes leveraging existing innovations in the marketplace and being innovative in how the department meets the needs of the customers we serve. In five years, we want our customer to think of the department as an organization that is innovative in meeting the customer's needs.

Tasks:

- Identify a metric for measuring innovation by Dec 31, 2019
- Obtain a baseline measure on the identified measure by Dec 31, 2020
- Identify a customer-centered innovation model by Dec 31, 2019
- Begin a customer-centered innovation project by June 30, 2020

Strategic Objective

Reduce regulatory burden and simplify administrative rules by targeting a 20% decrease in the number of restrictive words in the department's 71 rule chapters from 11,158 restrictive words to 8,926, to be achieved by July 1, 2021

Lead: Tamara Prisock

Excessive regulation at all levels of government can impose high costs on businesses and can inhibit economic growth. Idaho's Administrative Code has grown to 736 chapters, totaling more than 8,200 pages, and containing more than 72,000 restrictions. In January 2019, Gov. Brad Little signed Executive Order 2019-02, titled the "Red Tape Reduction Act." The act requires state agencies that have authority to issue administrative rules to identify at least two existing rules to be repealed or significantly simplified for every new rule they propose.

In support of the "Red Tape Reduction Act," the department has launched an effort to review all existing administrative rule chapters and has set this objective to reduce the regulatory burden even further than it would be reduced through compliance with the Governor's executive order. The department views this effort as an opportunity to work with Idaho's public and private sectors to assure the regulations that stay in place are relevant and effective and that they assure public health and safety without imposing excessive burden and cost to Idaho businesses.

We will measure our progress in reducing the regulatory burden by tracking the decrease in the overall number of words in their administrative rule chapters and in the decrease in the number of restrictive words, such as "must," "shall," "required," "prohibited," and "may not."

Tasks:

- The department will prioritize the review of all 71 rule chapters by first focusing on chapters for which other changes are required. As changes are drafted in those rule chapter, divisions will also conduct a comprehensive review of each chapter to eliminate obsolete or duplicative language.
- Divisions will review all other rule chapters and draft changes to eliminate obsolete or duplicative language for approval by the 2021 Idaho Legislature.
- Divisions will also work with partners in the public and private sectors to identify opportunities to reduce or relax requirements without compromising public health and safety. Proposed changes will be drafted for approval by the 2021 Idaho Legislature.

Strategic Objective

Secure and protect information entrusted to us by Idahoans, by defending our network against threats, controlling physical access to worksites, and achieving a 100% annual completion rate for security awareness training for employees

Leads: Cathy Libby and Michael Farley

To accomplish our work to help Idahoans in need, agency operations frequently involve the use of highly sensitive information. The department places high priority on securing and protecting this information. Information entrusted to the department includes confidential records, protected health information (PHI), personally identifiable information (PII), Federal Tax Information (FTI), Social Security identifiers, and financial account information.

The strategic objectives below provide a comprehensive approach to protecting information. Adoption of cybersecurity and physical controls provide protection at network and facility levels. Security awareness training helps employees recognize and prevent security breaches. This three-pronged approach provides strong protection against unauthorized access to information, minimizing risks of data breaches that could result in harm to Idaho citizens, loss of federal funding, financial penalties, and damage to the department's credibility.

Tasks:

- Achieve 100% compliance with the requirement of Executive Order 2017-02 (Findings of the Idaho Cybersecurity Taskforce) to implement the first six Center for Internet Security Critical Security Controls (CIS Controls) by June 30, 2020.
- Complete alteration projects in six field offices to provide secure separation between public areas and areas where sensitive information is stored by June 30, 2020.
- Achieve a 100% annual employee completion rate for required security awareness and cybersecurity training.

Strategic Objective

Build the trust of the public and other stakeholders through pro-active, frequent, intentional, simplified, and audience-specific communications strategies that will improve awareness of the department's work, to be developed and implemented by July 1, 2020

Lead: Kelly Petroff

The Public Information Office (PIO) at the Idaho Department of Health and Welfare has always been focused on responding to the media in a timely and efficient manner. That includes answering emails and phone calls, writing news releases, scheduling interviews, and participating in on-camera interviews on an almost daily basis. This has led to the media and others influencing, and sometimes controlling, the brand of DHW and the messaging to the public.

The Office of Communications (formerly the PIO) will develop and implement pro-active communications to all audiences to build affinity for DHW. Target audiences include the media, the general public, taxpayers, legislators, customers, healthcare providers and other partners.

The improved communications strategy will focus on a narrative that defines DHW as compassionate and trustworthy and will highlight successes of programs and initiatives across all divisions. The message will be shared via earned media, such as organic publicity mentions and word of mouth, and owned channels, including the department website and social media pages. It will position the department as fully transparent to, and supportive of all we serve and those to whom we are accountable.

Additionally, the Office of Communications will better define the brand experience, which is the wholistic view a customer might have of DHW. The brand experience (for customers) is defined by how they have personally experienced DHW, what others tell them about DHW, and what we say about ourselves (advertising, social media, communications). That's where our new communications strategy begins – with a consistent message that shares how the work of DHW consistently improves the lives of Idahoans in need.

Tasks:

- Implement monthly DHW updates to key stakeholders related to DHW initiatives and strategies.
- Develop a narrative through news releases, blogs and social media to support the successes of division programs and initiatives, and to highlight employee commitment to Idahoans. Through this strategy, the department will increase average engagement in owned channels by 10 percent, by June 30, 2021.

- Identify key customer-facing materials to be revised by Feb. 1, 2020, that will be revised in plain language to clearly communicate information and improve health literacy.
- Re-brand current internal communication channels (specifically the employee newsletter and intranet) by September 1, 2019, to help employees better understand strategic goals, division initiatives and program successes.

Strategic Objective

Create consistent, respectful experiences for customers throughout their DHW journey by developing and implementing a customer experience strategy that improves the customer's experiences in key moments. The strategy will be measured by a relevant customer effort metric* and improved by 10 percent by July 1, 2024

*baseline determined in 2020

Lead: Kelly Petroff

The customer experience is defined by the entire journey of the customer. It is the relationship a customer has with an agency or a business. It is based on every interaction the customer has, and how they feel about the organization based on those interactions. It is the impression the DHW leaves with those we interact with, across every phase of the customer's journey.

It is DHW's goal to engage all employees in improving the customer experience, to develop a plan for consistent experiences across all divisions, and to make it easier for our customers to work with us. The two primary touchpoints that create the customer experience are people and product (communications, tools, applications, results). We will review and begin outlining improvements to the processes and systems that impact the customer experience.

Positive customer experiences build brand loyalty and affinity. We live in an "on demand" world, and we need to create the customer experiences that support current customer expectations and needs. Ultimately, our plan will simplify the experience, help us operate with a sense of urgency, and leave no doubt in the customer's mind that we keep our promises to them.

Tasks:

- Develop communications plan by Oct. 1, 2019, to help employees understand and engage in improving the customer experience.
- Re-imagine and begin implementation of an improved DHW website that focuses on usability and experience by July 1, 2020.
- Implement a cross-divisional customer experience steering committee by Oct. 1, 2019, to lead efforts in determining customer pain points and customer experience work.
- Determine and begin implementation of a measurement metric (NPS or CES) as a baseline for customer experience work by July 1, 2020.

Appendix A

Review of Previous Strategic Initiatives

Reduce Opioid Addiction and Overdose Deaths in Idaho

A new opioid task group is being established as directed by the May 2019 Governor's Executive Order, and is being led by the Idaho Office of Drug Policy. The Idaho Department of Health and Welfare, along with Idaho's seven local public health districts, the Idaho Board of Pharmacy, the University of Idaho, the Office of Drug Policy, Recovery Idaho, and other stakeholders, joined together to create a strategic plan to address the opioid crisis. The 2022 strategic vision is "a safe and healthy Idaho free of opioid misuse and untreated opioid use disorders." To achieve the goals set forward in the opioid strategic plan, stakeholders will address treatment, naloxone distribution, the use of the prescription drug monitoring program, provider education, public education and awareness and better use of data and surveillance.

Because this work is well established in the department with well-rooted programs in the Divisions of Public and Behavioral Health, as well as approaches in the Division of Medicaid and Family and Community Services, this objective may appropriately be moved out of the current department strategic plan. Work to reduce opioid addiction and overdose deaths will continue in partnership with multiple stakeholders.

Appendix A

Review of Previous Strategic Initiatives

Improve availability to residential care settings for residents with Alzheimer's or dementia

In 2016, the Idaho Alzheimer's Planning Group, chartered by then Governor C.L. "Butch" Otter, published a road map for addressing gaps in services for Idaho citizens with Alzheimer's and related dementia. One of the gaps identified at that time was access to permanent residential care settings equipped to care for this population. The department launched an initiative in 2017 to identify and examine specific issues that prohibited this population from being placed and successfully cared for in residential settings, such as nursing homes and assisted living facilities. To work on the initiative, the department established a group comprised of service providers, resident advocates, and experts in working with individuals with Alzheimer's and dementia to identify issues that prevented easy access to nursing homes and assisted living facilities. Through that work, the group discovered that there is not an overall access problem. The access issue the group identified exists for Medicaid participants who have Alzheimer's or dementia and who choose to live in assisted living. Although the majority of new assisted living facilities being built in Idaho are memory care, many assisted living facilities either accept private pay residents only, or they limit the number of Medicaid participants the facility will serve. The reason for those limitations is the Uniform Assessment Instrument (UAI), used to determine Medicaid reimbursement to service providers, does not currently account for the time facility staff spend providing certain services to this population—services such as supervision or redirecting difficult behavior. The work group engaged the Division of Medicaid to examine the UAI and the possibility of adjusting the instrument to account for the time facility staff spend providing those critical services. The Division of Medicaid is now working with assisted living facilities to collect data to determine how reimbursement to facilities caring for this population can better reflect the time spent on services essential to caring for people with Alzheimer's or dementia. Although this initiative has been removed from the department's Strategic Plan, it will remain open as a division-level project until completed.

Appendix B

Cybersecurity Compliance

Cybersecurity Executive Order 2017-02 Compliance:

Executive Order 2017-02, Section 3 requires:

All executive branch agencies to implement the first five (5) Center for Internet Security (CIS) Critical Security Controls (CSC) for evaluation of existing state systems by June 30, 2018. Updates on adoption of the National Institute of Standards and Technology (NIST) cybersecurity framework and implementation of CIS Controls will be included in each agency's strategic plan submission to the Division of Financial Management (DFM).

Idaho Department of Health and Welfare, Information Technology Services Division Update for EO 2017-02:

The Idaho Department of Health and Welfare has adopted the National Institute of Standards and Technology (NIST) Cybersecurity Framework and has met compliance of Executive Order 2017-02. Initial guidance received from the Idaho Information Technology Services (ITS, formerly known as Department of Administration's Office of the Chief Information Officer (OCIO), was modified to assess the gap of the first 5 CIS Critical Security Controls (CSC) version 6 by June 30, 2018. We accomplished this using a Security Enclave AuditScript to track the implementation of the CIS CSC Top 5 security controls. These spreadsheets included a maturity rating, as well as Plan of Action and Milestones (POAM) items and are maintained on the Idaho Technology Services SharePoint site tracking each agencies' compliance status.

In March 2018, CIS CSC Security Controls version 7 was released. With the release of the new controls, we were instructed by ITS to assess the department's security compliance against the CIS CSC Top 6 security controls of the new version. Compliance tracking is recorded using an updated version of Security Enclave AuditScripts and is maintained by ITS and published on the ITS SharePoint site.

In addition to meeting compliance with Executive Order 2017-02, the department closely follows the NIST Cybersecurity Framework standards to institute cybersecurity controls to meet security compliance required by multiple federal agencies.



Governor Brad Little

Memorandum

DATE: August 19, 2019
TO: Directors and Agency Heads
FROM: Zach Hauge, Chief of Staff

SUBJECT: **Updated General Fund Revenue Forecast and FY 2021 Budget Planning**

Last week, DFM issued the updated General Fund revenue forecast for fiscal years 2020 through 2022.

The updated projection of 5.2% revenue growth for FY 2020 places Idaho in the top ten states nationally. However, Idaho's forecast reflects the national trend of slowing growth and uncertainty from trade relations, and it came in below the 7% revenue target established by JFAC as the basis for the FY 2020 budget.

We are not at a point where we anticipate mid-year budget adjustments for FY 2020. The larger-than-usual ending balance set by Governor Little and the Legislature provides a cushion. Because of this responsible, conservative approach, Idaho is in a much better position than more than 20 states, which have been forced to recently respond with measures ranging from across-the-board cuts to employee furloughs.

That said, the ending balance for FY 2020 is anticipated to shrink and slower growth is expected to persist, creating pressure on the FY 2021 budget.

As your agency finalizes its FY 2021 budget submission, it is prudent to consider the following as it relates to the General Fund:

1. Restrict FY 2020 supplemental requests and FY 2021 line item enhancements to emergency requests only that do not have any other source of funding available; and
2. Minimize replacement item requests to those that are emergencies for FY 2021, or shift to non-General Fund sources

If you still plan on requesting a supplemental line item or replacement item please be prepared to identify two to three offsets in your base budget. Don't hesitate to contact your Governor's Office liaison or your DFM analyst with any questions.

Thank you, as always, for your service to Idaho as leaders within Governor Little's administration.

Zach Hauge, Chief of Staff



Governor Brad Little

Memorandum

DATE: October 29, 2019
TO: Directors and Agency Heads
FROM: Zach Hauge, Chief of Staff

SUBJECT: **FY 2020 and FY 2021 Budget Update**

For the past few years, Idaho has topped the charts in growth. The welcome rise in economic activity has resulted in increases in state revenue and state agency spending, particularly in maintenance budget growth.

We expect revenue growth to continue, though at a slower pace than previously anticipated.

As employees of the State of Idaho and members of Governor Little's administration, we have a duty to prudently manage the people's money. The time to prepare for the inevitable economic slowdown is now – when times are good.

Considering the uncertain economic forecast, Governor Little is calling for a “spending reset” as part of his FY 2020-2021 executive budget recommendation. The goal is to better align state spending growth with anticipated state revenue growth in the coming years, to ensure the state fulfills its Constitutional requirement for a balanced budget.

Specifically, the following will be added to each General Fund agency’s budget recommendation by DFM:

- A 1% rescission to the FY 2020 budget; and
- A 2% base reduction to the FY 2021 budget

Governor Little's #1 priority is education. He has said it is our moral and Constitutional obligation to ensure Idaho students are prepared for a lifetime of learning and eventual careers. Governor Little's executive budget recommendation not only leaves K-12 schools harmless, but is guaranteed to include continued investments.

Additional agency-specific exclusions for FY 2020 will be communicated directly.

We appreciate the diligence of your agency in putting together a thoughtful plan for a budget reduction that minimizes the impact on the delivery of services for Idahoans and on our critical state personnel. As we discussed this, we heard you loud and clear:

- The earlier your agency is provided with notice, the less disruptive a reduction will be; and
- The more flexibility your agency is provided, the more creative you can get in achieving your agency's statutory mission in a resource-constrained environment

As such, Governor Little will seek to provide maximum flexibility in dealing with reduced appropriations by recommending each General Fund agency be exempted from the provisions of Section 67-3511, Idaho Code, for the remainder of FY 2020-2021.

Please plan to meet with your Governor's Office contact and your DFM analyst the week of November 11 to share your written plan to accomplish this spending reset.

Thank you for your dedication and partnership as we work to achieve Governor Little's goal to make Idaho the place where our children and grandchildren choose to stay.

Medicaid Payment Reductions 2020

- Medicaid spending grew by 7% from SFY 2018 to SFY 2019 and is projected to increase by 8% for SFY 2020, excluding expansion spending. This level of growth is unsustainable.
- The Governor has asked all state agencies to reduce expenditures by 1% for SFY 2020 and by 2% for SFY 2021.
- About 1 in 4 Medicaid dollars goes to payments for hospital services. About 1 in 10 Medicaid dollars goes to payments for nursing facility services. Together they make up over 1/3 of the Medicaid budget.
- Both hospitals and nursing facilities are currently paid at 100% of the cost of their services with minimal limitations. When full cost reimbursement is guaranteed, providers have no incentive to control their costs.
- For these reasons, hospitals and nursing facilities are high priority provider groups to target for cost reductions in the 2020 legislative session
- Controlling these costs will require statute changes. The Department of Health and Welfare, with the support of the Governor, will be bringing the changes summarized below for legislative consideration in the 2020 legislative session.
- While reductions are necessary, the Department has contacted the Idaho Hospital Association and Idaho Health Care Association to work with them, their members, and other hospitals and nursing facilities in a collaborative way on how the reductions are structured.

	Hospitals	Nursing Facilities
Bill Provisions	<ul style="list-style-type: none"> • Temporarily limit reimbursement to 90% of cost • Direct the Department and providers to work together to establish a new payment method that is budget based, not cost based. • Establish a quality program to reward providers who deliver on improving health outcomes for their patients. 	<ul style="list-style-type: none"> • Temporarily limit reimbursement to 90% of cost • Direct the Department and providers to work together to establish a new payment method that is budget based, not cost based
Exclusions	<ul style="list-style-type: none"> • Critical access hospitals • Institutions for mental diseases (large freestanding psychiatric hospitals) limited to 100% of cost 	<ul style="list-style-type: none"> • Ventilator care facilities remain cost-based • Limited reductions for behavioral care specialty facilities
Total Fund Impact	\$31.6M reduction	\$18.1M reduction
General Fund Impact	\$9.4M reduction	\$5.4M reduction
Overall General Fund Impact	\$14.8M reduction	



Idaho General Fund Revenue Report

Brad Little, Governor
Alex J. Adams, Administrator

DIVISION OF FINANCIAL MANAGEMENT
Executive Office of the Governor

AUGUST 2019

VOLUME XLII NO. 2

The revised FY 2020 General Fund revenue forecast is the focus of this month's report. The current FY 2020 General Fund revenue projection is \$3,928.6 million, a 5.2% increase over FY 2019. It replaces the previous projection of \$4,057.4 million that was published in January. FY 2019's results include the first-year impacts of major changes to both federal and state income tax laws. Last year's actual data helped influence the FY 2020 forecast revisions.

Individual income tax receipts are expected to increase 7.1% to \$1,779.7 million in FY 2020. This amount is \$174.5 million below the previous forecast. This downward revision is mainly the result of much lower-than-expected withholding payments and lower filing collections in FY 2019.

The individual income tax withholding payments were short of the forecast in every month of FY 2019. For the fiscal year, actual withholding payments were nearly \$120 million under the projection. Part of this shortfall was due to the lower-than-anticipated adoption rate to the revised withholding tables. A statistical analysis including the newly available FY 2019 data suggested there was a significant downward shift to withholding payments that DFM's model was not capturing. The model was adjusted to reduce this bias. This revised amount for FY 2020 withholding payments

is \$1,333.6 million, which is \$194.6 million under the previous prediction.

Individual income tax filing collections were also under the FY 2019 forecast, \$743.6 million versus \$808.5 million. Again, the actual FY 2019 data were employed to recalibrate the model in order to improve the forecast's accuracy in FY 2020. The revised forecast of \$815.2 million is \$59.8 million below the previous forecast.

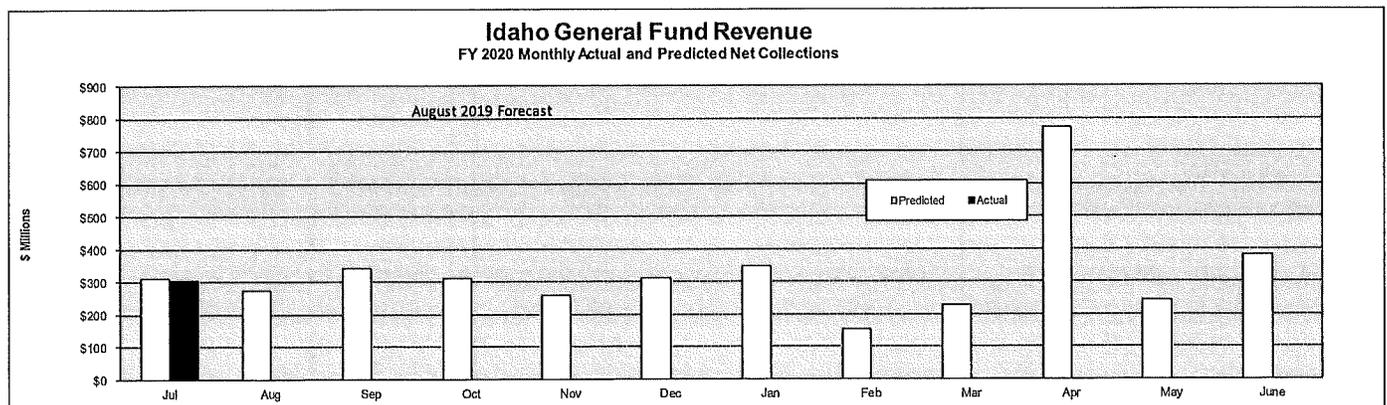
One-time and ongoing sources pushed FY 2019 corporate income tax receipts to a record \$283.2 million that exceeded the forecast by \$60 million. Unfortunately, these sources are not broken out in a manner that can be explicitly used to adjust the FY 2020 forecast. In the absence of this break out, adjustments were made based on experience and judgement. Specifically, the forecast assumes roughly two-thirds of the \$60 million excess were one time and \$20 million were ongoing. As a result, \$40 million was removed from FY 2019 base. The remaining \$20 million was kept in the base. The adjusted \$243.2 million base was increased by this year's expected growth of nearly 10% percent to arrive at the FY 2020 projection of \$264.1 million.

The sales tax forecast was revised upwards to \$1,691.3 million from \$1,667.0 million. This reflects the combined impact of last year's stronger-than-expected

receipts, expected economic conditions, and tax law changes. The most notable tax law change was H0259aaS that directed revenue from remote sellers and market place facilitators to the Tax Relief Fund, so the General Fund receives no portion from these receipts.

Total product tax revenue for FY 2020 is expected to be \$66.7 million, with cigarette taxes, wine taxes, and Idaho State Liquor Division distributions contributing the most to this total. Insurance premium taxes, unclaimed property distributions, and revenue from other departments and transfers boost revenue from miscellaneous sources to \$126.8 million.

General Fund receipts for the first month of FY 2020 were \$301.7 million, which was \$6.2 million (-2.0%) under the revised projection. Individual income tax receipts of \$109.4 million missed its forecast by \$5.4 million. However, this shortfall was partially offset by corporate income tax collections of \$9.2 million that were \$0.6 million (7.4%) above the forecast. The sales tax contribution to the General Fund of \$151.5 million was just \$0.2 million (0.2%) below the forecast. Product taxes of \$13.1 million were virtually on target. Miscellaneous revenue was \$1.1 million short of the forecast, \$22.4 million versus \$23.5 million.



Idaho General Fund Collections for July 2019

MONTHLY ACTUAL AND PREDICTED COLLECTIONS FOR JULY					
	<i>Actual FY 2018</i>	<i>Actual FY 2019</i>	<i>Actual FY 2020</i>	<i>Predicted FY 2020</i>	<i>Forecast Performance FY 2020</i>
Individual Income Tax (\$000)	\$132,022.3	\$112,906.8	\$109,442.5	\$114,837.3	<i>(Actual versus Predicted)</i> Difference (\$5,394.9)
Percent Change from Previous Year	10.0%	-14.5%	-3.1%	1.7%	Percent -4.7%
Corporate Income Tax (\$000)	\$6,400.7	\$11,794.6	\$9,240.3	\$8,604.7	Difference \$635.6
Percent Change from Previous Year	-1.9%	84.3%	-21.7%	-27.0%	Percent 7.4%
Sales Tax (\$000)	\$134,857.6	\$140,676.9	\$151,504.1	\$151,739.0	Difference (\$234.9)
Percent Change from Previous Year	5.7%	4.3%	7.7%	7.9%	Percent -0.2%
Product Tax (\$000)	\$10,742.5	\$11,735.1	\$13,081.5	\$13,174.8	Difference (\$93.2)
Percent Change from Previous Year	2.3%	9.2%	11.5%	12.3%	Percent -0.7%
Miscellaneous Revenue (\$000)	\$26,259.1	\$24,599.5	\$22,369.4	\$23,463.5	Difference (\$1,094.1)
Percent Change from Previous Year	74.1%	-6.3%	-9.1%	-4.6%	Percent -4.7%
Total (\$000)	\$310,282.3	\$301,712.9	\$305,637.7	\$311,819.2	Difference (\$6,181.5)
Percent Change from Previous Year	10.9%	-2.8%	1.3%	3.3%	Percent -2.0%

FISCAL YEAR-TO-DATE ACTUAL AND PREDICTED COLLECTIONS THROUGH JULY					
	<i>Actual FY 2018</i>	<i>Actual FY 2019</i>	<i>Actual FY 2020</i>	<i>Predicted FY 2020</i>	<i>Forecast Performance FY 2020</i>
Individual Income Tax (\$000)	\$132,022.3	\$112,906.8	\$109,442.5	\$114,837.3	<i>(Actual versus Predicted)</i> Difference (\$5,394.9)
Percent Change from Previous Year	10.0%	-14.5%	-3.1%	1.7%	Percent -4.7%
Corporate Income Tax (\$000)	\$6,400.7	\$11,794.6	\$9,240.3	\$8,604.7	Difference \$635.6
Percent Change from Previous Year	-1.9%	84.3%	-21.7%	-27.0%	Percent 7.4%
Sales Tax (\$000)	\$134,857.6	\$140,676.9	\$151,504.1	\$151,739.0	Difference (\$234.9)
Percent Change from Previous Year	5.7%	4.3%	7.7%	7.9%	Percent -0.2%
Product Tax (\$000)	\$10,742.5	\$11,735.1	\$13,081.5	\$13,174.8	Difference (\$93.2)
Percent Change from Previous Year	2.3%	9.2%	11.5%	12.3%	Percent -0.7%
Miscellaneous Revenue (\$000)	\$26,259.1	\$24,599.5	\$22,369.4	\$23,463.5	Difference (\$1,094.1)
Percent Change from Previous Year	74.1%	-6.3%	-9.1%	-4.6%	Percent -4.7%
Total (\$000)	\$310,282.3	\$301,712.9	\$305,637.7	\$311,819.2	Difference (\$6,181.5)
Percent Change from Previous Year	10.9%	-2.8%	1.3%	3.3%	Percent -2.0%

Department of Health and Welfare

DEPARTMENT SUMMARY:	FY 2018 Total Appr	FY 2018 Actual	FY 2019 Total Appr	FY 2020 Request	FY 2020 Gov Rec	FY 2020 Approp
BY DIVISION						
Child Welfare	71,286,300	67,051,000	79,525,500	82,307,800	82,526,700	79,823,000
Developmentally Disabled Svcs	31,546,200	28,207,300	32,033,100	32,379,000	32,417,700	32,835,300
Independent Councils	9,083,100	8,779,600	9,082,000	13,093,400	13,112,700	13,118,700
Indirect Support Services	46,381,700	43,565,900	48,506,200	50,143,500	49,887,800	48,584,400
Medicaid, Division of	2,343,605,500	2,316,908,000	2,502,282,100	2,620,263,700	2,803,258,900	2,831,697,000
Mental Health Services	48,874,000	42,544,200	49,837,300	56,593,100	50,982,000	51,173,700
Psychiatric Hospitalization	40,280,000	40,159,000	38,815,600	40,228,700	38,686,900	38,944,100
Public Health Services	116,831,700	99,816,100	126,637,300	125,113,000	125,243,900	124,331,400
Service Integration	6,062,100	5,222,100	6,067,500	6,099,600	6,113,100	6,135,200
Substance Abuse	14,825,700	14,892,900	17,726,300	21,472,700	17,842,000	17,462,000
Welfare, Division of	172,320,100	161,478,500	172,431,800	165,245,300	165,469,500	167,296,600
Health Care Policy Initiatives	12,942,700	10,141,600	14,470,400	1,295,900	1,299,400	1,125,800
Licensing and Certification	6,895,700	6,938,400	7,321,500	7,636,300	7,450,000	7,568,700
Total:	2,920,934,800	2,845,704,600	3,104,736,600	3,221,872,000	3,394,290,600	3,420,095,900
BY FUND SOURCE						
General	726,515,100	720,464,600	806,192,500	877,261,100	863,597,200	865,297,500
Dedicated	384,194,700	363,451,500	328,536,800	313,658,700	331,739,200	331,154,800
Federal	1,810,225,000	1,761,788,500	1,970,007,300	2,030,952,200	2,198,954,200	2,223,643,600
Total:	2,920,934,800	2,845,704,600	3,104,736,600	3,221,872,000	3,394,290,600	3,420,095,900
Percent Change:		(2.6%)	9.1%	3.8%	9.3%	10.2%
BY EXPENDITURE CLASSIFICATION						
Personnel Costs	220,763,500	205,156,700	221,818,300	225,402,900	226,245,300	228,565,600
Operating Expenditures	195,031,400	161,702,000	221,709,400	207,991,200	202,773,400	200,554,200
Capital Outlay	3,859,600	5,318,000	2,427,800	3,482,500	2,675,400	1,858,100
Trustee/Benefit	2,501,280,300	2,473,527,900	2,658,781,100	2,784,995,400	2,962,596,500	2,989,118,000
Total:	2,920,934,800	2,845,704,600	3,104,736,600	3,221,872,000	3,394,290,600	3,420,095,900
Full-Time Positions (FTP)	2,918.38	2,918.38	2,922.71	2,940.11	2,932.11	2,917.11

LEGISLATIVE REQUIREMENTS: There are three sections of department-wide intent language that are found in each original appropriation bill:

- 1) Directed the State Controller to make transfers from the General Fund to the Cooperative Welfare Fund.
- 2) Restricted the transfer of funds from the trustee and benefit payments expense class to any other expense class.
- 3) Required the department to provide services authorized or mandated by law in each program, only to the extent that funding and available resources were appropriated for each budgeted program.

	I	M	P	Q	R	S
1	FY21 Proposed Decision Units (for SFY 2020)					
2	SUPPLEMENTALS					
3	Division	Description	General	Federal	Receipts/ Dedicated	Total
4	FACS	<u>Child Welfare Initiative</u> Request for remaining 25% of funds that were held in abeyance for CCWIS project during FY2020 budget approval.		\$ 1,438,000	\$ 1,438,000	\$ 2,876,000
5	Medicaid	<u>SFY 2019 Medicaid Held Payments</u>	\$ 13,504,000	\$ 23,222,200	\$ -	\$ 36,726,200
6	Medicaid	<u>Medicaid forecast growth.</u>	\$ 8,829,800	\$ 7,015,800		\$ 15,845,600
7	FACS	<u>Foster Care Growth</u> Increased level of T&B funding for Foster Care and contracted services to support increase in number of kids in foster Care of greater than 40% in last five years. Approximately 8% annual increase.	\$ 2,946,800	\$ 2,946,800	\$ (555,600)	\$ 5,338,000
	Medicaid	<u>Medicaid Accounting Contract</u> Myers & Stauffer Contract Re-bid	\$ 255,000	\$ 255,000	\$ -	\$ 510,000
9	Behavioral Health	<u>SHS Fund Shift</u> Conversion of Federal authority to Receipt authority due to Medicaid/Medicare Dual enrolled patients being moved to Private Insurance	\$ (400,000)	\$ (2,000,000)	\$ 2,400,000	\$ -
10	Medicaid	<u>Enhancements to Health IT Infrastructure</u> to comply with electronic health record requirements of the SUPPORT Act	\$ -	\$ 24,900,000	\$ -	\$ 24,900,000
11	Councils	<u>VOCA Grant</u> Increase in federal 2018 VOCA funding.	\$ -	\$ 1,600,000	\$ -	\$ 1,600,000
12	Councils	<u>DD Council Living Well Grant</u> Federal Fund Authority - Living Well grant funds - OT	\$ -	\$ 61,600	\$ -	\$ 61,600
17						\$ -
18	TOTAL		\$ 25,135,600	\$ 59,439,400	\$ 3,282,400	\$ 87,857,400
19						
20						

	I	M	P	Q	R	S
1	FY21 Proposed Decision Units (for SFY 2020)					
2	SUPPLEMENTALS					
3	Division	Description	General	Federal	Receipts/ Dedicated	Total
21						
22						
23		DIVISION SUB-TOTALS:				
24		Behavioral Health	\$ (400,000)	\$ (2,000,000)	\$ 2,400,000	\$ -
25		Councils	\$ -	\$ 1,661,600	\$ -	\$ 1,661,600
26		FACS	\$ 2,946,800	\$ 4,384,800	\$ 882,400	\$ 8,214,000
27		Public Health	\$ -	\$ -	\$ -	\$ -
28		Support Services	\$ -	\$ -	\$ -	\$ -
29		Licensing & Certification	\$ -	\$ -	\$ -	\$ -
30		Healthcare Policy Initiatives	\$ -	\$ -	\$ -	\$ -
31		Medicaid	\$ 22,588,800	\$ 55,393,000	\$ -	\$ 77,981,800
32		Welfare	\$ -	\$ -	\$ -	\$ -
33						
34		TOTAL	\$ 25,135,600	\$ 59,439,400	\$ 3,282,400	\$ 87,857,400
38				*		
39		FY20 Appropriation	865,297,500	2,223,643,600	331,154,800	3,420,095,900
40		% Increase for Supplementals	2.90%	2.67%	0.99%	2.57%

	I	M	P	Q	R	S
1	FY21 Proposed Decision Units					
2	MAINTENANCE					
3	Division	Description	General	Federal	Receipts/ Dedicated	Total
4	Medicaid	<u>Pricing, Caseload, and Utilization</u> Expected increase in Medicaid costs in SFY 2021 based on changes to cost-based pricing, federally mandated provider rate increases, and growth in case load and utilization of services.	\$ 25,495,100	\$ 51,066,700		\$ 76,561,800
5	Medicaid	<u>FMAP Rate Change - Medicaid</u> 70.34% to 70.41% (blended - 70.538% to 70.393%)	\$ 3,138,600	\$ (3,138,600)		\$ -
6	FACS	<u>FMAP Rate Change - FCA</u> 70.34% to 70.41% (blended - 70.538% to 70.393%)	\$ 29,200	\$ (29,200)		\$ -
7	FACS	<u>FMAP Rate Change - SWITC</u> 70.34% to 70.41% (blended - 70.538% to 70.393%)	\$ 12,300	\$ (12,300)		\$ -
8	FACS	<u>FMAP Rate Change - DD</u> 70.34% to 70.41% (blended - 70.538% to 70.393%)	\$ 2,200	\$ (2,200)		\$ -
9	Behavioral Health	<u>FMAP Rate Change - SHS</u> 70.34% to 70.41% (blended - 70.538% to 70.393%)	\$ 5,500	\$ (5,500)		\$ -
10	Medicaid	<u>Medicaid CHIP</u> CHIP Federal mandated FMAP rate change for 100% to 80% FMAP	\$ 10,713,700	\$(11,013,700)	\$ 300,000	\$ -
11	FACS	<u>Foster Care Caseload Growth</u> Request for increased level of T&B funding for Foster Care and contracted services to support increase in number of kids in Foster Care of greater than 40% in last five years. Approximately 8% annual increase.	\$ 1,684,800	\$ 1,684,800	\$ -	\$ 3,369,600
12	Medicaid	<u>Medicaid Expansion Growth</u>	\$ 1,628,900	\$ 14,659,900		\$ 16,288,800
13	TOTAL		\$ 42,710,300	\$ 53,209,900	\$ 300,000	\$ 96,220,200

	I	M	P	Q	R	S
1	FY21 Proposed Decision Units					
2	MAINTENANCE					
3	Division	Description	General	Federal	Receipts/ Dedicated	Total
16						
17		DIVISION SUB-TOTALS:				
18		Behavioral Health	\$ 5,500	\$ (5,500)	\$ -	\$ -
19		Councils	\$ -	\$ -	\$ -	\$ -
20		FACS	\$ 1,728,500	\$ 1,641,100	\$ -	\$ 3,369,600
21		Public Health	\$ -	\$ -	\$ -	\$ -
22		Support Services	\$ -	\$ -	\$ -	\$ -
23		Licensing & Certification	\$ -	\$ -	\$ -	\$ -
24		Healthcare Policy Initiatives	\$ -	\$ -	\$ -	\$ -
25		Medicaid	\$ 40,976,300	\$ 51,574,300	\$ 300,000	\$ 92,850,600
26		Welfare	\$ -	\$ -	\$ -	\$ -
27						
28		TOTAL	\$ 42,710,300	\$ 53,209,900	\$ 300,000	\$ 96,220,200

	I	M	O	P	Q	R	S
1	FY21 Proposed Decision Units						
2	Emergency only LINE ITEMS						
3	Division	Description	FTP	General	Federal	Receipts	Total
4	FACS	<u>Child Welfare Initiative</u> The third year of a three-year project to modernize the Division's Child Welfare Information System and mobile technology capacity.	-	\$ 5,348,000	\$ 5,348,000	\$ -	\$ 10,696,000
5	FACS	<u>Child Welfare Staffing</u> Hiring of 5 Child Welfare Social Worker 2 positions to balance growing caseloads and extended response times.	5.00	\$ 199,700	\$ 199,700	\$ -	\$ 399,400
6	Medicaid	<u>Non-Emergent Medical Transportation</u> NEMT funding to increase to ensure continuity until the new RFP can be implemented	-	\$ -	\$ -		\$ -
7	Support Services	<u>Moody Center Replacement</u> Annual lease costs incurred as a result of transitioning from the state-owned Moody Center to a leased facility in Spring 2021 (on-going); Moving expenses, cubicle walls, furniture costs incurred as a result of transitioning from the state-owned Moody Center to a leased facility in Spring 2021 (one-time)	-	\$ 351,000	\$ 351,000	\$ -	\$ 702,000
8	Medicaid	<u>Medicaid Electronic Visit Verification</u> Medicaid claims processing system enhancements and increased provider reimbursement to pay for the new administrative work to implement an electronic system that verifies healthcare workers providing services in patient homes were at the location specified on their Medicaid Claim.	-	\$ 545,700	\$ 1,828,700		\$ 2,374,400
9	Behavioral Health	<u>Adolescent Psychiatric Hospital</u> New adolescent psychiatric hospital in Nampa start up, personnel, operating, capital, and Trustee & Benefit.	49.33	\$ 2,935,300	\$ -		\$ 2,935,300
10	Behavioral Health	<u>Syringa Nursing Home Bond Payment</u> One-time funding of \$1m general funds and \$1,167,700 receipt authority for the first bond payment for the new Syringa Nursing Facility. In addition, the request is for \$2,167,700 on-going receipt authority for subsequent years.	-	\$ 1,000,000		\$ 3,335,400	\$ 4,335,400

	I	M	O	P	Q	R	S
1	FY21 Proposed Decision Units						
2	Emergency only LINE ITEMS						
3	Division	Description	FTP	General	Federal	Receipts	Total
11	Medicaid	<u>Enhancements to Health IT Infrastructure</u> to comply with electronic health record requirements of the SUPPORT Act	-	\$ -	\$ 8,300,000		\$ 8,300,000
12	Public Health	<u>Home Visitation Program</u> Passthrough funding for the public health districts to continue providing services not paid for by the available federal funds.		\$ 2,000,000		\$ -	\$ 2,000,000
13	Councils	<u>VOCA Staffing</u> Requesting 1.0 FTE and funding for a Research Analyst to design research projects and track program data to better serve Idaho crime victims through data-driven best practices.	1.00	\$ -	\$ 77,800	\$ -	\$ 77,800
14	Councils	<u>VOCA Grant</u> Congress increased the funding cap on this award and appropriated states additional funding to increase services to victims of crime and assist states in better tracking data related to the VOCA funding.	-	\$ -	\$ 2,600,000	\$ -	\$ 2,600,000
15	Medicaid	<u>Ambulatory Service Centers (ASC) Rate Increase</u>	-	\$ -	\$ -	\$ -	\$ -
16	Medicaid	<u>Medicaid Enterprise System Procurement</u>	-	\$ -	\$ -	\$ -	\$ -
21							\$ -
22	TOTAL		55	12,379,700	18,705,200	3,335,400	34,420,300
23							
27	DIVISION SUB-TOTALS: EMERGENCY LINE ITEM REQUESTS						
28		Behavioral Health	49.33	\$ 3,935,300	\$ -	\$ 3,335,400	\$ 7,270,700
29		Councils	1.00	\$ -	\$ 2,677,800	\$ -	\$ 2,677,800
30		FACS	5.00	\$ 5,547,700	\$ 5,547,700	\$ -	\$ 11,095,400
31		Public Health	-	\$ 2,000,000	\$ -	\$ -	\$ 2,000,000
32		Support Services	-	\$ 351,000	\$ 351,000	\$ -	\$ 702,000
33		Licensing & Certification	-	\$ -	\$ -	\$ -	\$ -
34		Healthcare Policy Initiatives	-	\$ -	\$ -	\$ -	\$ -
35		Medicaid	-	\$ 545,700	\$ 10,128,700	\$ -	\$ 10,674,400
36		Welfare	-	\$ -	\$ -	\$ -	\$ -
37							
38		TOTAL	55.33	\$ 12,379,700	\$ 18,705,200	\$ 3,335,400	\$ 34,420,300