

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 contains 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 2,847 authorized full-time employees in SFY14.

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

- *2014 Legislative Update* – Medicaid completed the implementation of all requested items in the intent language from Senate Bill 1190 which included:
 - Delivering a monthly report to the Legislative Services Office and the Division of Financial Management comparing monthly actual expenditures to the budget as appropriated.
 - Reporting quarterly on the continued effects of House Bill 260 (Session Laws 2011, Chapter 164).
 - Providing quarterly reports on progress toward integrating managed care approaches into the state Medicaid system.

Additionally, Medicaid received legislative support for the following changes:

- Dental benefits were restored to Medicaid participants in the enhanced plan who had not been covered since the implementation of House Bill 260.
- Continuing to plan and implement managed care tools and programs as directed by the legislature. Specifically, ongoing support for managing outpatient behavioral health services via a contract with Optum Idaho and expanded benefits available through Idaho's managed care option for Medicaid participants who are also eligible for Medicare.

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, and the Electronic Health Record Incentive program. 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 Stage 2 Meaningful Use on July 1, 2014. 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 second year of operations, Medicaid paid 27 hospitals \$13,847,069 and 499 eligible professionals \$7,278,834 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. Idaho Medicaid serves as the pass-through for the incentive payments, which are federal dollars.
- *Children's System Redesign* - The Department concluded the first full year of the new children's benefits on June 30, 2014. The data from this year gives the Department a more comprehensive

picture of service implementation, costs, and impacts. The current enrollment in all children's developmental disability benefits is in excess of 2500. The array of benefits replacing the old services of Developmental Therapy and Intensive Behavioral Intervention includes Respite, Habilitative Intervention, Habilitative Supports, Family Education, Family Training, Assessment, and Interdisciplinary Training. Habilitative Intervention was utilized by 42% of the participants, Habilitative Supports by 51%, 5% accessed Respite, with additional Assessments, Family Education, Family Training, and Interdisciplinary Training being utilized at 1% each. While there are still challenges, the program overall is operating well. The Department continues to work closely with parents, advocates, and providers to ensure ongoing improvements in the operation of the program and ensure the best services possible for children with developmental delays in Idaho.

- *Technology Performance* – From July 2013 to June 2014, the Division of Medicaid has continued to work closely with Molina Medicaid Solutions (claims processing and reporting), Magellan Medicaid Administration (pharmacy), Truven (data warehouse and decision support), and Medicaid providers to make system enhancements, improve service to all stakeholders, and meet the Centers for Medicare and Medicaid Services (CMS) requirements. Approximately 119,000 claims are processed through the Molina system weekly. Over 95% of claims are accepted by the system and over 99% of approved claims are paid within 5-15 days. Total weekly payout from Molina Medicaid systems average close to \$29.3 million (this represents total payment including Fee for Service claims and Managed Care fees). An average of 39,912 claims are processed weekly by Magellan. All Magellan claims are paid within 7 days, and the weekly payout is approximately \$2.8 million.
- *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 fifth and final year. The project has been successful in all grant objectives:
 - Developing and testing pediatric patient-centered medical homes: Three pediatric patient centered medical home demonstration sites will be recognized by National Committee for Quality Assurance and sustain those improvements by adding a Medical Home Coordinator to their organization.
 - Implementing evidence-based quality improvement strategies: 72 Pediatricians, 42 Family physicians, 11 Nurse Practitioners and 7 Physician Assistants have participated in at least one of 6 learning collaboratives. Learning collaboratives help teach practices how to identify, track and change process that lead to better health outcomes for the children of Idaho.
 - Creating an improvement partnership network: Through this grant opportunity a sustainable improvement partnership opportunity was created. A 12 member, multi-disciplinary Advisory Board, Idaho Health and Wellness Collaborative for Children (IHAWCC), was formed with the mission of using local, state, and nationwide networking to address the healthcare needs and priorities of children. The group is committed to patient and family-centered care. IHAWCC is accessible to all organizations and medical providers caring for children. St. Luke's Children's Hospital partnered to provide an institutional home for the group.
 - Enhancing health information technology: The CHIC project partnered with the Idaho Health Data Exchange to create an Immunization Gateway to allow for bi-directional exchange of immunization information. Work on phase one (uni-directional) of the gateway began in January.
 - The CHIC project focuses on system improvements and enhancements. Improving health outcomes for children, while lowering the impact and cost to the overall system are aims for the CHIC project. The efforts of the CHIC project have reached approximately 75,000 Idaho children and 132 Idaho providers.

- *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.

Idaho recently entered into a contract with an independent evaluator to help us better understand the impacts of the medical home pilot and identify opportunities to spread success across additional Idaho primary care practices. The work of the collaborative is already paying off for Idaho. We received a \$3 million dollar planning grant from the Centers for Medicare and Medicaid Innovation that was used to develop Idaho's State Healthcare Innovation Plan (SHIP) and we recently established Idaho Healthcare Coalition (IHC) through Executive Order 2014-02. The IHC will play a critical role as we continue to refine and implement our SHIP.

- *Medicaid's Patient-Centered Medical Homes (Health Homes)* – Effective July 1, 2013 management of the Health Home Program shifted from project to program status and has been integrated into the Primary Care Unit, under the Medical Care Bureau. The Primary Care Program Manager oversees this program with staff to include two QI/QA specialists (practice coaches), a research analyst and operations supervisor. The Department continues to support and monitor 56 Primary Care Practices participating in the Idaho Medicaid Health Home Program. During fiscal year 2013, nine new Primary Care Practices joined the Health Home Program with a total of 9,574 participants enrolled as of July 1, 2014. The Department has been very impressed with the transformation efforts occurring in these clinics. Of the 27 practices initially enrolled as of January 1, 2013 and thus required to meet NCQA accreditation by December 31, 2014, 11 are recognized, 3 have applied and the remaining 12 will be applying by September 2014. The Department continues to work closely with the Idaho Medical Home Collaborative in providing technical assistance and during this time assisted with two webinars, a face to face annual statewide meeting held in December and added regional "lunch n learn" events to enhance practice networking opportunities. During this next year analysis will continue from lessons learned and modifications are likely to occur in the areas of enrollment and quality measures reported.
- *Idaho Home Choice* – The Idaho Home Choice Program was implemented 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 187 of 345 (July 2014) anticipated participants transition into the community. The program, in the fourth year of operation, is going strong with an approved budget of \$3,637,022 for calendar year 2014. It is projected that at the end of the five-year grant period, Idaho will have diverted \$1,862,383 of Medicaid state fund spending from institutionalized care to home- and community-based care. The Division of Medicaid, Idaho Commission on Aging, the State Independent Living Council, 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.
- *Mental Health Managed Care* – The implementation phase of the Idaho Behavioral Health Plan managed care contract demonstrated a functioning service delivery mechanism for mental health and substance use disorder services. The contractor, Optum Idaho, successfully launched an administrative model that requires providers in their network to ensure services meet medical necessity and are delivered using evidenced-based models. Following some initial challenges to meet the demands of the membership and the provider network, Optum Idaho revised its clinical model to be more responsive to providers' and members' needs. Currently work is underway to

identify any gaps in the system so that plans can be developed to continue the transformation of the behavioral health system in Idaho.

- *Managed Care for Dual Eligibles* – The Centers for Medicare and Medicaid Services (CMS) has been engaged in continuous collaboration with states, health care providers, and other stakeholder groups to ensure that beneficiaries dually eligible for Medicare and Medicaid have full access to seamless, high-quality, cost-effective health care via an integrated, coordinated care system. Blue Cross of Idaho, under contract with Idaho Medicaid, has administered the True Blue Special Needs Plan since 2006. It is designed to coordinate all health related services for Medicare and Medicaid including hospital services, medical services, prescription drug services, and behavioral health services. Blue Cross of Idaho passed a comprehensive evaluation required to implement an expanded Medicare-Medicaid Coordinated Plan beginning July 1, 2014. The True Blue Special Needs plan has expanded to incorporate additional benefits, including Aged and Disabled Waiver services, Developmental Disability targeted service coordination, community-based rehabilitation services, personal cares services, and nursing home and Intermediate Care Facilities for the Intellectually Disabled (ICF/ID) services. The True Blue Special Needs Plan provides all the benefits currently available through Medicare and Medicaid in a single coordinated health plan. This program is a voluntary enrollment plan available to dual-eligible participants in 33 out of 44 Idaho counties in 2014 and 42 out of 44 counties in 2015.
- *Idaho State Healthcare Innovation Plan* - The Idaho State Healthcare Innovation Plan (SHIP) was completed over an intensive 6-month planning period that started in July, 2013, when the SHIP Steering Committee and Work groups began to meet regularly. It ended December 29, 2013, when a draft of the SHIP was submitted to Centers for Medicare and Medicaid Innovation (CMMI). Idaho stakeholders are very pleased with the resulting healthcare service delivery and payment transformation model that will be implemented in Idaho. Although the SHIP was submitted to CMMI on schedule, the Steering Committee continues to meet by Governor Otter's executive order 2014-02 as the newly formed Idaho Healthcare Coalition (IHC). The IHC will partner with DHW to oversee the implementation of the SHIP.
- The DHW Office of Support Services has taken on responsibility for the Model Test grant application to CMMI that will potentially fund the transformation. If funded, the Model Test grant will be managed under the Director's and Deputy Director's oversight. The grant proposal and application was submitted to CMMI on July 18, 2014.

Division of Licensing and Certification

A. Overview

The Department of Health and Welfare created the Division of Licensing and Certification on July 1, 2012, to separate the regulatory enforcement functions from benefit management in the Division of Medicaid. The division works to ensure that Idaho healthcare facilities and agencies are in compliance with applicable federal and state statutes and rules. Each unit within the division is responsible for promoting an individual's rights, well-being, safety, dignity, and the highest level of functional independence.

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 2014 Legislature approved funding for pay increases for health facility surveyors and supervisors to assist the division in its efforts to reduce turnover. Turnover has been high among surveyors for the past four years with most surveyors leaving the Department for better pay in the private health care industry.
- Despite the number of surveyor vacancies, the Bureau of Facility Standards completed the federal certification survey work required to avoid financial penalties to the state.
- The inspections conducted by the Fire Safety and Construction Team resulted in no fire-related deaths in facilities during the year.
- The Non-Long-Term Care Team successfully worked with providers, advocates, and other stakeholders to rewrite the chapter of administrative rules governing Intermediate Care Facilities for the Intellectually Disabled (ICF-IDs).
- The Residential Assisted Living Facilities Program, the Certified Family Home Program, and the Developmental Disabilities/Residential Habilitation Program have streamlined work processes and have implemented several technological improvements toward becoming paperless.
- The Residential Assisted Living Facilities Program successfully negotiated with providers, advocates, and other stakeholders on proposed rule changes that will provide some operational relief to facilities as well as strengthen some requirements to improve care to residents.

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 use disorder 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 psychiatric hospitals, State Hospital North and State Hospital South, which also are part of the division.

B. Highlights

- *Transforming Idaho's Behavioral Health System*- Legislation enabling the division to continue Idaho's behavioral health system transformation (Idaho Code § 39-3121) passed in the 2014 session of the Idaho Legislature. Now law, behavioral health transformation allows for some of the leadership of the behavioral health system to occur at the community level and implements a regional process to develop and deliver family support and recovery support services. Examples of these services include housing, transportation and other essential services not covered by insurance plans. Under a transformed and unified behavioral health system, the mental health and substance use disorder systems are being integrated and behavioral health boards are being established in each region. The new Regional Behavioral Health Boards will have greater local influence over their behavioral health systems and in the future have the opportunity to contract with the state to deliver family support and recovery support services in their areas. Transformation legislation also modified the existing State Mental Health Planning Council to become the State Behavioral Health Planning Council, which includes representation from the substance use disorder and prevention communities. Additionally, the legislation created an Idaho Behavioral Health Cooperative to advise the behavioral health system on issues related to individuals with unmet treatment needs.

- Education Loan Repayment for State Hospital Staff* - The 2014 Idaho Legislature passed Idaho Code § 67-5339 to establish an education loan repayment program for physicians, mid-level practitioners, and psychologists working at the two state psychiatric hospitals. The division has historically faced several challenges in recruiting and retaining providers to the state hospitals. The biggest challenge is having to compete with the private sector, where salaries are often significantly higher and employers offer large recruitment bonuses and have loan repayment programs. Additionally, the other state and federal loan repayment programs available to medical professionals are typically not available to employees of state psychiatric hospital providers. The passage of Idaho Code § 67-5339 and the appropriation of funding for loan repayment allow the division to compete with the private sector. Thanks to passage of this law, State Hospital North now has a psychiatrist, a position previously vacant for more than a year.
- Behavioral Health Crisis center to be located in Idaho Falls* - During the 2014 Legislative session, lawmakers appropriated \$1.52 million in ongoing state general funds and \$600,000 in one-time federal money for a regional behavioral health crisis center. Idaho Falls was selected in June 2014 as the site of the first center. When operational, the crisis center will serve Idahoans experiencing a behavioral health crisis who previously were often incarcerated or treated in emergency rooms. As an alternative, the crisis center will provide them with a place to go voluntarily to get stabilized, develop a treatment plan, and access ongoing services. The crisis center will be modeled on the best practices of other states where similar crisis centers have succeeded, and will follow Idaho Administrative Rule 16.07.30. Thanks to legislative and community support for the crisis center, this resource will be established in SFY 2015. The division is hopeful that positive outcomes for Idahoans in crisis will encourage the development of additional crisis centers to serve other parts of the state in the future.
- Quality Assurance for the Medicaid Idaho Behavioral Health Plan* - The division's Quality Assurance staff works closely with the Division of Medicaid to monitor the contract for the Medicaid Idaho Behavioral Health Plan (IBHP). The IBHP contractor, Optum Idaho, began using managed care processes in September 2013. Quality assurance and quality improvement strategies are being used to assess the behavioral health services provided to Medicaid members through the IBHP to ensure they are high quality, client- and family-centered, recovery-focused, and outcomes-driven. The focus of quality assurance in SFY 2013-2014 has been on utilization management, network development and member rights.
- Web Infrastructure for Treatment Services (WITS) Implementation* - All state-funded Substance Use Disorder (SUD) providers now use one unified Electronic Health Record (EHR). Web Infrastructure for Treatment Services (WITS) was fully implemented across the SUD network in October 2013. WITS is a web-based EHR that allows providers to receive electronic referrals and authorizations from the Department of Health and Welfare (DHW), Idaho Department of Correction (IDOC), Idaho Supreme Court (ISC), and the Idaho Department of Juvenile Corrections (IDJC); track claims and electronically bill funding sources; record client treatment data; and satisfy mandatory government reporting requirements. The implementation of WITS across all providers, IDHW, IDOC, ISC, and IDJC resulted in a cohesive SUD network in which clients receive timely treatment.

With the implementation of WITS came a change in how SUD data was collected and reported. Before the implementation of WITS, SUD data was collected by a managed services contractor. Data is now collected through the WITS system itself.

- Recovery Coaching* - The division sponsored Idaho's first recovery coach training with grant funding in May 2013. Since then, more than 200 recovery coaches have been trained, with coaches now in every region of the state. Recovery Coaches act as personal guides and mentors for individuals who are working toward recovery from alcohol and substance use. Coaches help others overcome personal and environmental obstacles to recovery, and link them to community sources of support. Over the past year, Idaho has also trained 24 Recovery Coach trainers and introduced an ethical training for Recovery Coaches. In mid-February 2014, the Idaho Board of

Alcohol/Drug Counselor Certification (IBADCC) agreed to offer a credential for individuals who would like to become certified Recovery Coaches. Recovery Coaches are eligible for reimbursement if they are working with a substance use disorder treatment provider for DHW populations only. The Recovery Coach certification will be a step toward Recovery Coaches being eligible for compensation through other state agencies.

- Certified Peer Specialists/Family Support 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. This lived experience helps them to model recovery and resilience to people who receive their services. From February 2009 through June 2014, a total of 176 individuals have completed training and passed the certification exam to qualify as Certified Peer Specialists. Certified Peer Specialists are employed in several Idaho programs: conducting outreach for Projects for Assistance in Transition from Homelessness (PATH) outreach; serving on Assertive Community Treatment (ACT) teams with Regional Mental Health Programs; providing support at State Hospital South; providing Critical Time Intervention (CTI) services through the Idaho Home Outreach Program for Empowerment (ID-HOPE); and as of this past year, providing peer support services at private agencies associated with Idaho's managed care entity, Optum Idaho. In June, the division finalized Idaho's first set of peer standards. They address peer specialists, family support specialists, and peer recovery coaching. This recent set of standards represents national awareness and evidence-based practice by which Idaho's certification process and workforce growth will be addressed in the coming year. In the coming year, the division will be partnering with stakeholders, community leaders, and advocates to select a curriculum for family support specialist training as well as establish a single certification entity.
- Recovery Idaho* - Using grant funding, the division hosted a workshop in March 2014 to lay the foundation for a Recovery Community Organization (RCO), named Recovery Idaho. Behavioral Health stakeholders from every region of the state attended the workshop and worked with two facilitators who established the Connecticut Community for Addiction Recovery (CCAR) RCO. During the workshop, attendees developed the name Recovery Idaho, drafted a mission statement and core values, established a workgroup to finalize a mission statement and identified initial board members. In the months that followed, the Recovery Idaho board added members, nominated officers and continued its work toward becoming a 501 (c)(3) nonprofit. Recovery Idaho's mission is focused on advocating and providing community-based recovery support services for those seeking long-term recovery from a substance use disorder or mental illness, as well as their friends, families and allies. Recovery Idaho will be an independent statewide organization that could serve as an umbrella group responsible for the Recovery Coach training program and the operation of Recovery Community Centers.
- 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. The ISPH is now in its second full year. It became nationally accredited by Contact USA in December 2013. ISPH recently has expanded its training curriculum from 34 to 42 hours, with four staff certified as in-house Applied Suicide Intervention Skills Training (ASIST) trainers. The hotline also has ambassadors to conduct statewide outreach. From the hotline's launch in November 2012 through June 2014, the call center fielded about 1,135 calls from people in crisis. In addition, the hotline volunteers conduct follow-up activities with callers who consent to additional contact; the hotline successfully follows up with 42 percent of the callers. The hotline operates 9 am – 1 am Monday through Saturday, with plans to open an additional shift from 9 am – 1 am on Sundays.

Division of Public Health

A. Overview

The Division of Public Health protects the health of Idaho citizens through a wide range of services that

includes 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 Bureau of Public Health Business Operations led a strategic planning process that resulted in the Division's first Strategic Plan. The plan includes a Strategic Map that succinctly identifies the goals and priorities of the Division over the next three years. Priorities focus on Staff development, Defining and promoting the role of Public Health, Division communication, and Progress toward Public Health Accreditation.
- *Office of Rural Health and Primary Care* - The Bureau of Rural Health & Primary Care is establishing a new State Loan Repayment Program for clinicians serving designated Health Professional Shortage Areas. Idaho loan repayment opportunities are very limited and this new program will establish the first multi-discipline, state-based loan repayment program for clinicians and physicians. The loan repayment is provided through a federal grant and every award must be matched \$1 to \$1 with funds provided by the clinician's employer. Participating sites must implement a sliding fee scale for low income and uninsured patients. Loan repayment awards can range from \$10,000-\$25,000 per year, depending on the discipline and matching contribution.
- *Bureau of Community and Environmental Health* - Project Filter, Idaho's comprehensive Tobacco Prevention and Control Program, was recognized by the North American QuitLine Consortium in a recent issue paper for offering eight weeks of free nicotine replacement therapy (NRT) in January, 2014. Capitalizing on many smokers' New Year's resolution to quit, Project Filter launched a paid-media promotion advertising the NRT offering. As a result, the Idaho QuitLine experienced its highest monthly enrollment in the program's history, with over 1,300 tobacco users registering for services. Because of the successful enrollment during the January campaign, Project Filter is once again offering eight weeks of free NRT (nicotine gum, lozenges, and patches) to eligible individuals starting July 1, 2014.

Evidence in the U.S. Public Health Service Clinical Practice Guideline demonstrates that an intervention using both medication and counseling, such as a QuitLine, is four times more effective than quitting tobacco "cold turkey." Depending on the NRT product and an individual's tobacco and medical history, clinical recommendations for length of NRT use generally range from 8 to 12 weeks.

- *Bureau of Clinical and Preventive Services* - The Maternal and Child Health Program is leading Idaho's work related to the Infant Mortality Collaborative Improvement and Innovation Network (ColIN). Through a ColIN state team consisting of Title V directors, the major health systems, March of Dimes, Medicaid, data experts, and providers, a state plan is being developed to reduce infant morbidity and mortality.

Medicaid's Children's Healthcare Improvement Collaboration, and Public Health District's 6 and 7 has seen many successes over the last 12 months. The primary objective of this collaboration was to introduce patient-centered medical home (PCMH) and evidence-based quality improvement strategies to primary care providers for children with special health care needs in

rural parts of Idaho. As of July 2014, all participating clinics had completed participation in the adolescent depression screening learning collaborative which resulted in increased rates of depression and substance use screening among adolescents. Further, participating clinics have realized improvements in patient care and clinic processes with the help of the public health district's medical home coordinators.

- *Bureau of Vital Records and Health Statistics* - While Idaho was the 32nd United States Jurisdiction to begin the installation process of the State and Territorial Exchange of Vital Events (STEVE), Idaho was the third jurisdiction to complete all aspects needed to be classified as fully certified with the STEVE application on August 21, 2013. By being fully certified, Idaho was able to receive more than 95% of all non-Idaho resident birth, death, and stillbirth certificates electronically within three months of the end of the calendar year. The remaining 5% were attributed to jurisdictions that were not on STEVE. At this time, 50 US Jurisdictions have the STEVE application installed, but only 21 of them are listed as fully certified.
- *Bureau of Laboratories* - The Environmental Section has continued its partnership with the Idaho Department of Water Resources (IDWR) for a third year. This contract enables IBL to provide water quality testing for 25 parameters that IDWR monitors for the statewide ground water monitoring program. The goal for 2014 is to have between 225-250 sites monitored in Idaho.
 - The Clinical Section has developed and implemented new methods for detection of DNA mutations that indicate drug resistance in TB. With turn-around times as little as 48 hours, these tests allow for preliminary information on treatment guidance. Conventional drug susceptibility tests could take several weeks to complete and may postpone a physician's choice of therapy more suited to the patient's infection.
 - The Emergency Preparedness and Clinical Sections performed a variety of tests related to a gastroenteritis outbreak during the summer and autumn of 2013 among rafters on the Middle Fork of the Salmon River. Large water volumes from the river and filtered river water at launch sites were collected and submitted to IBL for concentration to improve pathogen detection. Along with swabbed surfaces (e.g., water spigots, outhouse door handles), these samples and clinical specimens from ill people were tested, and multiple pathogens were identified: norovirus, Giardia, and Shiga toxin-producing E. coli.

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 division also serves a wide variety of Idahoans through the Navigation and CareLine (211) programs. 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

Child Welfare Program

- *Enhanced Child Safety Practice* - Child Welfare Social Workers, Supervisors and Managers from across the state worked with the National Resource Center for Child Protection for many months to enhance the Idaho Child Welfare safety practice model. The enhancements will help child welfare social workers better assess when to intervene with families. Interventions are only to occur when a dangerous condition clearly threatens the safety of the children in the home. Child

Welfare staff across the state have completed initial training on the enhanced practice model and are implementing improved practices.

- *Title IV-E Waiver* - Idaho was approved for a Title IV-E Waiver in October 2013. Title IV-E Child Welfare Waivers provide states with an opportunity to use federal funds more flexibly to implement practices that assure child safety, help children in care move to safe permanent home quickly, or improve the well-being of children in the child welfare system. Idaho's Waiver interventions include training the child welfare system to better assist children who have experienced trauma, methods to access the effects of trauma on children, statewide adoption of an evidence-based parenting education called Nurturing Parenting, and the expanded use of Family Group Decision Making which involves extended family and other supports in the resolution of child welfare cases. The waiver interventions combined with the flexible use of federal dollars should result in better outcomes for families. More children will be served safely without removing them from their homes. Children who must be brought into care will experience fewer moves between foster families. Children will be more quickly reunified with their parents or moved to permanent adoptive homes. Child trauma and related behaviors will be addressed resulting in less intensive and expensive care and more importantly increased health, safety, independence and success for children and families. Federal waiver funding and interventions come with a strict evaluative component so Idaho will be contributing to the growing body of evidence surrounding what works in child welfare practices.
- *Guardian Scholars* - Boise State University and Idaho State University are the first of a statewide effort to partner with the Child Welfare Program to develop the Guardian Scholars Program. The Guardian Scholars program provides wrap-around support to foster children enrolled in college or other higher educational settings. With the support of the program children stay in school longer, and more children eventually graduate with a skill or a degree. The success of this program is generating interest and monthly conference calls are held with four Idaho's colleges to share success and challenges with hopes to expand programs to other campuses.
- *Centralized Intake* - 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, central intake answered 42,136 calls. About 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.
- *Program Growth* - The number of referrals to child protection increased by 7% from SFY 2013 to SFY 2014. The increase in referrals is reflected in an increase in the number of children in care by 3%. This is especially crucial when combined with the 20% decrease in the number of licensed foster homes over the last four years from 1635 to 1309. Another area Child Welfare is experiencing real growth is in adoption subsidies which have increased by 52% from SFY 2009 when the cost was \$5,796,167 to \$8,803,359 in SFY 2014.

Southwest Idaho Treatment Center

The Southwest Idaho Treatment Center (SWITC) census declined from 37 to 31 individuals in SFY 2014 as people who have disabilities chose to receive services in their communities, maintaining close connections with their families and friends. In addition to the Nampa facility, SWITC maintains a six-bed residential facility in North Idaho. This 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. The SWITC mission is to provide training and supports to individuals so they can return to a community residential option as soon as possible.

Children's Developmental Disabilities Benefit Redesign

The children's developmental disabilities program completed implementation of the new redesigned services with all children transitioning on or before July 1, 2013. No child experienced a lapse in services

during the transition. The new services, under both the traditional and family directed service models are meeting the needs of children and families. In a random sample of 528 parents, 98% reported overall satisfaction with services and 95% reported the service plan represented the goals they have for their child.

Infant Toddler Program

Enrollment in the Infant Toddler program continued to increase in SFY2014 reaching 3,773 participants. This is an 11.6% increase over the past 4 years. The program continues to refine implementation of its early intervention evidenced based practice model. The Infant Toddler Program received full SFY2014 grant approval from the federal Office of Special Education Programs (OSEP) while maintained the successful federal rating of "Meets Requirements." This is the highest rating that can be achieved by an Infant Toddler Program.

Navigation

During SFY 2014, Navigation served 9,890 individuals, families and children throughout Idaho, providing case management services to 2,930 and emergency assistance to 1,424 families. Navigation services distributed \$1.24 million in emergency assistance and career enhancement support, while leveraging 19 cents for every state dollar in community funds on behalf of families in Idaho.

211 CareLine

During the 2014 SFY, CareLine introduced text messaging capability. Since two-way text messaging became available on April 1, 2014, CareLine has received 305 texts and sent out 449 responses. Patrons who text can receive a complete list of Summer Food Service Program locations for their area as well as housing and child care resources. Idaho CareLine received 142,718 information and referral contacts during SFY 2014. CareLine exceeded the federal standards answering 83.7% percent of calls within 60 seconds. CareLine currently has 4,403 active programs and resources listed in their database. CareLine also participated in 44 community outreach events and promoted various DHW and community campaigns designed to increase the health, stability and safety of Idahoans.

Division of Welfare (Self Reliance)

A. Overview

The Division of Welfare is committed to promoting stable, healthy families through work support programs intended to help low-income families return to and find stability in the workforce.

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 requires participants to engage in self-reliance activities, such as looking for employment or attending job training and development courses, with the goal of entering the workforce and improving wages and household supports toward self-sufficiency.

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 administer the payment and provider aspect of the Medicaid program, but does manage and determine Medicaid eligibility. Other programs managed through contracts with local organizations include: Food Commodities, Energy Assistance, Telephone Assistance, and Weatherization Assistance.

B. Highlights

- Caseloads have stabilized to the point where season trends can be recognized. However, workloads remain at record high levels because of the large numbers of applications and recertifications for current participants. Households with low incomes remain eligible for assistance. Efforts to streamline processes have helped the Division prevent backlogs of critical work and meet federal performance requirements.

- Overall participation in the Food Stamp program has continued to decline in SFY 2014, however, applications for assistance have not. Each month, the division processed over 8,000 Food Stamp applications and 13,000 recertifications on average. The leveling out in the number of households participating is primarily attributed to reinstating work requirements for childless adults. These requirements had been removed because of a loss of funding in 2010, partially reimplemented in 2012 and then fully implemented in 2013. The work support requirement, requires all adults receiving Food Stamps to either be working or participating in our work and training program as a condition of eligibility. Those who do not participate or move to work will be sanctioned and closed from the program.
- Child Support collections increased from \$198 million in FFY 2012 to \$205 million in FFY 2013 while participation in the Child Support program remained consistent.
- Federal standards for accuracy in all of the division's work support or self-reliance programs were met or exceeded. Efforts to streamline processes have helped to prevent backlogs of critical work and have promoted performance accomplishments.
- Medicaid participation slightly increased with the implementation of the new Affordable Care Act Requirements on January 1, 2014. The Division of Welfare received about 15,000 enrollments from healthcare.gov for those individuals who applied for health coverage on the health insurance exchange but were found eligible for Medicaid. Idaho Medicaid application activity did not have noticeable increases, instead experiencing normal growth rates in these programs.
- The Medicaid Readiness Initiative has been a top priority for Self Reliance to meet both federal requirements to implement Medicaid changes on January 1, 2014 as well as support for the development and implementation of Idaho's State Based Marketplace expected to implement in November 2014. 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, DHW developed and implemented automated interface solutions to enhance verification of client information to improve integrity in the eligibility decision-making process by creating immediate access to federal and state databases that provide information on citizenship, household income, disability status, and residence. The division also built and implemented a new online portal that provides information to customers about the benefits and services they are receiving and allows participants to recertify benefits on-line. A new Oracle rules engine was implemented, which is the core of our eligibility system, and ensures all Idaho Medicaid rules are applied consistently and appropriately to everyone applying for or receiving Medicaid in Idaho.
- The Department of Health and Welfare has partnered with the Idaho health insurance exchange, Your Health Idaho, to leverage this infrastructure for application, verification, and eligibility determinations that are also required for the health insurance exchange. This partnership and shared services model will minimize cost to the state for building the new marketplace while maximizing coordination and consistency as Idaho transitions off of Healthcare.gov and implements Idaho's new technology platform that will support access to health coverage for all Idahoans.

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 conducted an employee engagement survey of all classified and temporary employees and has worked with Department executives to make changes based on that employee feedback. HR also partnered with Idaho Division of Human Resources (IDHR) to implement I-Perform and new performance standards for all state employees. HR developed and launched training on both the I-Perform system and the new standards. This training was provided in house to supervisors and employees by HR staff and outside the agency by IDHR.
- The Contracts and Procurement Unit was instrumental in developing, coordinating and implementing critical contracted services and purchases of unique products to support the Department's ongoing Medicaid Readiness project and Information Technology initiatives. The unit has been approached recently by several other state agencies as a model for best practices for procurement processes and internal training requirements for staff.
- The Facilities and Business Operations Unit is coordinating with the director's office and outside vendors to develop a long term master plan for the SWITC property and surrounding land. The unit also increased security measures in offices around the state by installing security cameras and panic buttons where needed.
- The Privacy Office has successfully implemented 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 residents 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, and 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:

- Developed and implemented enhancements for the Infant Toddler Program (ITP) web application (ITPKids), providing ICD-10 compatibility and support for Idaho Sound Beginnings by integrating into ITPKids from HiTrack and Vital Statistics.
- Completed the re-write of the Aids Drugs Assistance Program (ADAP), replacing obsolete software and providing greater accuracy of data collection and reporting.
- Recoded .NET Web Applications for Internet Explorer 11 compatibility.
- Replaced the Welfare Fraud Investigative Tracking System (FITS) with a browser-based system eliminating dependency on antiquated non-support technology.
- Implemented the Uniform Assessment Instrument (UAI) rate changes.
- Implementation of the Time and Reporting System for ITSD, replacing an unsupported third party product and improve time tracking and cost allocation for State employees.
- Deployed enhancements to the Medicaid Fraud Investigative Tracking System aiding the Medicaid Program Integrity Unit to investigate clients and non-Medicaid providers who receive any public assistance funds as a client of provider services. Complaints can lead to identification of overpayment, intentional program violation or prosecution recouping state tax payer dollars.
- The Medicaid Readiness Initiative succeeded in meeting the federal deadlines for establishing interfaces to the data services hub and processing accounts transferred to the State Supported Marketplace. System development activity included integrating Medicaid and MAGI rules as well as modifications for receiving and sending accounts with State eligibility system.
- Completed the migration of all active applications stored in Visual SourceSafe to Microsoft Team Foundation Server.

- Redesigned the current SharePoint environment to enhance performance and facilitate migration of sites to SharePoint 2010. Migration of sites to SharePoint 2010 is 25% complete.
- Implemented the LANDesk Total User Management System to enable us to more efficiently manage desktop and laptop computers and ensure patch compliance in accordance with federal guidelines.
- Implemented encryption software on all DHW smartphones to protect data.
- Continued progress in 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.
- Significant progress in the implementation of Voice over IP (VoIP) phones replacing aging and obsolete PBX-based telephone systems.
- Upgraded 99% of SQL Server application databases to SQL Server 2012. Some vendor databases remain on SQL Server 2008 because the vendors do not yet support SQL Server 2012.
- Establishment of Data Governance to strengthen the department's practices for protecting sensitive information while addressing opportunities for improvement by establishing a sustainable Data Governance program focused on privacy, security and compliance.
- Continued use of data analytics to manage the utilization of data through the adoption and meaningful use of electronic medical records; data analysis by characterizing information in the enterprise data warehouse and use of analytic tools; and data sharing and the adoption of health information exchanges.

Accomplishments directly associated with protecting the health and safety of Idahoans include:

- Completed Phase III of the Health Alert Network (HAN), re-write of the HAN Communication Manager to utilize Fax over IP (FoIP) replacing old fax servers and software to improve the reliability and speed of public health alerts.
- Year three of the Idaho Electronic Health Record Incentive Management System, providing users with an efficient means of processing and tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant Electronic Health Record Technology.
- Completed the re-write of the Oryx application for State Hospital South which provides Joint Commission's performance measurement and improvement processes as well as integrates outcomes for hospital clients.
- Completed development of the Outbreak Management System and conducted Phase 1 pilot project with the public health districts.
- Completed stabilization efforts for Women's Health Check to improve data integrity, federal reporting of women's health issues and eliminate multiple manual processes.
- Implemented the State and Territorial Exchange of events (STEVE) allowing us to receive data on births and deaths occurring to Idahoans in other States and send data to other States of births and deaths occurring in Idaho.

Initiatives to “Go Green” include:

- Continued virtualization of our servers to reduce overall the number of physical devices on the network to reduce power and cooling requirements.
- Migrated from paper to electronic record repositories in SharePoint for Adoption, Child Welfare and Laboratory records.
- 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.
- Added user WebPortal access to the Laboratory Information Management system replacing manual faxing of lab results
- FoIP (Fax over IP) technology to replace legacy analog fax machines and integrate with Enterprise messaging. FoIP allows the department to realize savings by reducing the number of analog telephone line charges and reduces printing of paper faxes.

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 continued to work 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 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 and integrity reviews for the department.

1. Internal Audit evaluates the department's overall system of controls.
2. Medicaid Program Integrity Unit audits Medicaid provider claims for fraud, waste and abuse.
3. Welfare Fraud Investigation Unit investigates allegations of public assistance fraud.
4. The Criminal History Unit conducts background checks for various Department programs and services.

B. Highlights

- The bureau expanded the Medicaid Program Integrity Unit by adding 8 new analysts three years ago. This year, the unit recovered \$2.7 million with total costs of \$1.2 million. The federal program realized a net cost savings of \$887,308 and the state general fund realized a net cost savings of \$594,208.
- 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 25,651. In addition to the leads by data analysis, the public continued to submit about 3,000 leads per year. In SFY 2012, the Welfare Fraud Unit began investigating child care providers and food stamp retailers. Collections increased from \$34,000 in FY 2013 to \$102,000 in FY 2014.

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 and Chapter	Heading
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 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 Behavioral 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 and Chapter	Heading
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 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 2011	SFY 2012	SFY 2013	SFY 2014
ID Health Ins. Access Card	\$5,842,300	\$5,780,500	\$5,780,500	\$3,842,300
Prev. Minors' Access to Tobacco	\$50,100	\$50,100	\$50,300	50,400
Domestic Violence Project	\$484,000	\$484,000	\$490,200	491,900
Cancer Control	\$401,000	\$401,000	\$400,800	401,700
Emergency Medical Services	\$2,566,600	\$2,566,600	\$2,629,000	\$2,647,900
Medical Assistance	\$6,000	\$6,000	\$6,000	\$3,500
Central Cancer Registry	\$182,700	\$182,700	\$182,700	\$182,700
Alcohol Intox. Treatment	\$3,232,900	\$0	\$0	\$0
Health and Welfare – EMS III	\$1,400,000	\$1,400,000	\$1,400,000	\$1,400,000
Hospital Assessment Fund ¹	\$45,831,500	\$55,831,500	\$58,989,300	\$30,000,000
Coop.Welfare Acct – Federal	\$1,584,609,800	\$1,465,208,900	\$1,523,743,700	\$1,609,559,300
Coop.Welfare Acct – General	\$438,656,000	\$569,502,300	\$606,099,500	\$615,357,900
Coop.Welfare Acct – Other	\$171,538,800	\$147,441,700	\$165,258,900	\$213,475,200
Liquor Control ²	\$650,000	\$650,000	\$650,000	\$650,000
Drug and Family Court Services	\$253,100	\$253,100	\$257,800	\$257,800
State Hospital Endowment	\$2,453,800	\$3,092,200	\$3,691,900	\$3,846,500
Economic Recovery Funds	\$0	\$0	\$0	\$0
Immunization Dedicated Vaccine Fund (new for 2010)	\$6,400,000	\$15,500,000	\$17,300,000	\$18,970,000
Millennium Fund	\$2,894,800	\$650,000	\$2,250,000	\$2,245,000
Total	\$2,278,290,800	\$2,269,000,600	\$2,389,180,600	\$2,503,382,100

Expenditure	SFY2011	SFY 2012	SFY 2013	SFY 2014
Personnel Costs	\$162,862,600	\$163,848,800	\$171,755,500	\$171,218,700
Operating Expenditures	\$105,835,600	\$135,415,400	\$154,526,200	\$160,098,600
Capital Outlay	\$3,481,200	\$3,985,600	\$1,941,000	\$2,336,300
Trustee/Benefit Payments	\$2,040,975,800	\$1,839,714,500	\$1,999,564,000	\$2,040,016,300
Total	\$2,313,155,200	\$2,142,964,300	\$2,327,786,700	\$2,373,669,900

¹ Hospital Assessment funding stream was initiated in SFY 2009.

² Substance Use Disorder Treatment revenue was rolled into Alcohol Intox Treatment revenue.

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.

Graphs will be added later by DFM

Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Division of Medicaid				
• Total Medicaid Expenditures (w/Admin)	\$1,882,143,000	\$1,704,408,900	\$1,875,835,200	\$1,920,439,500
• Medicaid T&B Expenditures Only	\$1,834,500,000	\$1,645,667,500	\$1,813,459,700	\$1,852,831,300
% Spent as payments to providers	97.5%	96.0%	96.7%	96.5%
• Total Average Medicaid enrollees per month (Adjusted to include retroactive enrollees)	221,177	228,897	236,352	252,778
• Avg. Monthly Eligible Basic Plan Children (0-20 yrs)	143,187	147,677	148,043	155,399
• Avg. Monthly Eligible Basic Plan Adults	19,456	20,467	23,016	25,926
• Avg. Monthly Eligible Enhanced Plan Children (0-20 yrs)	23,000	23,365	15,189	30,842
• Avg. Monthly Eligible Enhanced Plan Adults	18,798	14,726	23,352	17,099
• Avg. Monthly Dual-Eligible Coordinated Plan Adults	16,736	22,663	23,058	23,513
Cases Managed and/or Key Services Provided	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Division of Licensing and Certification				
• Total number of initial licensing or certification surveys conducted	281	213	218	263
• Total number of re-licensure or recertification surveys conducted	2,462	2,157	2,345	2,379
• Total number of follow-up surveys conducted	188	185	173	218
• Total number of fire/life safety surveys conducted	350	344	330	321
• Total number of complaint-only surveys conducted	187	234	215	253

• Total number of other surveys conducted	3	8	30	27
Cases Managed and/or Key Services Provided	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Division of Behavioral Health				
Children's Mental Health Services				
• Total children's mental health clients served	2,054	1,251	1,861	1,820
• Court-ordered clients (20-511A)	237	485	528	600
• Total support services provided to children and families ³	658	600	239	237
Adult Mental Health Services				
• Total adult mental health clients served	9,375 (revised)	10,263 (revised)	10,921	13,207
Substance Use Disorders Services				
• Total adult and adolescent substance abuse clients served ⁴	6,619	All – 8,150	6,619	2,214 (unduplicated client count)
State Hospital South				
Adult Psychiatric				
• Patient days	27,152	29,555	26,241	27,375
• Number of Admissions	490	484	550	608
• Percentage of Occupancy	82.7%	89.7%	79.9%	83.3%
• Indirect/Direct Costs Allocation Cost per Patient Day	(revised)	\$452	\$533	\$533

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.

⁴ SFY 2014 represents a partial year of data due to the transition of data systems. From Oct. 1, 2013 to June 30, 2014, Business Psychology Associates (BPA), the Department's Management Services Contractor, referred 2,214 unique DHW clients to the statewide Substance Use Disorder Provider network to receive treatment. This reduction in clients served from SFY13 to SFY14 is because of the transition of Medicaid clients to Optum Idaho and the sun-setting of Access to Recovery (ATR) III; clients were no longer admitted into this funding category beginning in May 2014. The total number of clients served by the Department of Health and Welfare (DHW), Idaho Department of Correction (IDOC), Idaho Department of Juvenile Corrections (IDJC), and Idaho Supreme Court (ISC) has historically been reported; this year's data is only IDHW-specific data.

Syringa Skilled Nursing				
• Patient days	9,327	9,071	8,986	8,856
• Number of Admissions	10	10	15	11
• Percentage of Occupancy	88.1%	95.5%	84.9%	83.7%
• Indirect/Direct Costs Allocation Cost per Patient Day	\$512	\$476	\$568	\$588
Adolescent Unit				
• Patient days	3,217	3,877	4,176	4,181
• Number of Admissions	81	81	110	122
• Percentage of Occupancy	55.1%	62.8%	71.5%	71.6%
• Indirect/Direct Costs Allocation Cost per Patient Day	\$715 (revised)	\$647 (revised)	\$676	\$643
State Hospital North				
• Number of patient days	16,680	17,514	17,408	16,153
• Daily occupancy rate	76.0%	80.0%	79.0%	74%
• Number of admissions	336	289	278	217
• Cost per patient day	\$450	\$443	\$463	\$506
Cases Managed and/or Key Services Provided	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Division of Public Health				
Vaccines				
• Children's vaccines distributed	729,377	745,776	709,255	710,766
• Immunization Rates (19-35 Months) ⁵ (4:3:1:3:3:1 series)	33.6%	42.6%	58.1%	Data not yet available

⁵2010-2014 vaccine series has been revised from previous reports to show the 4:3:1:3*:3:1:4# series for each year (#4+ doses DTaP, 3+ doses poliovirus vaccine, 1+ dose MMR vaccine, 3 doses Hib vaccine, *depending on vaccine type, 3+ doses HepB, 1+ dose varicella vaccine, and 4+ doses of PCV).

<ul style="list-style-type: none"> Immunization Rates (School Age Children - Kindergarten) 	85.8%	80.7%	81.7%	82.4%
<ul style="list-style-type: none"> Total number of childhood vaccine preventable diseases (HIB, Measles, Mumps, Whooping Cough, Rubella)³ 	207	195	235	341
WIC ⁶				
<ul style="list-style-type: none"> Women, Infants and Children (WIC) served monthly 	44,691	43,858	43,887	41,616
<ul style="list-style-type: none"> (WIC) Average Monthly Voucher Value 	\$48	\$49.70	\$52.86	\$52.81
Women's Health Check				
<ul style="list-style-type: none"> Women's Health Check (Women Screened)⁷ 	4,696	4,474	4,717	3,972
<ul style="list-style-type: none"> Women's Health Check (Breast Cancer Diagnosed) 	77	71	79	56
<ul style="list-style-type: none"> Women's Health Check (Cervical Cancer Diagnosed) 	3	3	4	5
Bloodborne Diseases				
<ul style="list-style-type: none"> New HIV Reports⁸ 	53	42	41	39
<ul style="list-style-type: none"> Idahoans living with HIV/AIDS⁹ 	1,193 (revised)	1,283 (revised)	1,356	1,535
<ul style="list-style-type: none"> Acute Hepatitis B 	9	3	6	12
<ul style="list-style-type: none"> Acute Hepatitis C 	12	14	12	13
<ul style="list-style-type: none"> Total New Bloodborne Diseases 	74 (revised)	59 (revised)	59	64
EMS				
<ul style="list-style-type: none"> Total EMS Personnel Licensure 	531	673	569	499

⁶ WIC Program began new tracking system in 2012; data are based on SFY2012 for 6 months (Feb – July 2012)

⁷ SFY2013 for women's health check are preliminary and based on records received as of 8/5/2013.

⁸ Reports among residents of Idaho at first diagnosis with HIV infection.

⁹ Total number of HIV infection cases ever reported in Idaho that have not been reported deceased, regardless of residence at first diagnosis.

• Total EMS Personnel License Renewal	1,297	1,231	1,363	1,231
• EMS grant requests for vehicles and care equipment	\$2,782,464	\$3,070,183	\$2,475,671	\$2,586,583
• EMS grants for vehicles and care equipment	\$912,117	\$1,331,483	\$1,333,533	\$1,196,410
Cases Managed and/or Key Services Provided	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Division of Family & Community Services				
Idaho CareLine/211				
• Total # of call received by CareLine/211	191,969	162,587	158,570	142,718
Navigation Program				
• Total referrals to Navigation	7,651	5,885	10,318	9,890
Child Protection, Prevention, Foster Care, Adoptions				
• Total Child Prot. and Prev. Referrals	18,867	19,104	19,324	20,755
• # of children placed in foster care.	2,826	2,563	2,388	2,481
• Adoptions finalized	244	271	230	203
Infant Toddler Program				
• Number of children served	3,380	3,446	3,611	3,773
Developmental Disabilities Services				
• Service Coordination utilization	6,586	5,336	5,325	4,793
• Intensive Behavior Intervention for children	587	750	1,012	1,356
Southwest Idaho Treatment Center				
• Census	49	46	37	31
• Crisis Bed Admissions	7	9	6	6
• Cost per patient day	\$748	\$721	\$819	\$788

Cases Managed and/or Key Services Provided	SFY 2011	SFY 2012	SFY 2013	SFY 2014
<p>Division of Welfare/Self reliance</p> <p>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.</p> <ul style="list-style-type: none"> Temporary Assistance for Families in Idaho (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. 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. 				
<ul style="list-style-type: none"> For all programs, counts of eligible participants and individual benefits received can be accurately compared between EPICS and IBES. 				
Applications				
<ul style="list-style-type: none"> Temporary Assistance for Families in Idaho (TAFI) applications processed 	7,716	7,444	7,363	6,425
<ul style="list-style-type: none"> Aid to the Aged Blind and Disabled (AABD) applications processed 	6,800	7,025	7,060	6,966
<ul style="list-style-type: none"> Medicaid applications processed (excluding nursing home) 	74,338	70,626	65,701	70,481
<ul style="list-style-type: none"> Child care applications processed 	13,541	10,443	12,825	10,140
<ul style="list-style-type: none"> Food Stamps applications processed 	109,126	111,893	109,365	102,805
<ul style="list-style-type: none"> Total applications processed 	211,521	207,431	202,314	196,817
Self-Reliance Benefit Programs				
<ul style="list-style-type: none"> TAFI cash assistance avg. monthly participants 	2,976	2,998	2,906	2,825
<ul style="list-style-type: none"> TAFI annual benefits provided 	\$6,971,041	\$7,068,909	\$6,855,668	\$6,768,193
<ul style="list-style-type: none"> AABD cash assistance avg. monthly participants 	14,398	14,683	15,363	15,586

• AABD annual benefits provided	\$8,163,377	\$7,971,353	\$8,283,728	\$8,418,368
• Food Stamps avg. monthly participants	223,730	235,502	229,586	217,553
• Food Stamps annual benefits provided	\$351,982,800	\$366,313,353	\$350,139,641	\$309,656,830
• Child Care avg. monthly participants	6,418	6,559	6,734	7,100
Child Care annual benefits provided	\$19,059,353	\$19,298,544	\$19,698,010	\$22,453,661
Self-Reliance-Child Support Services ¹⁰				
• Paternity established	6,098	5,993	5,918	Available Nov. 15, 2014
• Support orders established	8,092	6,871	5,860	Available Nov. 15, 2014
• Child support caseload	148,100	148,890	151,787	Available Nov. 15, 2014
• Total child support dollars collected	\$193,818,034	\$198,445,259	\$205,159,608	Available Nov. 15, 2014
• Collections through wage withholding ¹¹	\$90,719,030	\$97,333,696	\$103,792,831	Available Nov. 15, 2014
Community Services Block Grant				
• Grant amount	\$3,469,989	\$3,522,847	\$3,304,029	\$3,479,189
• Total Served Quarterly	52,217	56,068	53,703	Available Nov. 15, 2014
Cases Managed and/or Key Services Provided	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Indirect Services				
Financial Services - Electronic Payment System/Quest Card				
• Food Stamp and cash assistance payments	\$292,411,033	\$382,991,321	\$366,627,692	\$326,404,625
• Child Support electronic payments	\$170,649,363	\$175,967,057	\$178,028,591	\$185,862,921

¹¹ Data collected by Federal Fiscal Year. Data is reported November 15, 2014.

Bureau of Audits and Investigations				
• Criminal History Background Checks ¹²	24,931	25,405	26,629	27,881
• Medicaid Program Integrity: Identified Overpayments and Cost Savings (Millions) ¹³	\$5.7	\$3.2	\$4.6	\$5.8
• Internal Audit Reports Issued ¹⁴	11	8	5	8
• Welfare Fraud Investigation Unit: Identified Overpayments and Cost Savings (in millions) ¹⁵	\$3.2	\$3.4	\$3.8	\$5.6

¹² Criminal History Unit continues to deter ineligible participation over time. The number of disqualified or self-disqualified applicants was 399, 269, 263 and 277 in Fiscal Years 2011, 2012, 2013 and 2014 respectively.

¹³ The Medicaid Program Integrity Unit overpayments confirmed, in millions were \$2.7, \$1.3, \$2.5, and \$2.3 in Fiscal Years 2011, 2012, 2013, and 2014. Penalties and Interest were \$635,327, \$323,899, \$908,665, and \$963,273 in Fiscal Years 2011, 2012, 2013, and 2014. Cost savings in millions were \$2.4, \$1.5, \$1.1, and \$2.5 in Fiscal Years 2011, 2012, 2013, and 2014.

¹⁴ Internal Audit measures its performance by tracking audit reports issued and successful resolutions to audit issues.

¹⁵ The Welfare Fraud Investigation Unit continues to see a significant increase in the number of leads and complaints that need to be investigated. Complaints were 2,976, 2,985, 3,577 and 4,497 in Fiscal Years 2011, 2012, 2013 and 2014. Data leads were 852, 6,524, 15,539 and 25,651 in Fiscal Years, 2011, 2012, 2013 and 2014.

Part II – Strategic Plan Performance Measures

Performance Measure	SFY 2011	SFY 2012	SFY 2013	SFY 2014	Benchmark
1. Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).	73.7%	74.1%**	73.1%	Data not yet available	77.1%
2. Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC).	68.1%	69.4%**	67.9%	Data not yet available	70.3%
3. Percent of DHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).	80.8%**	83.8%**	81.4%**	82.2%	84.3%
4. Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).	40.2%	40.2%	41.4%	Data not yet available	50.5%
5. Percent of children who are safe as measured by the Safety Composite (SC)	88.8%	89..2%**	94.6%	Data not yet available	89.9%
6. Geographic areas of Idaho that meet Health Professional Shortage Area (HPSA) criteria which have been submitted for Health Professional Shortage Area designation. ¹⁶	100%	100%	100%	100%	100%
7. Percent of Idahoans with health and dental care coverage	73.9%	75.4%	75.2%	Data not yet available	78.7%
8. Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.	95.9%	96.2%	96.1%	96.2%	97.2%
9. Accuracy rates of key identified programs.	92.8%	94.7%	88.9%	Data not available*	87.6%
10. Customer service performance at DHW based on four key indicators (Caring, Competency, Communication, and Convenience).	Data Not Collected	Data Not Collected	72.5%	Data not yet available***	85.6%

** Figure changed due to minor data updates

***Target changed due to changes to measures within the composite measure..

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 77.1% by 2018.

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 77.1% 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 70.3% by 2018.

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 70.3% 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 84.3% by 2018.

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 84.3% 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 50.5% by 2018.

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 50.5% 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 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 89.9% by 2018.

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.

D. Performance Measure Description

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.

E. How Target Was Created

The overall target of 89.9% 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

A. Objective

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.

B. Performance Measures

Geographic areas of Idaho that meet Health Professional Shortage Area (HPSA) criteria which have been submitted for Health Professional Shortage Area designation.

C. Rationale for Objective and Performance Measure

- 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.

D. Performance Measure Description

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 through 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 78.7% by 2018.

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 78.7% 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 2018, Department timeliness standards will be met for 97.2% 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 97.2% 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 87.6% by 2018.

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 87.6% 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 to 85.6% by 2018.

B. Performance Measures

Customer service performance at IDHW is a composite of indicators in four areas:

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

The composite measure is made up of separate performance measures or indicators.

- 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)
- CareLine - Percent of 2-1-1 CareLine phone calls with wait/hold times of 60 seconds or less;
- 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

E. How Targets Were Created

The overall target of 85.6% 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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