1 – Agency Profile

Agency Overview

Mission: To promote and protect the health and safety of Idahoans.

Role in the Community: The Department of Health and Welfare's primary role in the community is to provide services and oversight to promote healthy people, safe children, and stable families. The Department accomplishes this through several core functions that include:

- Administer state and federal public assistance and health insurance programs, which includes Food Stamps and Medicaid;
- Provide direct care services for certain disadvantaged or underserved populations;
- Protect children and vulnerable adults;
- License or certify specific types of care facilities;
- Promote healthy lifestyles; and
- Identify and reduce public health risks.

Leadership: The Department of Health and Welfare (DHW) serves under the leadership of Idaho Governor C.L. "Butch" Otter. DHW's Director, Richard Armstrong, oversees all Department operations and is advised by the State Board of Health and Welfare. The Board consists of seven voting members appointed by the Governor, along with two members who serve as citizen legislators and chair the Health and Welfare legislative committees.

The Director appoints Deputy Directors to assist in managing the Department's business. A deputy is responsible for oversight and coordination of each of the following three areas: Family and Welfare Services/Public Health; Medicaid, Behavioral Health and Managed Care; and Support Services/Licensing and Certification.

Organization: Idaho is a leader in the area of integrated service delivery for health and human services. In some states, the organization of health and human services is divided into a number of departments with separate administrations. Idaho is fortunate to have these services under one umbrella and a single administration. This is not only cost-effective from an administration standpoint, but it allows the Department to more effectively coordinate services for struggling families so they can become self-reliant, without government support. Many states are currently studying or adopting an umbrella structure similar to Idaho's health and human services system.

The Department is comprised of eight divisions: Medicaid, Behavioral Health, Public Health, Family and Community Services, Welfare, Operational Services, Licensing and Certification, and Information and Technology Services. In addition to the eight divisions, the Department's organizational structure includes the Medically Indigent Administration, the Bureau of Audits and Investigations and the Bureau of Financial Services.

Each division is composed of individual programs or bureaus that provide services to help people in communities. As an example, the Division of Family and Community Services provides direct services for child protection, and partners and contracts with community providers or agencies to help people with developmental disabilities.

DHW has 23 field offices geographically located to reach each area of the state, three state institutions, and 2,863 authorized full-time employees in SFY12.

DIVISIONS
The Department is organized in eight divisions. Each division contains programs and bureaus that provide an administrative structure for the delivery of services and accountability.

Division of Medicaid

A. Overview

The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The Division does not provide direct medical services, but contracts and pays for services through providers similar to private health insurance plans. Medicaid provides services for low-income families, which includes children and pregnant women; the elderly; and people with disabilities.

B. Highlights

- *2013 Legislative Update* – Medicaid completed the implementation of House Bill 260 that originated from the 2011 legislative session. The cost avoidance from implementation of the various initiatives in House Bill 260 is over $33 million state general fund, consistent with the expectations of the legislation. During the 2012 legislative session three changes to House Bill 260 were made.

  - Dental benefits were restored to Medicaid participants on the Aged and Disabled and Developmental Disability Waivers. These changes were implemented July 1, 2012, and the supporting policy products were approved during the 2013 session.

  - Idaho Medicaid continues to plan and implement managed care tools and programs as directed by the legislature. Specifically, there is now a signed contract with Optum Idaho who will manage the Medicaid mental health benefits, outpatient mental health, and substance abuse services for the Department. These services will be provided through the Optum Idaho provider network effective September 1, 2013.

  - Medicaid Health Homes or enhanced Patient Centered Medical Homes was implemented January 1, 2013. All supporting policy products were approved during the 2013 legislative session.

  The Division also received budget authority for several ongoing initiatives; primary care network development, Idaho Home Choice (Money Follows the Person), the Children's Healthcare Improvement Collaboration, the Electronic Health Record Incentive program, and the Idaho Health Care Delivery Innovation grant. Budget approval was also received for a rate increase for community Personal Care Services that will assist in maintaining equity with reimbursement for similar services in facilities.

- *Electronic Health Records* – Idaho Medicaid successfully launched the Medicaid Electronic Health Record Incentive Program on July 1, 2012. The program is the result of the American Recovery and Reinvestment Act (ARRA) of 2009 which authorized incentive payments for eligible Medicare and Medicaid providers who meaningfully use certified electronic health record technology. During the first year of operations of this program, Medicaid paid 10 hospitals $6,633,752 and 440 medical professionals $9,350,000 in federal incentive payments. The incentive program will run through 2021 and is expected to provide millions of dollars to Idaho hospitals and medical professionals during that time. The next phase of Idaho's Electronic Health Record Incentive Program began on July 1, 2013. Idaho Medicaid serves as the pass-through for the incentive payments, which are federal dollars.

- *Children's System Redesign* - A new array of children's developmental disabilities (DD) services was approved by the 2011 Idaho legislature and began implementation on July 1, 2011. These new redesign services replace children's developmental therapy (DT) and intensive behavioral intervention (IBI). The 2013 Idaho Legislature approved administrative rule changes that sunset the old services effective June 30, 2013 – this signaled full implementation of the Children's System Redesign.

  In the last year the State of Idaho made great efforts to help children transition into the Children's System Redesign. All families had a final opportunity to make the choice for their child to move to the new children's DD services before the ending date of June 30, 2013. During this last year of transition, the Department used multiple methods to assist families and providers in transitioning to the new DD

services. This activity included letters and direct telephone calls to families of children receiving DD services, news articles, information releases, newspaper notices, email correspondence with providers, as well as articles published in the MedicAide newsletter. As of July 1, 2013, all Children's System Redesign services were fully implemented and no child experienced a lapse in services.

- *School-based Services -* In 2013, the legislature approved new rules governing school-based services. The Department continued to collaborate with the Idaho State Department of Education, the Idaho Association of School Administrators, and multiple school district representatives as part of a School-Based Medicaid Committee to assure that the highest quality of medically necessary services are provided in the educational environment. Representatives from Medicaid and the State Department of Education provided trainings to school districts state-wide on the approved school-based services. An information release and an article in the MedicAide newsletter regarding the changes with Medicaid school-based services were posted and sent directly to all Idaho school districts. Medicaid school-based services were fully implemented on July 1, 2013.

- *Medicaid Management Information System Implementation and Certification* – Since July 2010, the Division of Medicaid has worked closely with Molina Medicaid Solutions (claims processing and reporting), Magellan Medicaid Administration (pharmacy), Truven (data warehouse and decision support), and Medicaid providers to identify and correct system issues, improve service to all stakeholders, and meet the Centers for Medicare and Medicaid Services (CMS) certification requirements. Full CMS certification was received and the systems continue to meet expectations. The change in systems has resulted in improved claims adjudication as demonstrated by the return of $47 million of both one-time and ongoing general state funds and a more predictable budget trend and forecast. Over 135,000 claims process through the Molina system weekly and over 42,000 claims a week process through Magellan. Over 95% of claims, without coordination of benefit issues, are accepted by the system and over 99% of approved claims are paid within 7-15 days. Total weekly payout from Medicaid claims systems average close to $30,000,000.

- *Children's Healthcare Improvement Collaboration (CHIC)* – The state of Idaho, in partnership with the state of Utah, received a five year Children's Health Insurance Program Reauthorization Act quality demonstration grant for $10,277,360. This grant is in the third year of a five year award. The project works toward four primary objectives: 1) developing and testing pediatric patient-centered medical homes; 2) implementing evidence-based quality improvement strategies; 3) creating an improvement partnership network; and 4) enhancing health information technology. Guided by the project's efforts, practices throughout the state have modified immunization processes in an effort to improve immunization rates and are following national guidelines for treating children with asthma. Practices in Boise have continued their work on patient-centered care of pediatric patients and helped create best processes for referrals and population-based care. The next quality improvement learning collaborative will focus on improved screening and treatment for adolescent depression. The involvement of more than 18 clinics and 55 physicians with this project in its entirety has reached over 55,000 kids throughout the state.

- *Governor's Patient-Centered Medical Home Collaborative* – Under Executive Order 2010-10, the collaborative supports the development and implementation of patient-centered medical home approaches in Idaho. Collaborative members established key medical home criteria for pilot testing including payment methodologies, clinical and practice transformation requirements, and identification of chronic condition focus areas. On January 1, 2013, the collaborative kicked off a two-year medical home pilot project with 19 different primary care provider organizations at over 40 clinic locations across the state. Payment support to help practices deliver care through a patient-centered medical home approach is being provided by Blue Cross of Idaho, Idaho Medicaid, Pacific Source, and Regence Blue Shield. Next steps will include engaging an independent evaluator to assess the pilot success areas and to identify opportunities for improvement. In addition, members of the collaborative have been identified for key roles in the Statewide Healthcare Innovation Plan (SHIP) development and will be contributing to

the overall development of the plan over the next few months, and implementation and testing of the plan over the next few years.

- *Medicaid Patient-Centered Medical Homes (Health Homes)* – Effective January 2013, the Idaho Medicaid Health Home Program was implemented with 23 clinic locations enrolled, covering 4,871 participants. Medicaid "practice coaches" continue to support these clinics in meeting program requirements as they transform to a patient-centered medical home model facilitating patient-provider partnerships, extended access, and overall performance improvement. As a result of ongoing support and recruiting efforts, effective July 1, 2013, enrollment has increased to 50 clinic locations participating in the Idaho Medicaid Health Home Program, covering 9,158 participants with chronic conditions. The Department continues to partner closely with the Idaho Medical Home Collaborative and participated in two statewide technical assistance calls covering disease registries and care plans. Participating clinics are required to report clinical quality measures at the end of the first six months and quarterly thereafter, with the first reports due the end of July 2013.

- *Idaho Home Choice* – The Idaho Home Choice Program was implemented on October 1, 2011. The program, which is designed to rebalance long-term care spending from institutionalized care to home- and community-based care, has helped 113 of 325 (July 2013) anticipated participants transition into the community. The program, in the third year of operation, is going strong with an approved budget of $1,987,327 for calendar year 2013. It is projected that at the end of the five-year grant period, Idaho will have diverted $1,550,866 of Medicaid state fund spending from institutionalized care to home- and community-based care. Idaho Medicaid was also awarded an additional $400,000 in partnership with the Idaho Commission on Aging (ICOA) and the State Independent Living Council (SILC). The Division of Medicaid, ICOA, SILC, and service providers from the Centers for Independent Living and Area Agencies on Aging continue to build the necessary infrastructure for the Idaho Home Choice and the Aging and Disability Resource Center projects in order to facilitate additional transitions. All are on track to achieve the objectives outlined in this two-year supplemental funding grant including statewide Options Counseling standards; a web-based, long-term care self-assessment tool; and increased opportunities for the ICOA and SILC to work together to achieve Idaho Home Choice goals.

- *Mental Health Managed Care* – Idaho Code § 56-263 directs Medicaid to develop plans for managed care models of service delivery. Medicaid's state plan amendment to support behavioral health managed care and the 1915b waiver were approved. The Department entered into a contract with United Healthcare, doing business as Optum Health, on April 24, 2013. In Idaho the company will operate as "Optum Idaho". Optum Idaho's administration of Medicaid behavioral health benefits, known as the Idaho Behavioral Health Plan (IBHP), begins on September 1, 2013. Optum Idaho will operate a transition period for 60 days in which all Medicaid members can continue with their current treatment plan with their current provider. Medicaid is working closely with Optum Idaho to implement the IBHP which includes recruitment, enrollment, and training of a provider network; development of electronic information and claims payment systems; and development of related communications and disbursement of information materials.

- *Managed Care for Dual Eligibles* – In an effort to make sure dual-eligible beneficiaries have full access to seamless, high-quality, cost-effective health care, the Centers for Medicare and Medicaid Services (CMS) is partnering with states, beneficiaries, health care providers, caregivers, and beneficiaries to offer an integrated, coordinated care system for adults who are dually eligible for the Medicare and Medicaid programs. In House Bill 260, legislators directed Medicaid to develop managed care programs that result in an accountable care system with improved health outcomes. As a result, Idaho Medicaid is working to enter into three-way contracts with: 1) CMS and Blue Cross of Idaho, and 2) CMS and Regence Blue Shield (partnered with AmeriHealth Caritas), in which the managed care organizations will cover and coordinate Medicare and Medicaid services. The new program will operate statewide for all adult Medicaid dual-eligible participants and is expected to be implemented as soon as March 1, 2014.

- *Idaho State Healthcare Innovation Plan* - On April 1, 2013, Idaho received from the Centers for Medicare and Medicaid Services, a State Healthcare Innovation Model Design grant award of $3,000,000. The

award will allow Idaho to evaluate and potentially redesign the state healthcare system. Over the next few months, a Statewide Healthcare Innovation Plan (SHIP) will be developed. The primary purpose of the SHIP is to continue evolving Idaho's healthcare delivery system and doing so in a way that fosters government and the private sector to work together with a common purpose to bring about meaningful change.

This innovation plan is about: 1) ensuring every Idahoan has access to quality healthcare that is affordable and is driven by patients and providers, 2) changing the healthcare system from a volume-based system to a value-based model where reimbursement for care is based on improved health outcomes for Idaho's citizens, and 3) finding workable, realistic solutions to healthcare issues.

In April 2013, a consulting firm, Mercer Health and Benefits, LLC, was hired to facilitate the planning process and development of the SHIP. Mercer has expertise in both stakeholder engagement and large system transformations. The firm plays a significant role in facilitating the development of the Idaho SHIP by providing project management; stakeholder engagement and structure; research and writing support. It also provides as-needed subject-matter expertise in the areas of analysis (information technology, network structures, clinical quality, and multi-payer payment strategies).

Over 85 leaders from across the state attended the project kick-off event on June 6, 2013. Attendees included the CEO's of health systems, the major commercial insurance payers, legislators, the Division of Public Health, employers, tribal representatives, healthcare providers, and others. At the kick-off meeting, these stakeholders were oriented to the project timeline and scope of work, and a steering committee and work groups were formed.

Once the SHIP has been created, it will serve as both a blueprint for innovation and plan of action to seek additional funding. With or without the additional funding, Idaho is prepared and excited to move the resulting plan forward. The goal is to have a plan ready by the end of October, 2013.

Division of Licensing and Certification
A. Overview

The Department of Health and Welfare recently created the new Division of Licensing and Certification to separate regulatory enforcement from the Division of Medicaid's benefit management. The new division will continue to focus on licensing and certification activities that ensure Idaho health care facilities and agencies are in compliance with applicable federal and state statutes and rules.

The Division currently manages six programs. The programs include:
>   Long Term Care
>   Non-Long Term Care
>   Facility Fire Safety and Construction
>   Certified Family Homes
>   Developmental Disabilities Agencies/Residential Habilitation Agencies Certification
>   Residential/Assisted Living Facilities

B. Highlights

- The Bureau of Facility Standards implemented the Centers for Medicare and Medicaid Services (CMS) Patient Safety Initiative. The initiative tests three revised surveyor worksheets for compliance with three hospital conditions of participation: Quality Assessment and Performance Improvement, Infection Control, and Discharge Planning.

- CMS has adopted the Bureau of Facility Standard's systems and tools in ICF/MR, End Stage Renal Disease and Ambulatory Surgical Centers into the National Preceptor Manual, a manual used for national surveyor training.

- The Certified Family Home Program implemented provider fees, mandated by HB 260, passed during the 2010 Legislative Session

- The Residential Assisted Living Facilities Program is successfully using civil monetary penalties to hold providers accountable for repeat deficiencies.

- The Residential Assisted Living Program began issuing a quarterly newsletter to Residential Assisted Living Facilities and also began issuing notices by e-mail, improving our response time. The program also implemented an on-line critical incident form.

Division of Behavioral Health
A. Overview

The Division of Behavioral Health is comprised of the children's and adult mental health programs, and the substance abuse treatment program. Division clinicians provide mental health services to primarily uninsured adult clients. Private providers, through contracts with the Division, deliver children's mental health services and substance use disorder services. Acute mental health care is available at the state's two (2) psychiatric hospitals, State Hospital North and State Hospital South, which also are part of the Division. Additionally, the Division staffs assertive community treatment (ACT) teams that provide clinical services for mental health courts in each region of the state.

B. Highlights

- *Transforming Idaho's Behavioral Health System* - The Division continues to work closely with its partners which include the departments of Correction, Juvenile Corrections, Education, and the Supreme Court, the State Planning Council on Mental Health, the Office of Drug Policy, and Idaho counties - to transform the state's Behavioral Health system. The Idaho Department of Health and Welfare (IDHW) has identified goals for transformation that include integration of mental health and substance abuse into a comprehensive behavioral health system; local involvement of consolidated Behavioral Health Boards; establishing best practice standards of care; eliminating gaps in services; and establishing regional community crisis centers. The next step will be seeking legislation in the 2014 Legislative session to continue implementing transformation.

- *Quality Assurance for the Medicaid Idaho Behavioral Health Plan* - The Division's Quality Assurance staff worked closely beginning in February 2013 with the Division of Medicaid to implement the new contract for the Medicaid Idaho Behavioral Health Plan (IBHP). The IBHP contractor, Optum Idaho, will utilize managed care processes to improve quality, ensure access, and maximize cost effectiveness for mental health and substance use disorder services. Quality assurance and quality improvement strategies are being developed to ensure that the behavioral health services provided to Medicaid members through the IBHP are high quality, client and family centered, recovery focused, and outcomes driven.

- *New screening, assessment process for felony offenders* - Idaho Code Section 19-2524 was originally enacted during the 2007 Legislative Session and amended in the 2012 legislative session with an effective date of March 1, 2013. The 2012 amendment requires the Department of Correction (DOC) to provide a substance use disorder assessment and DHW to provide a mental health screening and/or assessment after an individual has plead guilty to, or been found guilty of, a felony in Idaho. Over the past year, the Division worked closely with the Idaho Supreme Court (ISC) and DOC to operationalize the statute. It is anticipated that the Division will provide nearly 5,000 mental health screenings during state fiscal year 2014.

- *WITS Training for Providers* - In the fall of 2012, the Division along with ISC, DOC, and the Idaho Department of Juvenile Corrections (IDJC) began the process of implementing the Web Infrastructure for

Treatment Services (WITS) system for the Substance Use Disorder (SUD) service delivery system. WITS will provide an electronic health record (EHR) for state funded treatment and recovery support providers. The Division is using a phased implementation process to transition state funded providers to the use of WITS as their electronic health record. The first stage of WITS implementation was designed to support providers in utilizing WITS as their EHR and as their billing record to track and submit claims for payment by July 1, 2013. Training began with a pilot project for twenty (20) treatment provider agencies in October 2012, and additional agencies received training during the implementation phases that continued through June 2013. The second stage of WITS implementation was designed to support providers in utilizing the WITS system to receive electronic referrals and authorizations from DHW, DOC, DJC, and ISC through WITS by October 1, 2013. Hands-on regional trainings and online trainings were scheduled for provider agencies in August and September 2013. The third stage of WITS implementation will begin in the fall of 2013 and will address using WITS as a clinical treatment record.

- *Transition of Substance Abuse Prevention Services to the Office of Drug Policy* - Management of Substance Abuse Prevention Services was moved to the Office of Drug Policy (ODP) to be consolidated with the "Be the Parents" initiative. This transfer will enable ODP to fully implement its three priority initiatives – prevention of underage drinking, marijuana use, and prescription medication abuse. This move enables the Division to focus on clinical services and recovery support as health care reform moves forward.

- *Certified Peer Specialists* - The Division supports the use of Certified Peer Specialists as a qualitative and cost-effective way to extend the mental health workforce in Idaho. Certified Peer Specialists have lived experiences with mental health and substance use diagnoses and this lived experience helps them to model recovery and resilience to people that receive their services. A total of 166 peers were trained from February 2009 through June 2013, with 142 passing the certification exam to qualify as Certified Peer Specialists. Certified Peer Specialists are employed in several Idaho programs. Certified Peer Specialists provide Projects for Assistance in Transition from Homelessness (PATH) outreach, engagement and case management across Idaho; they provide support at State Hospital South; and they provide Critical Time Intervention (CTI) services through the Idaho Home Outreach Program for Empowerment (ID-HOPE). In November 2012, each of the Division's regional mental health programs directly hired a Certified Peer Specialist as a member of its Assertive Community Treatment (ACT) teams. Two (2) part-time Certified Peer Specialists were also hired in state fiscal year 2013 to work with the Division's Central Office location.

- *Recovery Coaches* - The Division began work in 2013 to build a statewide network of Recovery Coaches, many of whom are in recovery themselves, to act as personal guides and mentors for individuals who are working toward recovery from alcohol and substance abuse. Recovery Coaches help others overcome personal and environmental obstacles to recovery, and link them to other community sources of support. In May 2013, the first group of forty seven (47) Recovery Coaches was trained, with fifteen (15) of the forty seven (47) receiving additional instruction to become Recovery Coach trainers. These Idaho trainers have the ability to train new groups of Recovery Coaches throughout the state, thus increasing Idaho's pool of Recovery Coaches as needed. Other goals to ensure the continued growth and sustainability of recovery coaching in Idaho include ethics training specific to recovery coaching, instruction for additional trainers, on-site technical assistance on the functioning of Community Recovery Centers, and training regarding the development of a Recovery Community Organization. Through continued communication and planning with the Division, the existing network of Recovery Coaches has started to build the framework of a Recovery Community Organization in Idaho.

- *Idaho Suicide Prevention Hotline (ISPH)* - The Division continues to support and fund the efforts of the Idaho Suicide Prevention Hotline (ISPH) operated by Mountain States Group through a contract. Since the call center's launch in November 2012, staff and volunteers have fielded nearly 500 calls from Idaho residents in crisis. Volunteers and staff assist callers with the immediate crisis, linking individuals to local resources and services, and conducting follow-up calls with callers' permission. ISPH is a member of the National Suicide Prevention Lifeline network, giving Idaho residents access 24/7 to a live person outside

of local call center hours. As the center continues to grow its volunteer base, the hours of operation continue to expand. It currently operates Monday through Friday, 9:00 a.m. to 9:00 p.m.

Division of Public Health

A. Overview

The Division of Public Health protects the health of Idaho citizens through a wide range of services that include vaccinations, disease surveillance and intervention, regulating food safety, certifying emergency medical personnel, vital record administration, compilation of health statistics and bioterrorism preparedness. The Division's programs and services actively promote healthy lifestyles and prevention activities while monitoring and intervening in disease transmission and health risks as a safeguard for Idaho citizens. The Division contracts and coordinates with local District Health Departments to provide many services throughout the state.

The Division includes the bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services, Health Planning and Resource Development, Vital Records and Health Statistics, Laboratories, and Epidemiology, Food Protection, and Immunizations.

B. Highlights

Public Health Business Operations - The Public Health Improvement Program completed a cross-divisional project focused on standardizing and streamlining contracting processes within the Division. The initial focus was on local public health district contracts. Main issues identified included inconsistent language and structure in the contracts as well as non-standard processes in development and routing. To resolve these issues a new contract template was developed providing standardization in language and structure, improved training and communication processes, as well as reduction in the number of days required to process a contract. The project has received national recognition from the Association of State and Territorial Health Officials, the Robert Wood Johnson Foundation, and the Centers for Disease Control and Prevention (CDC) who have all shown interest in publishing the project as best practice in their publications.

Office of Rural Health and Primary Care - The State Office of Rural Health and Primary Care received the award of merit from the National Organization of State Offices of Rural Health. The award is given to a State Office of Rural Health that has made a significant contribution in the field of rural health. Idaho's program was recognized for its leadership, innovative primary care physician retention program, successful partnership development efforts, and willingness to share information with rural heath offices nationwide.

Bureau of Community and Environmental Health - A CDC report out this year showed that between 2007 and 2011, the overall teen pregnancy rate in Idaho dropped 33% and the Hispanic teen pregnancy rate in Idaho dropped 49.8%.

- o DHW provides funding to implement Reducing the Risk (RTR). RTR is an evidence-based sexuality health education curriculum focused heavily on abstinence, pregnancy prevention, sexually transmitted disease and HIV prevention. RTR utilizes role-playing activities to build sex refusal skills, abstinence planning techniques, and parent-child communication. RTR is currently being implemented by local public health districts in schools (grades 7-12) and in communities throughout the state. In addition, IDHW provides funding to implement ¡Cuídate! curricula in Idaho communities for youth ages 12-18. ¡Cuídate! is a culturally-based small group series designed to reach Latino youth ages 13-18 through community based settings in southwest and south central Idaho. Cultural beliefs common to the Latino culture such as the importance of family and gender role expectations are used to promote abstinence and contraception. IDHW also provides funding to implement Wise Guys, an evidence informed curriculum designed to engage young men in pregnancy prevention. Wise Guys is designed for a small group of adolescent males 11-17 years old. Male participants learn about fatherhood, values, goal setting, decision making, sexuality and sexually transmitted infections, contraception and abstinence.

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o Idaho is one of twenty states to receive a "B" from the Pew Report on Children's Dental Health. This means more than 25 % of high risk Idaho schools are served by dental sealant programs. Only seven states received an "A".

o In 2012, Pew's 50-state report focused on where states currently are with improving access to dental sealants for low-income children. The results of this report placed Idaho as one of the 8 out of 50 states to receive a "B" grade by earning a total of 9 out of 11 possible points. Pew's grades are based on four indicators: "1) having sealant programs in high-need schools, 2) allowing hygienists to place sealants in school-based programs without requiring a dentist's exam, 3) collecting data regularly about the dental health of school-children and submitting it to a national oral health database, and 4) meeting a national health objective on sealants".   The Idaho Oral Health Program is providing funds to all seven public health districts to increase the percentage of high-need schools with sealant programs by implementing their own programs in the counties they serve. The proposed outcome is that by increasing the number of public health districts delivering school-based dental sealant programs Idaho will be able to meet the goal of reaching 75%+ of high-need schools as well as meet the Healthy People 2020 sealant objective.

Bureau of Communicable Disease Prevention
o Changes enacted to the required 7th grade immunization schedule that took effect in time for the 2012/13 school year resulted in an increase of Tdap (tetanus, diphtheria, and pertussis) vaccination rates among adolescents in Idaho schools from 14.2% to 79.5% and meningococcal vaccination rates from 5.6% to 78.6% within one year after rule change implementation.

o The Epidemiology Program improved the timeliness and efficiency of reportable disease surveillance through: 1) increasing reportable disease data system integration by moving some sexually transmitted disease reporting from a standalone system into our web-based system and 2) leveraging electronic laboratory reporting. Among states without a mandate for electronic laboratory reporting for reportable diseases, Idaho leads the nation; receiving over 90% of all reportable disease laboratory reports electronically.

Bureau of Clinical and Preventive Services
o The Maternal and Child Health (MCH) Program entered into a successful collaboration with Medicaid, Public Health Districts 6 and 7, and primary care providers to introduce the patient-centered medical home model to providers of pediatric and family care for children with special health care needs in rural parts of Idaho. The Public Health Districts were provided MCH and Children's Health Care Improvement Collaboration funding to hire a Medical Home Coordinator who will introduce evidence-based quality improvement strategies to practices. In addition, the project will provide prevention strategies, education, data and evaluation through public health as a model for delivery of patient-centered medical home services.

o The Women's Health Check Program, Idaho's Breast and Cervical Cancer Early Detection Program, replicated a successful project used in two other states to increase mammography screening rates. "Ask Me!" About a Mammogram uses bright graphics to help volunteers and health care providers start the conversation with women who should be screened, and helps decrease barriers through referrals to available resources. In addition, two Idaho farmers restored a 1950 8N Ford tractor in 'pink' to carry the important message of breast cancer screening. They have collaborated with the Women's Health Check Program and travel to area fairs to spread the word.

Bureau of Vital Records and Health Statistics
o Under the terms of the 2012 Vital Statistics Cooperative Program administered by the National Center for Health Statistics, there are nine separate categories in which vital statistics data is measured at the national level. These measurements include items such as timeliness of filing,

data completeness, and usability of data. Idaho was the only jurisdiction in the nation to meet the standards of all nine measurements with only three jurisdictions scoring between 6 and 7.

o The Social Security Administration (SSA) contracts with the Idaho Vital Records office to notify the SSA when an individual has deceased so that benefits can be terminated before they are erroneously issued and then need to be recovered. In 2012, Idaho received and submitted 92% of its death records to SSA within 6 days of the date of death. The national average for this time frame was 64%.

Bureau of Laboratories

o Scientists at the Bureau of Laboratories are working with state and federal partners to offer new methods for the timely detection of emerging pathogens of global concern. During 2013 new tests for the detection of avian influenza A H7N9, Middle Eastern Respiratory Syndrome novel Corona Virus, and carbapenem-resistant Enterobacteriaceae (CRE) were implemented. All three of these agents have the ability to cause life threatening infections for which there are very few treatment options. Having the ability to rapidly detect these agents helps inform the public about health efforts that protect Idahoans.

o The Idaho Bureau of Laboratories Data Management Team partnered with the Association of Public Health Laboratories and ChemWare to develop a novel approach for the electronic delivery of standardized environmental and chemical threat test data to CDC and EPA emergency response networks. The approach developed on this project could be the basis for new national standards for the transmission of Electronic Data Deliverables to federal agencies. When fully implemented, the goals of electronic reporting are to increase operational efficiency, reduce costs, and make data available to public health authorities in real time. This work was highlighted in a national publication.

Bureau of Emergency Medical Services and Preparedness

o On May 27, 2012 at 1 a.m., State Communications (State Comm) dispatchers received a call from the Owyhee County Sheriff's Office asking for assistance with a downed aircraft in the Owyhee Mountains. There were three people on board. The airplane crashed in a remote area in blizzard white-out conditions. The injured victims huddled in the wreckage of the fuselage all night until the rescue could be attempted in the morning. State Comm coordinated the response of two air medical helicopters, Air National Guard helicopter and search and rescue teams while providing continuous communication relay between emergency medical services (EMS), search and rescue and law enforcement agencies. Miraculously all three victims survived. State Comm staff was acknowledged by the Owyhee County Sherriff and the Idaho Bureau of Homeland Security for the significant role they played in the rescue and survival of the crash victims.

o The Public Health Preparedness Program successfully planned and facilitated a statewide full-scale medical countermeasure distribution and dispensing exercise involving all seven public health districts, numerous local and state agencies and organizations, private businesses, and many volunteers during the week of April 29, 2013. The exercise simulated an anthrax attack involving thousands of potential victims across the state.

o Based on feedback received from local EMS providers during the rural EMS townhall meetings held in 2012, the Bureau of EMS and Preparedness developed a new functionality for the Bureau's licensure database that allows all of the licensed EMS providers in the state to track and report their continuing education in real time without sending paper to the Bureau. The new functionality has been well received and makes tracking and reporting continuing education easier and less time consuming for the local EMS providers.

Division of Family and Community Services

A. Overview

The Division of Family and Community Services directs many of the Department's social and human service programs. These include child protection, adoption, foster care, children and adult developmental disabilities, and screening and early intervention for infants and toddlers. The programs work together to provide services for children and families that focus on the entire family, building on family strengths while supporting and empowering families.

One state institution is a part of this division; Southwest Idaho Treatment Center (formerly Idaho State School and Hospital) provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications.

B. Highlights

- The One Church One Child (OCOC) initiative continues to grow. OCOC in Idaho establishes long-term relationships with communities of faith to increase support to Idaho's children in foster care. In every corner of the state, child welfare workers are forming partnerships with faith-based communities to meet this goal. Each DHW region has an OCOC team comprised of social workers, recruitment coordinators, licensing specialists, navigators and a VISTA volunteer dedicated exclusively to OCOC. The response from faith-based communities has been overwhelming, with members learning about fostering or adopting a child, supporting a foster or adoptive family or volunteering through acts of service to support children and families. Thus far, 108 communities of faith have answered the call of OCOC and are supporting this mission.

- In October 2012, Idaho was one of four states selected by the federal Administration for Children and Families to participate in a pilot on continuous quality improvement (CQI) for Child Welfare Programs. Idaho was selected due to its strong case review system. The results of this pilot will ultimately inform the next federal Child and Family Services Review which is the principle federal mechanism to assure quality of state Child Welfare Services.

- The centralized child welfare intake unit began taking calls for the entire state on October 1, 2012. Calls are now taken on a 24/7 basis at 885-552-KIDS. The transition to the centralized number has moved smoothly and has standardized practice around the state. From October, 2012 through August, 2013, the central intake took 42,136 calls. Approximately 70% of these calls were answered directly by a central intake worker. The remaining 30% of the callers either experienced a wait time of less than 3 minutes or chose to be called back. Of those who waited on the line only three callers waited longer than three minutes to talk to an actual intake worker.

- The Child Welfare Program passed the regularly scheduled Title IV-E Audit. This federal audit reviews the state's eligibility and documentation process that supports placements for foster children. Penalties for failing this audit can be steep and many other states have failed. Success in the audit is a sign of a healthy and strong system. Many different parts of the child welfare system take part in establishing and maintaining IV-E eligibility from the licensing of homes and centers, to court reviews of cases and the strong work of Department social workers. All parts of the system must be working or eligibility fails.

- The children's developmental disabilities program transitioned in a new array of services. The redesigned system provides a broader, more diverse menu of services with an emphasis on family decision making, choice and evidenced-based practices. Included in the new system of care is a "Family Directed" model in which a family creates and manages services for their child. Additionally, the new system prevents conflict of interest by making the plan developer and service coordinator independent of service delivery.

- The Southwest Idaho Treatment Center (SWITC) census continues to decline as people who have disabilities choose to receive services in their communities, maintaining close connections with their families and friends. The SWITC mission is transitioning from a long-term placement of individuals who

have a disability to short-term crisis intervention. SWITC maintains a six-bed residential facility in North Idaho to stabilize people in crisis situations so they can return to their communities. The small facility allows northern Idahoans with disabilities to maintain closer connections to their families and friends when a crisis dictates that they need short-term, facility level of care.

Division of Welfare (Self Reliance)
A. Overview

The Division of Welfare is committed to promoting stable, healthy families through both access to and services provided by the programs.

The Division of Welfare administers Self Reliance Programs that provide critical assistance to low-income individuals and families in crisis situations and help them become self-reliant. Each of the assistance programs administered by the Division of Welfare requires participants to engage in self-reliance activities, such as looking for employment or attending job training and development courses.

Self Reliance Programs include: Child Support, Food Stamps, Child Care, Temporary Assistance for Needy Families (TANF), and Aid to the Aged, Blind, and Disabled (AABD). The Division *does not* manage the Medicaid Program, but *does* determine Medicaid eligibility. Other programs managed through contracts with local organizations include: Food Commodities, Energy Assistance, Telephone Assistance, and Weatherization Assistance.

B. Highlights
- The Medicaid Readiness Initiative has been a critical priority for Self Reliance as we prepare to meet new Medicaid requirements effective October 1, 2013. The Division has made many improvements to the current Idaho Benefit Eligibility System (IBES) and business model to ensure Idaho has an effective eligibility service delivery system in place to meet the needs of Idahoans. Through wise investments, the Department has built new automated interface solutions to enhance verification of client information to improve integrity in the eligibility decision making process, creating immediate access to federal and state databases that provide information on citizenship, household income, disability status, and residence. The Division has also built and implemented a new on-line portal that provides information to customers about the benefits and services they are receiving and allows participants to recertify benefits on-line. In December, a new Oracle Rules Engine will be implemented which is the core of the IBES system. Enhanced with new Modified Adjusted Gross Income (MAGI) rules for Medicaid, these rules ensure all Idaho Medicaid rules are applied consistently and appropriately to anyone applying for or receiving Medicaid in Idaho. The project has also focused on platforms for application processing and for re-evaluating existing participants for Medicaid. This new business model builds efficiency as well as integrity into Idaho's eligibility service delivery system and ensures that eligibility decisions are made timely and accurately. Finally, the Medicaid Readiness project has had to connect to an Exchange to ensure a seamless process is in place for those applying for Medicaid and those applying for a subsidy for private insurance.

- Partnerships with the Idaho Health Insurance Exchange, Idaho insurance companies, hospitals, and other stakeholders have ensured a pathway to health care coverage in Idaho is effective for everyone. As with many states, Idaho has been challenged to adapt and prepare for the changing landscape of health care on a national level, but with a focus on Idaho values and priorities, the Department has created a path to success that will position Idaho to not only meet federal requirements but do so in a way that most effectively supports Idaho families.

- The Division of Welfare met or exceeded federal standards for accuracy in all of its work support or self-reliance programs. Program performance continues to be recognized for exceptional innovation, service delivery redesign, and use of technology by federal partners, other states, and national organizations. In the true Idaho spirit for smart governance and efficient administration of public programs, the Division of Welfare has used business process re-design, new technologies, and ongoing change management to

see exceptional results and improved performance. Idaho is a top-performing state for timeliness of services, accuracy in eligibility decision-making, and low administrative costs. This transformation has been possible because of the strong commitment from Idaho leadership, supportive community partnerships, and skilled state employees who execute these programs for low-income Idaho families.

Division of Operational Services
A. Overview

The Division of Operational Services provides a wide range of support to the Department in the areas of human resources planning and management, management of facilities and contracts, and other administrative services.

The Office of Human Resources supports hiring, developing, and retaining the right people with the right skills to achieve the Department's mission, vision, and goals. The focus is on supporting the Department's Strategic Plan through the management of the Employee Life Cycle.

The Office of Facility and Business Operations provides support for the Department's business delivery units through building facilities management. Facilities management is comprised of security, telephones, space planning, leasing, administering all alteration and repair projects and contracting for maintenance and repair services. This office also manages motor pool utilization, fuel purchases, and maintenance.

The Office of Contracting and Procurement Services provides support for Department operations through service contract preparation, contract review and monitoring, and purchasing products.

The Office of Administrative Services supports the Department's operations through the management of administrative hearings and public record requests, resolution of concerns reported to the Governor's and Director's offices, and support to the Idaho Board of Health and Welfare.

B. Highlights

- The Human Resources (HR) Office developed and implemented the Department's Core + More training curriculum. The Core + More Training Program consists of a very comprehensive series of training opportunities that cover both required training for all DHW employees and supervisors, along with optional courses that are dedicated to employee development, teamwork, problem solving, and communications. Most all of these training are administered through the HR Office, either online through the Knowledge Learning Center (the Department's learning management system), or in the classroom by our certified HR staff.

- The Contracts and Procurement Unit was instrumental in developing, coordinating and implementing critical contracted services to support the Department's Medicaid Readiness project, Adult Mental Health Managed Care, and Information Technology initiatives. The unit also successfully implemented training resources for those employees who are assigned to contract monitoring and management duties. The unit was recently recognized in a OPE study as best practices for procurement processes and training development among state agencies.

- The Facilities and Business Operations Unit underwent a robust facility planning study, which identifies current office space usage, parking, security and maintenance projects for the next five years. This project is still in progress, and will result in up-to-date employee space utilization, while identifying future needs and performing a gap analysis to address shortages and/or surpluses. The ultimate goal is to identify and request budgeting for capital projects and lease arrangements that will support the growth of the Department's programs, and the clients they serve.

- The Civil Rights and Privacy Office successfully revised the Department's Privacy/Confidentiality program in response to changes the U.S. Department of Health and Human Services (HHS) made to the privacy

and security protections for health information established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Division of Information Technology
A. Overview

The Information Technology Services Division (ITSD) provides office automation, information processing, local and wide area networking, and Internet connectivity for the Department statewide. The Division utilizes best practices and sound business processes to provide innovative, reliable, high quality, and cost-effective information technology (IT) solutions to improve the efficiency and effectiveness in providing services to the citizens of Idaho. The Division also provides leadership and direction in support of the Department's mission to actively promote and protect the social, economic, mental and physical health, as well as safety, of all Idaho residents. For example, the division is responsible for:

- Providing direction in policy, planning, budget, and acquisition of information resources related to all IT projects and upgrades to hardware, software, telecommunications systems, and systems security.

- Securing Department information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information.

- Maintaining all departmental information technology resources, ensuring availability, backup, and disaster recovery for all systems.

- Overseeing development, maintenance, and enhancement of application systems and programs for all computer services, local area networks, and data communication internally and with external stakeholders.

- Providing direction for development and management of Department-wide information architecture standards.

- Participation in the Information Technology Leadership Council (ITLC), an advisory council to the Information Technology Authority (ITA), providing IT guidance and solutions for statewide business decisions.

- Implementing ITA directives, strategic planning and compliance.

- Collaborating with the Office of the Chief Information Officer in statewide messaging, telecommunications, video conferencing, networking initiatives, strategic planning and ITA initiatives or directives.

B. Highlights

- Technological improvements to support Department programs include:
  - Development and implementation of a Phase II for the Infant Toddler Web Enabled system (ITPKids), providing billing capability for services provided to children with developmental disabilities and replacing an obsolete mainframe application
  - Completed the re-write of the Vital Statistics Receipting System, replacing old technology not capable of functioning with newer workstation and server technology and improving accounting procedures of tracking purchases and faster processing of requests.
  - Replaced the Welfare Fraud Investigative Tracking System (FITS) with a browser-based system eliminating dependency on antiquated non-support technology.
  - Significant progress has been made on the Medicaid Readiness Initiative to provide eligibility & enrollment, as well as the system development and interface to the federal Data Hub and Idaho's State Supported Marketplace by the federal deadlines established.

- o Implemented QFlow electronic lobby management software for Self Reliance improving customer service to individuals seeking assistance.
- o Began migration of source code to Team Foundations Server which provides source code management, deployment and project management in one package.
- o Performed a major upgrade to Application Xtender the framework on which the Child Support and Benefits document management system is built.
- o Re-architecture of the current SharePoint environment to enhance statewide performance, facilitate backup efficiencies and prepare the environment for the SharePoint 2010 upgrade to better serve the Department and external business partners.
- o Implemented a Knowledge Management system for the Division of Public Health and its partners providing long term care and home care.
- o Developed a web application to manage and track grant funding.
- o Completed the modification of the Electronic Random Moment Time Study (ERMTS) system to accommodate a 72-hour response period.
- o Upgraded all Department computers to Microsoft Office 2010 and provided training assistance allowing an increase in productivity for workers and greater compatibility with outside partners.
- o Replaced all Windows XP computers with Windows 7 to improve efficiency, lower support costs and provide compatibility with newer hardware and software.
- o Deployment and implementation of network infrastructure at a DHW Co-Location site to provide critical information systems fail-over for Disaster Recovery and Business Continuity.
- o Major progress in upgrading 200+ SQL Server databases to SQL2012 high availability clusters with automatic failover to the DHW Co-Location site for Business Continuity and Disaster Recovery.

- Accomplishments directly associated with protecting the health and safety of Idahoans include:
  - o Completion of Phase II of the Health Alert Network enhancing messaging capabilities to ensure that health alert messages are swiftly and reliably delivered.
  - o Migration of the Family Oriented Community User System (I-Care) from Natural/Adabas on the State Controller's IBM mainframe to SQL Server, providing the foundation of easier access to data by Child Protection social workers and the ability to move towards a web-enabled user experience.
  - o Year 2 of the Idaho Electronic Health Record Incentive Management System, providing users with an efficient means of processing & tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant Electronic Health Record Technology.
  - o Deployment and implementation of Cisco Contact Center Enterprise to support Child Protection Services consolidated call center VoIP services and advanced call routing and reporting features.
  - o Developed a web-based Significant Event Reporting System for State Hospital North to help manage client/staff safety and meet federal requirements.
  - o Completed major enhancements to Women's Health Check to improve federal reporting of women's health issues and program management.
  - o Re-write of the Vital Statistics Foreign Born Adoption, Putative Father and Voluntary Adoption Registries as browser-based systems allowing a seamless transition to newer operating systems.
  - o Implemented the State and Territorial Exchange of Vital Events (STEVE) for Vital Statistics allowing electronic data submission of births, deaths and still births occurring to citizens in their non-resident state.
  - o Deployed the bi-directional laboratory interface module for State Hospital South improving timeliness of lab results for hospital clients.
  - o Implemented a collaborative external site for Medicaid's Medical Home Project site in support of the Governor's executive order relating to the Affordable Care Act.
  - o Upgraded the Enhanced HIV/STD Reporting System (EHARS) to the latest version.
  - o Implemented a collaborative external site for Medicaid's Medical Home Project site.

- Initiatives to "Go Green" include:
  - o Conversion of Department printers to default to duplex printing, providing both financial savings and reducing the use of paper.

- o Virtualization of our servers to reduce overall the number of physical devices on the network to reduce power and cooling requirements.
- o Migrated from paper to electronic record repositories in SharePoint for Adoption, Child Welfare and Laboratory records.
- o Developed and implemented a touch screen scanning solution to allow Emergency Medical Services to back-scan documents and link them to their existing automation and provide scanning of all future documents. This reduced paper documentation and document storage needs in addition to providing quicker access to information.

Medically Indigent Administration
A. Overview

The Medically Indigent Administration function was established within the Department of Health and Welfare to perform specific duties delegated to the Department of Health and Welfare in legislation passed during the 2009 legislative session. Those duties include the development of a uniform application for both Medicaid and Medically Indigent assistance, the design and implementation of a utilization management program, and the implementation of a third party recovery system.

Since that time, the Department has worked closely with the Catastrophic Health Care Cost Program Board and the counties to analyze the county medically indigent and state catastrophic health care cost programs to assess opportunities to address efficiency, effectiveness, and costs.

B. Highlights

- The program worked closely with the Division of Medicaid and the Director's Office in research and planning related to Medicaid Redesign as well as managed care initiatives.

Bureau of Financial Services
A. Overview

The Bureau of Financial Services provides important administrative support for the Department's operations and service delivery units. Centralized office services include budgeting, cash flow management, fixed asset tracking, general ledger accounting and reconciliation, financial reporting, accounts receivable and receipting, accounts payable, and payroll services.

Financial Services staff are located in regional field offices, as well as in the State office, and provide administrative support, electronic benefits services, and institutional accounting services.

B. Highlights
- The Financial Services Bureau continues to support all Department programs and operations through some of the most financially challenging years the Department has experienced.

Bureau of Audits and Investigations
A. Overview

The Bureau of Audits and Investigations includes four separate units that perform compliance reviews for the Department. The Internal Audit unit evaluates the Department's overall system of controls. The Medicaid Program Integrity Unit audits Medicaid provider claims for fraud and abuse. The Welfare Fraud Investigation Unit investigates allegations of public assistance fraud. The Criminal History Unit conducts background checks for various Department funded programs and services.

B. Highlights

- The Bureau expanded the Medicaid Program Integrity Unit by adding 8 new analysts two years ago. This year, the unit recovered $2.4 million with total costs of $1.2 million. The federal program realized a net cost savings of $640,530 and the State general fund realized a net cost savings of $574,810.

- The Welfare Fraud Unit has expanded its ability to identify potential cases through data analysis. In the four years of using data analysis, the number of additional cases identified through data analysis has grown from 58 to 15,539. In addition to the leads by data analysis, the public continued to submit about 3,000 leads per year. In fiscal year (FY) 2012, the Welfare Fraud Unit began investigating child care providers and food stamp retailers. Collections increased from $46,000 in FY 2012 to $106,000 in FY 2013.

STATUTORY RESPONSIBILITIES

Specific statutory responsibilities of the Department are outlined in Idaho Code:

Title and Chapter	Heading
Title 6, Chapter 26	Clandestine Drug Laboratory Cleanup Act
Title 7, Chapters 10	Uniform Interstate Family Support Act
Title 7, Chapters 11	Proceedings to Establish Paternity
Title 7, Chapters 12	Enforcement of Child Support Orders
Title 7, Chapters 14	Family Law License Suspensions
Title 15, Chapter 3	Probate of Wills and Administrations
Title 15, Chapter 5	Protection of Persons Under Disability and their Property
Title 16, Chapter 1	Early Intervention Services
Title 16, Chapter 15	Adoption of Children
Title 16, Chapter 16	Child Protective Act
Title 16, Chapter 20	Termination of Parent and Child Relationship
Title 16, Chapter 24	Children's Mental Health Services
Title 18, Chapter 2	Persons Liable, Principals and Accessories
Title 18, Chapter 5	Pain-Capable Unborn Child Protection Act
Title 18, Chapter 6	Abortion and Contraceptive
Title 18, Chapter 15	Children and Vulnerable Adults
Title 18, Chapter 45	Kidnapping
Title 18, Chapter 86	Human Trafficking
Title 19, Chapter 25	Judgment
Title 19, Chapter 56	Idaho Drug Court and Mental Health Court Act
Title 20, Chapter 5	Juvenile Corrections Act
Title 31, Chapter 35	Medically Indigent
Title 32, Chapter 4	Marriage Licenses, Certificates, and Records
Title 32, Chapter 7	Divorce Actions
Title 32, Chapter 10	Parent and Child
Title 32, Chapter 12	Mandatory Income Withholding for Child Support
Title 32, Chapter 16	Financial Institution Data Match Process
Title 32, Chapter 17	De Facto Custodian Act
Title 37, Chapter 1	Idaho Food, Drug, and Cosmetic Act
Title 37, Chapter 31	Narcotic Drugs – Treatment of Addicts
Title 39, Chapter 2	Vital Statistics
Title 39, Chapter 3	Alcoholism and Intoxication Treatment Act
Title 39, Chapter 6	Control of Venereal Diseases
Title 39, Chapter 9	Prevention of Blindness and other Preventable Diseases in Infants
Title 39, Chapter 10	Prevention of Congenital Syphilis

Title and Chapter	Heading
Title 39, Chapter 11	Basic Day Care License
Title 39, Chapter 12	Child Care Licensing Reform Act
Title 39, Chapter 13	Hospital Licenses and Inspection
Title 39, Chapter 14	Health Facilities
Title 39, Chapter 15	Care of Biological Products
Title 39, Chapter 16	Food Establishment Act
Title 39, Chapter 24	Home Health Agencies
Title 39, Chapter 31	Regional Mental Health Services
Title 39, Chapter 32	Idaho Community Health Center Grant Program
Title 39, Chapter 33	Idaho Residential Care or Assisted Living Act
Title 39, Chapter 34	Revised Uniform Anatomical Gift Act
Title 39, Chapter 35	Idaho Certified Family Homes
Title 39, Chapter 37	Anatomical Tissue, Organ, Fluid Donations
Title 39, Chapter 39	Sterilization
Title 39, Chapter 45	The Medical Consent and Natural Death Act
Title 39, Chapter 46	Idaho Developmental Disabilities Services and Facilities Act
Title 39, Chapter 48	Immunization
Title 39, Chapter 51	Family Support and In-Home Assistance
Title 39, Chapter 53	Adult Abuse, Neglect and Exploitation Act
Title 39, Chapter 55	Clean Indoor Air
Title 39, Chapter 57	Prevention of Minors' Access to Tobacco
Title 39, Chapter 59	Idaho Rural Health Care Access Program
Title 39, Chapter 60	Children's Trust Fund
Title 39, Chapter 61	Idaho Conrad J-1 Visa Waiver Program
Title 39, Chapter 75	Adoption and Medical Assistance
Title 39, Chapter 82	Idaho Safe Haven Act
Title 41, Chapter 61	Idaho Health Insurance Exchange Act
Title 46, Chapter 12	Statewide Communications Interoperability
Title 49, Chapter 3	Motor Vehicle Driver's License
Title 54, Chapter 11	Morticians, Funeral Directors, and Embalmers
Title 54, Chapter 33	Freedom of Choice of Dentures Act
Title 55, Chapter 8	Requirements Regarding a Request for Notice of Transfer or Encumbrance--Rulemaking
Title 56, Chapter 1	Payment for Skilled and Intermediate Services
Title 56, Chapter 2	Public Assistance Law
Title 56, Chapter 8	Hard-To-Place Children
Title 56, Chapter 9	Telecommunications Service Assistance
Title 56, Chapter 10	Department of Health and Welfare
Title 56, Chapter 13	Long-Term Care Partnership Program
Title 56, Chapter 14	Idaho Hospital Assessment Act
Title 56, Chapter 16	Idaho Intermediate Care Facility Assessment Act
Title 57, Chapter 17	Central Cancer Registry Fund
Title 57, Chapter 20	Trauma Registry
Title 66, Chapter 1	State Hospitals
Title 66, Chapter 3	Hospitalization of Mentally Ill
Title 66, Chapter 4	Treatment and Care of the Developmentally Disabled
Title 66, Chapter 13	Idaho Security Medical Program
Title 67, Chapter 4	Legislature
Title 67, Chapter 14	Attorney General
Title 67, Chapter 24	Civil State Departments -- Organization
Title 67, Chapter 30	Criminal History Records and Crime Information
Title 67, Chapter 31	Department of Health and Welfare – Miscellaneous Provisions

Title and Chapter	Heading
Title 67, Chapter 65	Local Land Use Planning
Title 67, Chapter 69	Food Service Facilities
Title 67, Chapter 73	Idaho State Council for the Deaf and Hard of Hearing
Title 67, Chapter 74	Idaho State Lottery
Title 67, Chapter 81	Idaho Housing Trust Fund
Title 67, Chapter 88	Idaho Law Enforcement, Firefighting, and EMS Medal of Honor
Title 68, Chapter 14	Court Approved Payments or Awards to Minors or Incompetent Persons
Title 72, Chapter 13	Employment Security Law
Title 72, Chapter 16	State Directory of New Hires

Revenue and Expenditures

Revenue	SFY 2010	SFY 2011	SFY 2012	SFY 2013
ID Health Ins. Access Card	$4,614,100	$5,842,300	$5,780,500	$5,780,500
Prev. Minors' Access to Tobacco	$50,300	$50,100	$50,100	$50,300
Domestic Violence Project	$488,600	$484,000	$484,000	$490,200
Cancer Control	$403,300	$401,000	$401,000	$400,800
Emergency Medical Services	$2,822,300	$2,566,600	$2,566,600	$2,629,000
Medical Assistance	$6,000	$6,000	$6,000	$6,000
Central Cancer Registry	$182,700	$182,700	$182,700	$182,700
Alcohol Intox. Treatment	$3,232,900	$3,232,900	$0	$0
Health and Welfare – EMS III	$1,400,000	$1,400,000	$1,400,000	$1,400,000
Hospital Assessment Fund[1]	$13,090,800	$45,831,500	$55,831,500	$58,989,300
Coop.Welfare Acct – Federal	$1.419.398,000	$1,584,609,800	$1,465,208,900	$1,523,743,700
Coop.Welfare Acct – General	$434,878,000	$438,656,000	$569,502,300	$606,099,500
Coop.Welfare Acct – Other	$114,112,400	$171,538,800	$147,441,700	$165,258,900
Liquor Control[2]	$650,000	$650,000	$650,000	$650,000
Drug and Family Court Services	$259,800	$253,100	$253,100	$257,800
State Hospital Endowment	$2,469,900	$2,453,800	$3,092,200	$3,691,900
Economic Recovery Funds	$2,325,200	$0	$0	$0
Immunization Dedicated Vaccine Fund (new for 2010)	$1,800,000	$6,400,000	$15,500,000	$17,300,000
Millennium Fund	$1,481,100	$2,894,800	$650,000	$2,250,000
Total	**$2,005,079,100**	**$2,278,290,800**	**$2,269,000,600**	**$2,389,180,600**

Expenditure	SFY2010	SFY2011	SFY 2012	SFY 2013
Personnel Costs	$174,141,700	$162,862,600	$163,848,800	$171,755,500
Operating Expenditures	$116,804,100	$105,835,600	$135,415,400	$154,526,200
Capital Outlay	$1,087,300	$3,481,200	$3,985,600	$1,941,000
Trustee/Benefit Payments	$1,640,086,500	$2,040,975,800	$1,839,714,500	$1,999,564,000
Total	$1,932,119,600	$2,313,155,200	$2,142,964,300	$2,327,786,700

Note: Some revenue and expenditures do not show up on the graphs due to their small percentages relative to other financial figures. SFY 2013 revenue is based upon the Total Appropriation for that year.

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[1] Hospital Assessment funding stream was initiated in SFY 2009.
[2] Substance Use Disorder Treatment revenue was rolled into Alcohol Intox. Treatment revenue.

==Graphs will be added later by DFM==

Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	SFY 2010	SFY 2011	SFY 2012	SFY 2013
DIVISION OF MEDICAID				
• Total Medicaid Expenditures (w/Admin)	$1,469,260,000	$1,882,143,000	$1,704,408,900	$1,875,835,200
• Medicaid T&B Expenditures Only	$1,406,100,000	$1,834,500,000	$1,645,667,500	$1,813,459,900
% Spent as payments to providers	95.70%	97.47%	96.00%	96.67%
• Total Average Medicaid enrollees per month (Adjusted to include retroactive enrollees)	204,441	221,177	228,897	236,352
• Avg. Monthly Eligible Basic Plan Children (0-20 yrs)	132,248	143,187	147,677	148,043
• Avg. Monthly Eligible Basic Plan Adults	17,322	19,456	20,467	23,016
• Avg. Monthly Eligible Enhanced Plan Children (0-20 yrs)	20,812	23,000	23,365	15,189
• Avg. Monthly Eligible Enhanced Plan Adults	19,050	18,798	14,726	23,352
• Avg. Monthly Dual-Eligible Coordinated Plan Adults	15,009	16,736	22,663	Data not available
Cases Managed and/or Key Services Provided	**SFY 2010**	**SFY 2011**	**SFY 2012**	**SFY 2013**
DIVISION OF LICENSING AND CERTIFICATION				
• Total number of initial licensing or certification surveys conducted	388	281	213	218
• Total number of re-licensure or recertification surveys conducted	2,329	2,462	2,157	2,345
• Total number of follow-up surveys conducted	167	188	185	173
• Total number of fire/life safety surveys conducted	412	350	344	330
• Total number of complaint-only surveys conducted	280	187	234	215
• Total number of other surveys conducted	15	3	8	30
Cases Managed and/or Key Services Provided	**SFY 2010**	**SFY 2011**	**SFY 2012**	**SFY 2013**
DIVISION OF BEHAVIORAL HEALTH				
Children's Mental Health Services				
• Total children's mental health clients served	2,610	2,054	1,251	1,861

• Court-ordered clients (20-511A)	173	237	485	528
• Total support services provided to children and families[3]	767	658	600	239
Adult Mental Health Services				
• Total adult mental health clients served	9,443 (revised)	9,375 (revised)	10,263 (revised)	10,921
Substance Use Disorders Services				
• Total adult and adolescent substance abuse clients served	9,931	6,619	All – 8,150 DHW – 3,316	All – 8,498 DHW – 3,927
State Hospital South				
Adult Psychiatric				
• Patient days	25,585	27,152	29,555	26,241
• Number of Admissions	384	490	484	550
• Percentage of Occupancy	77.9%	82.7% (revised)	89.7%	79.9%
• Indirect/Direct Costs Allocation Cost per Patient Day	$513 (revised)	$447 (revised)	$452 (revised)	$533
Syringa Skilled Nursing				
• Patient days	8,787	9,327	9,071	8,986
• Number of Admissions	7	10	10	15
• Percentage of Occupancy	83.0%	88.1%	95.5%	84.9%
• Indirect/Direct Costs Allocation Cost per Patient Day	$554 (revised)	$512 (revised)	$476 (revised)	$568
Adolescent Unit				
• Patient days	3,787	3,217	3,877	4,176
• Number of Admissions	75	81	81	110
• Percentage of Occupancy	64.8%	55.1%	62.8%	71.5%
• Indirect/Direct Costs Allocation Cost per Patient Day	$737 (revised)	$715 (revised)	$647 (revised)	$676
State Hospital North				
• Number of patient days	17,048	16,680	17,514	17,408
• Daily occupancy rate	78.0%	76.0%	80.0%	79.0%
• Number of admissions	331	336	289	278
• Cost per patient day	$452	$450	$443	$453

Cases Managed and/or Key Services Provided	**SFY 2010**	**SFY 2011**	**SFY 2012**	**SFY 2013**
DIVISION OF PUBLIC HEALTH				
Vaccines				
• Children's vaccines distributed	659,584	729,377	745,776	709,255

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[3] For SFYs 2010 and 2011, support services include respite, therapeutic foster care, inpatient care, and family support services. Starting in SFY 2012, support services include Wraparound, Functional Family Therapy, and Parenting with Love and Limits.

• Immunization Rates (19-35 Months)[4] (4:3:1:3:3:1 series)	60.4% (revised)	73.3%	66.3%	66.9%
• Immunization Rates (School Age Children - Kindergarten)	85.0%	85.8%	80.7%	81.7%
• Total number of childhood vaccine preventable diseases (HIB, Measles, Mumps, Whooping Cough, Rubella)[3]	107	207	195 (revised)	235
WIC[5]				
• Women, Infants and Children (WIC) served monthly	47,257	44,691	43,858	43,887
• (WIC) Average Monthly Voucher Value	$49	$48	$49.70	$52.86
Women's Health Check				
• Women's Health Check (Women Screened)[6]	4,702	4,696	4,474	4,717
• Women's Health Check (Breast Cancer Diagnosed)	85	77	71	79
• Women's Health Check (Cervical Cancer Diagnosed)	3 (revised)	3	3	4
Bloodborne Diseases				
• New HIV Reports[7]	56	53	42 (revised)	41
• Idahoans living with HIV/AIDS[8]	1,104 (revised)	1,193 (revised)	1,283 (revised)	1,356
• Acute Hepatitis B	12	9	3	6
• Acute Hepatitis C	8	12	14	12
• Total New Bloodborne Diseases	80 (revised)	74 (revised)	59 (revised	59
EMS				
• Total EMS Personnel Licensure	660	531	673	569
• Total EMS Personnel License Renewal	1,297	1,297	1,231	1,363
• EMS grant requests for vehicles and care equipment	$2,492,485	$2,782,464	$3,070,183	$2,475,671
• EMS grants for vehicles and care equipment	$1,403,,199	$912,117	$1,331,483	$1,333,533
Cases Managed and/or Key Services Provided	**SFY 2010**	**SFY 2011**	**SFY 2012**	**SFY 2013**
DIVISION OF FAMILY & COMMUNITY SERVICES				
Idaho Careline/211				

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[4] 2008 – 2010 vaccine series = 4:3:1:3:3:1 (4 doses DTaP, 3 doses poliovirus vaccine, 1 dose MMR vaccine, 3 doses Hib vaccine, 3 doses HBV vaccine, and 1 dose varicella vaccine). 2011 – 2012 vaccine series = 4:3:1:0:3:1:4 (4 doses of DTaP, 3 doses of poliovirus vaccine, 1 dose MMR vaccine, 0 doses Hib vaccine [removed due to national shortage], 3 doses HBV vaccine, 1 dose varicella vaccine, and 4 doses of PCV).

[5] WIC Program began new tracking system in 2012; data are based on SFY2012 for 6 months (Feb – July 2012)
[6] SFY2013 for women's health check are preliminary and based on records received as of 8/5/2013.
[7] Reports among residents of Idaho at first diagnosis with HIV infection.
[8] Total number of HIV infection cases ever reported in Idaho that have not been reported deceased, regardless of residence at first diagnosis.

• Total # of call received by Careline/211	205,446	191,969	162,587	158,570
Navigation Program				
• Total referrals to Navigation	7,618	7,651	5,885	10,318
Child Protection, Prevention, Foster Care, Adoptions				
• Total Child Prot. and Prev. Referrals	18,521	18,867	19,104	19,324
• # of children placed in foster care.	2,876	2,826	2,563	2,388
• Adoptions finalized	313	244	271	Available 11/15/2013
Infant Toddler Program				
• Number of children served	3,663	3,380	3,446	3,611
Developmental Disabilities Services				
• Service Coordination utilization	6,071	6,586	5,336	5,325
• Intensive Behavior Intervention for children	482	587	750	1,012
Southwest Idaho Treatment Center				
• Census	63	49	46	37
• Crisis Bed Admissions	5	7	9	6
• Cost per patient day	$738	$748	$721	$819

Cases Managed and/or Key Services Provided	SFY 2010	SFY 2011	SFY 2012	SFY 2013

DIVISION OF WELFARE/SELF RELIANCE

The Division of Welfare implemented IBES, a new automated case management and eligibility determination system, on November 3, 2009. IBES system architecture and case management design include a number of changes from the legacy system that it replaced (EPICS) and some data elements are not comparable between the two systems.

- TAFI application counts in EPICS reflected business processes that were not continued with IBES implementation; with streamlined processes in IBES there is a decrease in the reported number of TAFI applications in SFY 2010 and SFY2011. The decrease seen in applications processed is not indicative of a decrease in clients served. SFY 2010 included both EPICS and IBES data.
- Medicaid eligibility in IBES is determined through a rules-engine, rather than processing each Medicaid sub-program individually, as was required with EPICS. The decrease in Medicaid applications processed in SFY 2010 and SFY 2011 are due to this change in system design does not indicate a decrease in clients served. SFY 2010 included both EPICS and IBES data.

- Nursing home applications in IBES are added as secondary coverage to an active program and are not counted in the system as a separate application.
- For all programs, counts of eligible participants and individual benefits received can be accurately compared between EPICS and IBES.

Cases Managed and/or Key Services Provided	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Applications				
• Temporary Assistance for Families in Idaho (TAFI) applications processed	10,204	7,716	7,444	7,363
• Aid to the Aged Blind and Disabled (AABD) applications processed	7,404	6,800	7,025	7,060
• Medicaid applications processed (excluding nursing home)	87,063	74,338	70,626	65,701
• Child care applications processed	11,816	13,541	10,443	12,825
• Food Stamps applications processed	101,955	109,126	111,893	109,365
• Total applications processed	206,626	211,521	207,431	202,314
Self-Reliance Benefit Programs				

• TAFI cash assistance avg. monthly participants	2,630	2,976	2,998	2,906
• TAFI annual benefits provided	$6,331,762	$6,971,041	$7,068,909	$6,855,668
• AABD cash assistance avg. monthly participants	14,843	14,398	14,683	15,363
• AABD annual benefits provided	$8,543,558	$8,163,377	$7,971,353	$8,283,728
• Food Stamps avg. monthly participants	179,074	223,730	235,502	229,586
• Food Stamps annual benefits provided	$277,245,761	$351,982,800	$366,313,353	$350,139,641
• Child Care avg. monthly participants	6,632	6,418	6,559	6,734
• Child Care annual benefits provided	$19,672,871	$19,059,353	$19,298,544	$19,698,010
Self-Reliance-Child Support Services [9]				
• Paternity established	5,876	6,098	5,993	Available Nov. 15, 2013
• Support orders established	8,753	8,092	6,871	Available Nov. 15, 2013
• Child support caseload	149,227	148,100	148,890	Available Nov. 15, 2013
• Total child support dollars collected	$190,917,911	$193,818,034	$198,445,259	Available Nov. 15, 2013
o Collections through wage withholding	$86,340,345	$90,719,030	$97,333,696	Available Nov. 15, 2013
Community Services Block Grant				
• Grant amount	$3,469,989	$3,469,989	$3,522,847	Available 11/15/2013
• Total Served Quarterly	52,217	56,068	Available 11/15/2013	

Cases Managed and/or Key Services Provided	SFY 2010	SFY 2011	SFY 2012	SFY 2013
INDIRECT SERVICES				
Financial Services - Electronic Payment System/Quest Card				
• Food Stamp and cash assistance payments	$292,411,033	$292,411,033	$382,991,321	$366,627,692
• Child Support electronic payments	$170,649,363	$170,649,363	$175,967,057	$178,028,591
Bureau of Audits and Investigations				
• Criminal History Background Checks	26,206	24,931	25,405	26,629
• Medicaid Program Integrity: Identified Overpayments and Cost Savings (Millions)	$3.7	$5.7	$3.2	$4.6
• Internal Audit Reports Issued	12	11	8	5
• Welfare Fraud Investigation Unit: Identified Overpayments and Cost Savings (in millions)	$2.7	$3.2	$3.4	$3.8

Part II – Strategic Plan Performance Measures

Performance Measure	SFY 2010	SFY 2011	SFY 2012	SFY 2013	Bench-mark
1. Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).	76.12%	73.66%	74.10%	Data not yet available	75.40%
2. Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC).	66.43%**	Data Not Available	68.42%	Data not yet available	67.50%
3. Percent of DHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).	82.09%	79.87%	82.86%	81.64%	84.31%
4. Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).	41.63%**	40.21%	40.16%	Data not yet available	50.54%
5. Percent of children who are safe as measured by the Safety Composite (SC)	86.76%**	88.79	88.58%	Data not yet available	86.45%
6. Geographic areas of Idaho that meet Health Professional Shortage Area (HPSA) criteria which have been submitted for Health Professional Shortage Area designation.[10]	100%	100%	100%	100%	100%
7. Percent of Idahoans with health and dental care coverage	76.03%	73.93	75.40%	Data not yet available	78.67%
8. Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.	94.06%	95.90%	96.21%	96.05%	92.75%
9. Accuracy rates of key identified programs.	86.68%	Data Not Collected	Data Not Yet Available	Data not available*	84.17%
10. Customer service performance at DHW based on four key indicators (Caring, Competency, Communication, and Convenience).	Data Not Collected	Data Not Collected	Data Not Collected	Data not available***	89.36%

*Objective revised, full data not yet available

** Figure changed due to minor data updates

***Customer Service standard has been revised. Data will not be available until 2014 report.

The data being reporting are composites from several sources. Data that is not available is due to several reasons:

- Some of these are based on federal reporting standards. Before data can be shared, it often takes 12 to 18 months for federal agencies to confirm the accuracy of data.
- Some of the data items used to construct the composites are collected every other year.

Performance Measure Explanatory Notes:

1. Performance Measure #1 Explanatory Note

A. Objective
Improve healthy behaviors of adults to 75.40% by 2016.

B. Performance Measure
Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).

C. Rationale for Objective and Performance Measure
The Healthy Behaviors Composite gauges health risks for the leading causes of mortality and morbidity in the state. Increasing healthy behaviors for the most prevalent diseases can decrease future morbidity and mortality resulting from chronic diseases such as cancer and heart disease.

D. Performance Measure Description
The performance measure is a composite of five healthy behavior indicators for Idaho adults who:
- Are not current smokers;
- Participate in leisure time physical activities;
- Consume five or more fruits and vegetables/day;
- Are not heavy drinkers of alcoholic beverages; and
- Have not used illicit drugs in the past 12 months.

E. How Target Was Created
The overall target of 75.40% is a composite of individual health indicator targets. These targets were developed through a combination of analysis of trend data, comparisons to the US state median, high, and low values, and seven year projections, along with relevant Healthy People 2010 goals.

2. Performance Measure #2 Explanatory Note

A. Objective
Increase the use of evidence-based clinical preventive services to 67.5% by 2016.

B. Performance Measure
Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC). Note that the immunization measure was updated. The trend and targets were recalculated.

C. Rationale for Objective and Performance Measure
The performance measure reflects the use of three screening services commonly used to detect the two leading causes of death in Idaho, cancer and heart disease. The performance measure also reflects three preventive services directly linked to improving cancer health, heart disease, oral health, and maternal and child health.

Research indicates that using evidence-based clinical preventive services is directly related to improving individual health.

Screenings provide an opportunity for early diagnosis of health problems before they become significant and expensive. Screenings also provide an opportunity for patient education by health care providers.

D. Performance Measure Description
The performance measure is a composite of six evidence-based clinical preventive service indicators for Idahoans that impact health. They include the number of:

- Adults screened for cholesterol in the last five years;
- Women age 40 and over who received a mammogram in the last two years;
- Adults 50 and over who have ever received colorectal cancer screening;
- Adults who had a dental visit in the last 12 months;
- Women who received adequate prenatal care; and
- Children 19-35 months whose immunizations are up to date.

E. How Target Was Created
The overall target of 67.5% was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicators that make up the overall target were created from trend data, a seven year projection, the relevant Healthy People 2010 goal and comparisons to the US state median, high, and low values.

3. Performance Measure #3 Explanatory Note

A. Objective
Increase the percent of Department clients living independently to 84.31% by 2016.

B. Performance Measure
Percent of IDHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).

C. Rationale for Objective and Performance Measure
Living independently aligns with our state's values for self-sufficiency by encouraging personal choice in a lower cost, safe setting.

The performance measure reflects the Department's ability to help those eligible for institutionalization (e.g. nursing homes, state hospitalization) live independently.

D. Performance Measure Description
The performance measure is an aggregate of five indicators of Department clients who are eligible but not institutionalized.

- Percent of year hospitalized clients lived independently in community;
- One-Time Admission Rates to State Hospital (not readmitted within 30 days of state hospital discharge);
- Percent of people with Severe and Persistent Mental Illness (SPMI) diverted to community-based services;
- Percentage of people with a Serious Emotional Disturbance (SED) who are diverted to community-based services; and
- Non-Long Term Care to Aged and Disabled Waiver Ratio.

E. How Target Was Created
The overall target of 84.31% was created by using the average of individual targets (i.e., a composite target).

The targets for the individual indicators that make up the overall target were created from trend data and program input based on Department research of circumstances that impact performance capabilities.

4. Performance Measure #4 Explanatory Note

A. Objective

Increase the percent of individuals and families who no longer have to rely on benefit programs provided by the Department to meet their needs to 41.69% by 2016.

B. Performance Measure
Percent of individuals and families who no longer use the Department's benefit programs as measured by the No Longer Use Services Composite (NLUSC).

C. Rationale for Objective and Performance Measure

- One of the Department's primary roles is to help families and individuals develop the natural supports, skills and tools necessary to effectively manage their lives without government supports;
- The performance measure includes those services most often delivered by the Department; and
- Most benefit programs are intended to be short term in an effort to assist individuals and families to become self-reliant. One exception would be the Child Support Program. This program is a long-term service to promote financial responsibility in families which leads to less dependence on government services. The Division of Family and Community Services also administer several services with a similar ideal.

D. Performance Measure Description
The measure tracks changes in the participation rates for services and a reduction in the number of contacts with participants. As people become self-reliant, they reduce their need for the Department's benefit programs.

The performance measure is a composite of service indicators for IDHW participants including:
- Graduation from the Infant Toddler Program;
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication of children improving or graduating out of Department programs);
- Successful completion of substance abuse treatment program;
- Amount of current child support collected vs. current child support owed;
- The "all family" work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program. People receiving TAFI are required to participate in work-related activities, such as job training, that will help them become employed. Many TAFI participant families are single-parent households;
- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing);
- Annual caseloads resulting from people who exit Department programs because they no longer need support for medical care, food or cash assistance (Department clients enrolled in Food Stamp, Medicaid, TAFI, in a State Fiscal year that do not enroll in those services the following State Fiscal Year).

E. How Target Was Created
The overall target of 50.54% was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicators that make up the overall target were created from federal requirements (benchmarks), historical data, trend data and program input based on department research of circumstances that impact performance capabilities.

5. Performance Measure #5 Explanatory Note

A. Objective
The percent of children who are safe from maltreatment and preventable illness will reach 86.45% by 2016.

B. Performance Measure
Percent of children who are safe as measured by the Safety Composite (SC). Note that the immunization measure was updated. The trend and targets were recalculated.

C. Rationale for Objective and Performance Measure

The objective reflects a public expectation and aligns with the Department's mission to help keep Idahoans safe.

The performance measure reflects trauma factors the Department can impact such as preventable physical disease and physical or mental abuse and/or neglect. People who are safe from these trauma factors are healthier and more productive members of society, and require fewer health, social, and law enforcement services from the state.

<u>D. Performance Measure Description</u>
This measure serves as an aggregate measure of Department clients who have been maltreated. The measure includes:

- The percent of children without a recurrence of abuse or neglect within six months of prior maltreatment;
- The percent of children in foster care not maltreated while in state custody;
- Rate of unsubstantiated complaints of abuse or neglect;
- Percent of children who do not re-enter foster care within 12 months after being discharged from a prior foster care entry;
- Percent of children 19-35 months who have up-to-date immunizations.

<u>E. How Target Was Created</u>
The overall target of 86.45% was created by using the average of the individual targets (i.e., a composite target).

The individual indicators that make up the overall target were created from federal requirements (benchmarks), trend data, and program input based on Department research of circumstances that impact performance capabilities.

6. Performance Measure #6 Explanatory Note

<u>A. Objective</u>
Assure that in 2016, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for designation as areas of health professional shortage.

<u>B. Performance Measures</u>
Geographic areas of Idaho that meet Health Professional Shortage Area (HPSA) criteria which have been submitted for Health Professional Shortage Area designation.

<u>C. Rationale for Objective and Performance Measure</u>

- Assure Idaho is reviewing areas of the state for HPSA designation eligibility. These designations establish eligibility for federal and state resources such as National Health Service Corps (NHSC) scholarship and loan repayment programs, the Medicare Incentive Payment Program, and Rural Health Care Access Program funding. Programs such as these and others can strengthen the health care system and improve health care access.
- On-going primary and prevention services are less expensive to the state than emergency services.
- The number, distribution and availability of healthcare providers are strong indicators of access to health care. Without access, Idahoans can't get the care needed to be healthy.

<u>D. Performance Measure Description</u>
The performance measure is a measure of the submission of Idaho areas for designation as Health Professional Shortage Areas. The three types of shortage areas used are:

- Primary Care HPSA;
- Mental Health HPSA; and
- Dental Health HPSA.

Health Professional Shortage Area (HPSA) means any of the following which has been designated though a federal formula to have a shortage of health professional(s): (1) An area which is rational for the delivery of health services); (2) An area with a population group such as low-income persons or migrant farm workers; or (3) A public or nonprofit private medical facility which may have a shortage of health professionals (42 U.S.C. 254e).

- The types of health professionals counted in a primary care HPSA are all medical doctors who provide direct patient and out-patient care. These doctors practice in one of the following primary care specialties -- general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology. Physicians engaged solely in administration, research and teaching are not included.
- The types of health professionals who are counted in a dental health HPSA are all dentists who provide direct patient care, except in those areas where it is shown that specialists (those dentists not in general practice or pedodontics) are serving a larger area and are not addressing the general dental care needs of the area under consideration.
- The types of health professionals who are counted in a mental health HPSA are all psychiatrists providing mental health patient care (direct or other, including consultation and supervision) in ambulatory or other short-term care settings to residents of the area.

E. How Target Was Created
The overall target of 100% was created by consulting with the division administrator and program manager and discussing program performance.

7. Performance Measure #7 Explanatory Note

A. Objective
Increase the percent of Idahoans with health care coverage to 78.67% by 2016.

B. Performance Measures
Percent of Idahoans with health and dental care coverage.

C. Rationale for Objective and Performance Measure

- Along with access, coverage reflects an individual's ability to use primary care services.
- Health insurance coverage impacts people's use of health care services which is linked to improved health, safety, and self-reliance.

D. Performance Measure Description
The performance measure is a composite of three indicators that measure health care coverage. The performance measures are:

- Adults with health care coverage;
- Adults with dental insurance; and
- Children with health care coverage.

E. How Target Was Created
The overall target of 78.67% was created by using the average of the individual Performance Indicator targets (i.e., a composite target).

- The target for adult health care coverage was determined after examining the actual trend, the projected trend, the relevant Healthy People 2010 goal, and comparisons to the US state median, high, and low values.
- The target for adult dental insurance was determined after examining the actual trend and the projected trend.

The target for child health care coverage was determined after examining the actual trend (from two sources), the projected trends, the relevant Healthy People 2010 goal, and comparisons to the US value, and high and low values

8. Performance Measure #8 Explanatory Note

A. Objective
By 2016, Department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.

B. Performance Measures
Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.

C. Rationale for Objective and Performance Measure
Timely delivery of health and human services can avoid development of chronic conditions that would lead to more costly and intensive services. Furthermore, people who are eligible for services have a right to receive those services in the most efficient manner possible.

Timely application and recertification processing increases the accuracy of those functions.

The performance measure reflects the ability of key programs to meet timeliness standards, many of which are federally mandated

D. Performance Measure Description
This performance measure is a composite of federally mandated timeframe standards for these key department services and programs.

- Medicaid - Application timeliness;
- Percent of child protection cases meeting timeliness standards;
- Percent of eligible Infants and Toddler children enrolled within 45 days after referral; and
- Food Stamp - Application timeliness for non-emergency (non-expedite) cases.

E. How Target Was Created
The overall target of 92.75% was created by using the average of the individual performance Indicator targets (i.e., a composite target).

The targets for the individual indicator that make up the overall target were created from federal requirements (benchmarks), trend data, and program input based on Department research of circumstances that impact performance capabilities

9. Performance Measure #9 Explanatory Note

A. Objective
The Department accuracy rates of key identified programs will reach 84.17% by 2016.

B. Performance Measures
Accuracy rates of key identified programs.

C. Rationale for Objective and Performance Measure
Accurate delivery of services is important to the health and safety of those in need of services. The objective provides a way for the Department to monitor use of resources and accountability for providing services.

The performance measure reflects the Department's ability in key programs to meet accuracy standards, many of which are federally mandated.

D. Performance Measure Description
This performance measure is made up of federally required error or accuracy rate standards for these "high profile" Department services and programs.

- Food Stamps - Federally Adjusted Payment Accuracy Rate;
- Food Stamps - Federally Adjusted Negative (closure and denial) Accuracy Rate;
- Child Protection - Percent of children receiving a caseworker visit each and every month while in care;
- Child Protection - Percent of months in which a caseworker visit occurred in child's placement provider home or child's own home;
- Child Support - Financial Accuracy; and
- Child Support - Data Reliability Standards.

E. How Target Was Created
The overall target of 84.17% was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicator that make up the overall target were created from federal requirements (benchmarks), historical data, trend data, program input and program goals based on Department research of circumstances that impact performance capabilities.

10. Performance Measure #10 Explanatory Note

A. Objective
The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 89.36% by 2016.

B. Performance Measures
Customer service performance at IDHW is a combination of four separate composites.

1. *Caring* - Percent of DHW clients treated with courtesy, respect, and dignity.
2. *Competency* - Percent of DHW clients who have a high level of trust and confidence in the knowledge and skills of Department personnel.
3. *Communication* - Percent of DHW clients who are communicated with in a timely, clear, and effective manner.
4. *Convenience* - Percent of DHW clients who can easily access Department services, resources and information.

C. Rationale for Objective and Performance Measures
Improving customer service is an important component of the Department's mission, vision, and values. Improved customer service will lead to better delivery of service, higher personal satisfaction for employees, reduced job stress, and increased cost effectiveness.

The four areas of improvement were selected because research has identified these as core underlying factors that have the biggest impact on quality customer service.

D. Performance Measure Description
Each of the four composites is made up of separate performance measures or indicators.

1. *Caring* - The Caring Composite is made up of indicators that measure how well clients are treated with courtesy, respect, and dignity. The performance indicators are:

- Survey question - I was treated with respect;
- Survey question - The staff cared about my reason for contacting DHW; and

- Survey question - Overall, I would rate my most recent contact with DHW as (Good, Fair, or Poor).

2. *Competency* - The Competency Composite is made up of indicators that measure the percent of Department clients who have a high level of trust and confidence in the knowledge and skills of Department personnel. The performance indicators are:

- Food Stamps - Federally Adjusted Payment Accuracy Rate (FNS);
- Food Stamps - Federally Adjusted Negative (closure and denial) Accuracy Rate (FNS);
- Department - Percent of agency hearings upheld;
- Child Support - Child Support data reliability standards (ICSES Data Reliability);
- Survey question - The staff was capable in helping me; and
- Survey question - The staff was knowledgeable about the reason why I contact DHW.

3. *Communication* - The Communication Composite is made up of indicators that measure the percent of Idaho clients who are communicated with in a timely, clear, and effective manner. The performance indicators are:

- CareLine - Percent of 2-1-1 CareLine phone calls with wait/hold times of 60 seconds or less;
- Survey question - The information I received was easy to understand; and
- Survey question - The staff understood me.

4. *Convenience* - The Convenience Composite is made up of indicators that measure the percent of Idaho clients who can easily access Department services, resources and information. The performance indicators are:
- Welfare - Percent of TAFI and Food Stamp applicants that meet with a Work Services Contractor within five days of the client's referral to the contractor by the Department;
- Vital Statistics - Percent of time Vital Statistics responded to mail requests in four days or less;
- IT - Percent of time that Department computing servers are functioning; and
- Survey question - I was able to access the information and/or services in a manner that was convenient to me.

How Targets Were Created

The overall target of 84.57% was created by using the average of the caring, competency, communication, and convenience composite targets.

The targets were created from federal requirements (benchmarks), historical data, survey data, comparisons to other states, trend data, and program input into the circumstances that impact performance capabilities.

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