

## ***Part 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 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; Health Services; and Support Services.

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, the Medically Indigent Services Division, and Information and Technology Services. In addition to the eight divisions, the Department's organizational structure includes the Bureau of Audits and Investigations and the Office of Financial Services.

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

DHW has 20 field offices geographically located to reach each area of the state, three state institutions, and 3,141 authorized full-time employees in SFY10.

### **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.

#### **1. 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. Medicaid also licenses and inspects health facilities, including nursing homes, hospitals, and residential and assisted living facilities.

### *B. Highlights*

- *2010 Cost Containment Efforts* – In an effort to balance the SFY 2010 budget, the Division of Medicaid implemented a number of cost containment strategies including price freezes and reductions, benefit changes, reductions in administrative contracts, and new parental cost sharing requirements. Due to a revised economic forecast, provider payments were also delayed at year-end in order to meet budget constraints.
- *2011 Legislative Direction* – Medicaid's appropriation bill included specific legislative direction about how to reduce Medicaid costs. Based on this direction, Medicaid initiated a public participation process to obtain ideas on how to reduce spending. Meetings with providers and other key stakeholders were initiated to obtain input on pricing and benefit changes and included three video conferences to ensure statewide participation. Medicaid also developed a survey for both providers and non-providers to obtain input. A press release announced the survey that was called "Medicaid Needs Your Ideas". The survey was posted on the Health and Welfare Web site. Over six hundred responses were received and have been summarized and posted to the Web site. Medicaid program management with their policy staff analyzed the ideas and will be initiating agency rule changes targeting December for implementation. The most significant general fund opportunities came from hospitals and nursing homes by using an assessment. Other changes help reduce costs but a gap remains in funding.
- *Electronic Health Records* – In 2009, Congress passed the American Recovery and Reinvestment Act which requires state Medicaid programs to complete a thorough assessment of the health information technology landscape in their states and implement an incentive program. In order to address this requirement Idaho Medicaid is conducting a survey of Idaho providers and hospitals to find out how many have adopted, are ready to adopt, or have chosen not to adopt, electronic health records. Idaho Medicaid created a Web page that provides updates and detailed information about the electronic health records program.
- *Children's System Redesign* – The Children's System Redesign is a joint sponsored effort between Medicaid and Family and Community Services. The project's goal is to design an improved array of Medicaid benefits for children with developmental disabilities. This project is still in policy development and the Department's goal is to implement the newly redesigned program in July 2011.
- *MMIS Implementation* – Idaho Medicaid contracted with Molina Medicaid Solutions to administer the new MMIS payment system for providers. The new system went into production in June 2010. Although the initial implementation has had significant obstacles, the Department is working closely with Molina to resolve the issues and ensure that provider payments are made timely and accurately.
- *Transportation Brokerage* – Idaho Medicaid has contracted with a transportation broker, American Medical Response (AMR), in order to coordinate a network of providers to deliver improved transportation services more efficiently and at a lower cost to Idaho taxpayers. This broker will administer, coordinate, and manage all non-emergency medical transportation for eligible Idaho Medicaid participants beginning September 1, 2010.
- *Idaho Smiles* – Medicaid's managed care contractor, DentaQuest, administers dental insurance benefits for children and adults on Medicaid's Basic Plan. The goals of Idaho Smiles are to meet the dental needs of participants, provide better access statewide, contain costs, deliver dependable services in a timely manner, and prevent fraud. The initial goal was to increase the access rate for eligible children and adults to 54% per year. The actual access rate at the end of the second year of Idaho Smiles (August 31, 2009) was 61.8%, comparable to private dental insurance rates in Idaho and the best access among other state Medicaid programs throughout the country. In October, DentaQuest will expand the program to include

Medicaid individuals who receive Enhanced Plan benefits.

- *Children's Health Care Improvement Coalition* – The state of Idaho, in partnership with the state of Utah, received a five-year Children's Health Insurance Program Reauthorization Act (CHIPRA) quality demonstration grant for \$10,277,360. Utah and Idaho will develop a regional quality system guided by the medical home model to enable and assure ongoing improvement in the healthcare of children enrolled in Medicaid and CHIP programs. The ultimate objective is to improve health care for children in the two states, support a robust integration of health information technology into child health practices, and provide valuable quality improvement tools and resources to share with other states and regions.

## **2. Division of Behavioral Health**

### *A. Overview*

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

### *B. Highlights*

- ACT teams are often characterized as bringing psychiatric hospital services into a community setting, at a much lower expense. They are community based teams of mental health professionals who provide intensive services to people, providing daily contact with clients and rapid access to both nursing and psychiatric care. During SFY10, 587 clients received ACT team services from the Division's regionally-based ACT teams. This includes 234 people who are participants in the state's mental health courts.
- The new data management system, WITS (Web-based Infrastructure for Treatment Services) is a web-based application designed to capture client treatment data and satisfy mandatory government reporting requirements for the planning, administration, and monitoring of Substance Use Disorder (SUD)/Mental Health programs.
- Although originally designed as a SUD data collection and management system, WITS has evolved as an advanced Electronic Health Record (HER) System. As an EHR system, WITS is capable of handling multiple simultaneous users and thousands of patient records. WITS can assist in creating and managing clients, staff, facilities, and agencies collecting treatment data. The WITS software is compliant with all safety and security requirements of the Health Insurance Portability and Accountability Act (HIPAA).
- The WITS/GAIN (Global Appraisal of Individual Needs) Interface is unique to Idaho; allowing identified users the ability to access the GAIN Family of Assessments through the WITS System. Identified users will have the ability to administer, edit, and save the GAIN Quick, GAIN Short Screener, and/or the GAIN-I in the WITS system.
- During SFY10 the Substance Use Disorders program, through private treatment providers, served 9,931 clients. Of those clients served:
  - 2,547 were adults not involved in the criminal justice system
  - 8,109 were adults involved in the criminal justice system – misdemeanants and felons
  - 218 were adolescents not involved in the criminal justice system
  - 1,167 were adolescents involved in the criminal justice system
- During SFY10 the percentage of clients completing treatment successfully stayed stable for all client types. Length of stay dropped slightly to 153.6 days for clients who successfully complete treatment, down from 181 days in SFY08.
- The SUDS program and the Interagency Committee on Substance Abuse Prevention and Treatment continued work on several client specific projects that began July 1, 2008. These include:

- In an effort build a more comprehensive prisoner re-entry system, and reduce recidivism, the Department of Corrections and DHW have teamed with private agencies (Easter Seals-Goodwill, Ascent Behavioral Health) to provide treatment and recovery support services to clients returning to the community. In addition to working with clients while institutionalized, the Department and its partners are now able to address the unique needs of clients as they return to Idaho communities. 1,250 re-entry clients were served in SFY10.
- DHW collaborates with Idaho counties to address the treatment requirements of misdemeanor clients. Specifically, the Department works with the Idaho Association of Counties and other community organizations to facilitate improved access to treatment. During SFY10, a total of 3,935 misdemeanor clients were served.
- The Department of Health and Welfare works closely with the courts to address the needs of court-ordered SUD clients. Specifically, Idaho Code 19-2524 allows a judge to order State-funded assessment and/or treatment (pre or post-sentence) for those felons struggling with addiction. In SFY10 DHW served 2,543 19-2524 adult felons. The equivalent sentencing alternative for adolescents is referred to as 20-520i. In SFY09, 528 adolescents were served.

### **3. Division of Public Health**

#### *A. Overview*

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

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

#### *B. Highlights*

- The Office of Epidemiology, Food Protection, and Immunizations implemented three new statutes impacting how immunizations are funded and tracked in Idaho, and how the program receives stakeholder input. The Refugee Health Screening Program was established in the Office of Epidemiology, Food Protection, and Immunizations. This program will ensure that refugees arriving in Idaho receive timely and thorough health screenings.
- In the Bureau of Community and Environmental Health, the Idaho Physical Activity and Nutrition Program continues to implement Stanford University's Chronic Disease Self-Management Program (CDSMP), which is marketed as Living Well in Idaho. The CDSMP is an evidence-based, lay-led, participant education program offered throughout the U.S. and in several other countries. Participants are adults experiencing chronic health conditions (i.e. arthritis, asthma, heart disease, diabetes, lung disease, stroke, and hypertension) who meet one time per week for six weeks. A Recovery Act grant received in March 2010 allows for expansion of Living Well in Idaho into the Treasure Valley along with implementation of the Spanish CDSMP (called *Tomando*).
- The Office of Rural Health and Primary Care conducted a "Meet the Residents" pilot project event that linked residents from the Family Medicine Residency Programs (Boise and Pocatello) and psychiatric and internal medicine residents from the Veterans Administration with potential healthcare providers. The program was also awarded a \$17,000 (annually for 3 years) demonstration project from the Association of State and Territorial Health Officials (ASTHO) to conduct a Community Apgar Questionnaire project with three Federally Qualified Health Centers to look at physician recruitment and retention in Idaho.

- The Division of Public Health's successful public health response to pandemic H1N1 influenza over the last year provided the opportunity to test and implement influenza plans we had developed over the last 5 years. Over the course of our response efforts, we redefined roles and responsibilities to strengthen our public and private partnerships together with public health, hospitals, tribes, community health centers, pharmacies, and regional partners, to name a few.
- WIC Program participation remains steady compared to last year, with an overall increase in participation of approximately 10% since 2008. WIC Food Package changes were also implemented October, 2010. Fresh fruits and vegetables were added. This was a significant change to the WIC food package-the first change in 30 years. The program also received American Recovery and Reinvestment Act funds in October, 2010 to begin the development/implementation of a new Management Information System. The project is an in-house build and has an end date of September 30, 2011.
- Due to the lack of a SFY2011 appropriation, the Children's Special Health Program (CSHP) ceased paying medical claims for adults with Cystic Fibrosis (CF), though federally funded services provided for children with CF under the age of 18, continue. As part of a plan to assist adults with CF to transition to other sources of support, CSHP staff researched patient assistance programs which offer support to persons suffering from CF. These assistance programs provide coverage, after determining eligibility which is typically income-based, for all of the high-cost CF pharmaceuticals and for some other goods and services. This packet of information and resources was sent to all adults who were participants in the CF program during SFY2010, and continues to be sent to anyone who ages-out of the pediatric program. CSHP also completed the development of a *Healthcare Transition to Adulthood* curriculum for children with special healthcare needs.
- The Bureau of Vital Records and Health Statistics continues to enjoy great success with the voluntary Electronic Death Registration System (EDRS). Going into its second year of production, 100% of Idaho County Coroners' offices and 78 of 81 Idaho funeral homes are using the EDRS. In July 2010, 94% of death certificates in Idaho were filed electronically by funeral home staff, with 89% of all deaths being filed within six days after death. Currently, 624 medical professionals representing 157 separate medical practices are also participating with EDRS, with a total participation rate of 56% electronic submissions through July 2010.
- The Idaho Bureau of Laboratories (IBL) Laboratory Information Management System (LIMS) has been upgraded to version 10.2 and fully integrated bureau-wide. Several instrument interfaces have been developed that increase reporting efficiency and improve productivity. IBL's LIMS integration team has successfully worked on a pilot project with the Association of Public Health Laboratories and the Centers for Disease Control and Prevention to develop real-time electronic reporting of results for Laboratory Response Network bioterrorism (LRN-B) agents. This work will lead to IBL becoming the first state in the nation to become Public Health Information Network certified for the electronic reporting of LRN-B results. IBL successfully participated in the 2009 Influenza A H1N1 pandemic response by providing detailed information about the abundance, type, and distribution of influenza strains in Idaho. IBL installed new instrumentation, then trained, validated, and passed proficiency tests for the Emergency Use Authorization rRT-PCR method within 21 days of receiving the first flu samples. IBL tested >20 times the normal annual volume of flu samples from April –December 2009 with >99% of samples completed on time (within 48 hours). IBL successfully utilized the LIMS web portal application during the 2009 Influenza pandemic to provide the Office of Epidemiology, Food Protection, and Immunization secure web-based real-time access to IBL influenza test results.
- The Emergency Medical Services (EMS) Bureau realized a capability existed to provide injury prediction to emergency medical services providers through the Condition Acquisition Reporting System (CARS) at the State Communications Center. The CARS system is the conduit for the Idaho 511 Traveler Services Information System. EMS worked closely with the Centers for Disease Control and Prevention (CDC), Idaho Transportation Department (ITD), and OnStar to develop a new CARS module called "MayDay". The Advanced Automated Crash Notification (AACN) telematics data received from OnStar equipped vehicles along with the urgency algorithm developed by the CDC will produce a probability of injury score which can be used to make efficient and safe emergency response deployment decisions and early notifications to hospitals. The EMS Bureau has transitioned to a new database (I-WISE) that tracks all of

the EMS personnel and agency licensure processes within the Bureau. The transition from the legacy database to I-WISE improves EMS Bureau efficiency, accountability and security in all facets of its licensure processes.

#### **4. Division of Family and Community Services**

##### *A. Overview*

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

One state institution is a part of this Division; Idaho State School and Hospital in Nampa provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications.

##### *B. Highlights*

- The Division of Family and Community Services (FACS) Child Welfare program responded to the federal Child and Family Service Review (CFSR) by improving our services to Idaho Families. Significant improvements have included a reduction in the number of moves foster children experience, increased in-home services to prevent placement of children in foster care, increased utilization of relatives for child placement, and more frequent and consistent visits with parents and children in the child welfare system.
- Fiscal year 2010 was a busy year for the Service Integration program. Navigation Services experienced a 44 percent overall increase in referrals and a 75 percent increase in Emergency Assistance cases.
- In April of 2010, Idaho passed its federal Title IV-E Foster Care Review. The purpose of this extensive federal audit is to determine the extent with which Idaho conforms to the requirements of federal foster care funding. The team of federal reviewers specifically pointed out Idaho's strong and improved relationships with Idaho's court system. This is the fourth consecutive time (12 years running) Idaho has been found to be in substantial compliance with the federal foster care program requirements.
- A reorganization of the Developmental Disabilities Program has been one of the major efforts of the Division this year. The program has moved from a 7-region organization to a centralized program with 3 state hubs and a renewed focus on assuring safe community placements, crisis capacity, and quality of services. The centralization of the program has also been put in place to assure consistent implementation of policy and assure the program's ability to implement the coming changes surrounding the redesign of children's Developmental Disabilities Services.
- The Developmental Disabilities Program collaborated this past year with the Division of Medicaid, service providers and stakeholders to redesign children's services paid under the Division of Medicaid. The redesign focuses on an improved array of services and supports developed to meet the individualized needs of the participants and their families. Rules pertaining to the redesign will be addressed at the 2011 legislative session with implementation to follow.
- The census at the Idaho State School and Hospital (ISSH) continues to decrease. Because of improvements in community services, only clients with significant behavioral disorders are admitted to ISSH, resulting in a gradual, but steady, decline in the number of individuals needing institution-based care. The census at ISSH was 93 on July 1, 2007 and was reduced to 63 as of July 1, 2010. The institution will continue to monitor admissions and discharges very carefully as community services and supports develop.
- As part of the ISSH appropriation in 2009, legislative intent directed the Department to engage stakeholders in the development of a long-range plan for the programs and services at ISSH. The Department convened a committee of legislators, providers, emergency responders, parents, consumers, staff from the Governor's office, and advocates to review the status of the services at ISSH and respond

to recommendations made by the Department regarding the future of ISSH. A written report of the findings and recommendations was submitted to the chairs of the House and Senate Health and Welfare Committees and Joint Finance and Appropriation Committee of the Idaho Legislature. No legislative action was taken on the recommendations because of the focus on the state's financial challenges. However, the Department continues to work planfully on reducing the census at ISSH and improving crisis prevention and response services in the community to prevent admission at the facility.

- The Infant Toddler Program (ITP) is implementing evidence based practices such as coaching, teaming and natural learning to help parents teach and coach their children with developmental disabilities and delays. American Recovery and Reinvestment Act (ARRA) funds were used to bring state-of-the-art trainers and practices to Idaho. Families, therapists and educators are embracing these proven approaches in every region of the state. Federal funds were also instrumental in creating ITP-Web, a much needed web-based data system for the Infant Toddler Program. ITP-Web's secure access to children's records will improve developmental outcomes as well as save time and money. In the upcoming year, the system will be enhanced to include an interface for an integrated billing system.
- The Division has made significant strides in improving the licensing of day care centers in the state over the last year. Legislation passed in 2009 provided the Department with the opportunity to provide for improved safety measures related to water features, gun storage, and criminal background check processes. The law also established child-staff ratios and group size limits for the care of children of various ages. With these changes, the Division has consolidated all licensing and oversight functions into one organizational unit to standardize the Department's response to complaints as well to assure consistency in the licensing process. This centralized oversight will assure better safety for young children in child care. The Division is positioned to provide uniform information about child safety, complaint resolution, and accessibility and affordability of child care. The current efforts were also undertaken to create alignment and compatibility with standards in the Idaho Child Care Program under the Division of Welfare.

## **5. Division of Welfare (Self Reliance)**

### *A. Overview*

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

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

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

### *B. Highlights*

- The Division successfully implemented IBES, an automated eligibility determination system for benefit programs, replacing the 20-year-old mainframe EPICS system. "Turning on" IBES on November 3rd, 2009, represented the culmination of a three-year project funded by the legislature to modernize service delivery and gain efficiencies through process and automation changes. With investment in cultural change discussions, training, process documentation and piloting activities, field staff quickly adjusted to using the new system and effectively manage the work and serve clients statewide.
- 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. Reports that include pre- and post-IBES data will be annotated to explain any important

differences. For all programs, counts of eligible participants and individual benefits received can be accurately compared between the two systems.

- Caseload growth continued in all benefit programs, with unprecedented increases in the Food Stamp participation over the last few years. From June 2008 to June 2009 the number of Food Stamp households increased by 38% and from June 2009 to June 2010 participation increased by another 43%. An average of 8,500 Food Stamp applications were processed each month during SFY 2010. In June 2010, nearly 12,500 Food Stamp households receiving benefits were due for recertification. Participation in the Child Support program also increased in SFY 2010.
- Even with increasing caseloads and the challenge of implementing a new system, the Division maintains strong performance in the Food Stamp and Medicaid programs. Application processing timeliness for Food Stamps (non-expedited) was nearly 98% and for Medicaid was over 93%. Federal standards for accuracy in all Benefit and Child Support programs were met or exceeded.

## **6. 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 general business support.

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 Bureau of Facilities and Contract Management provides support for the Department's operations and service delivery units through facilities management, management of physical plant projects, contract preparation, contract review and monitoring, motor pool control and maintenance, and purchasing services.

The Office of Business Support and Strategic Planning supports the Department's operations through the management of rule promulgation, administrative hearings and public record requests, resolution of concerns reported to the Governor's and Director's offices, strategic and operational planning, and continuity of business operations/disaster recovery.

### *B. Highlights*

- In May, the Human Resources (HR) Office effectively managed one of the largest reductions-in-force experienced in the Department, including the orchestration of over 20 deployment teams, comprised of supervisors, managers, and HR staff who traveled simultaneously to all locations around the state to communicate important information to groups and meet individually with employees who were directly impacted by the staff reductions.
- Also in the spring of 2010, the Facilities and Contract Management Bureau closed nine of the Department's field offices. The office closures and subsequent staff moves were completed successfully and all by the established closure dates.
- The Department's Continuity of Business Operations (COOP) Project successfully transitioned to operations in 2010 and became a part of the division's Business Support and Strategic Planning Office. On-line training in Emergency and Evacuation Procedures was implemented with 2,479 employees completing the course. The Department submitted its COOP plan to the Idaho Bureau of Homeland Security in July 2010. Two on-line training courses in COOP procedures were also implemented in 2010.

## **7. Division of Information Technology**

### *A. Overview*

The Division of Information Technology (IT) provides leadership, direction, and services in the use of information technology to support the Department's mission to promote and protect the health and safety of Idahoans. For example, it is responsible for:

- 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 Department information technology resources, ensuring availability, backup, and disaster recovery for all systems.
- Overseeing development, maintenance, and enhancement of business applications, systems, and programs for all computer, network, and data communication services.
- Participation in the Information Technology Executive Advisory Committee (ITEAC), a subcommittee of the Information Technology Resource Management Council (ITRMC), providing IT guidance and solutions for statewide business decisions.
- Collaborating with the Office of the Chief Information Officer in statewide messaging, telecommunications, video conferencing, networking initiatives, strategic planning and ITRMC directives.

#### *B. Highlights*

- Technological improvements to support Department programs include the development and implementation of web-based systems for Emergency Medical Services (I-Wise), Infant Toddler Program (ITP-Web) and Children's Special Health Program (CHSP) that eliminate manual processes and duplicate data entry; conversion of all Child Support case files from paper into electronic format; establishing system interfaces between Benefit Programs, Child Support, Family and Community Services, and Behavioral Health; adding data marts to the Data Warehouse for enhanced reporting; creating interactive web sites for external partners and public access to information; and implementing the Electronic Health Record system (vxVistA), at both State Hospitals to automate admissions, transfer and discharge, pharmacy management, drug administration management, client treatment, client billings and electronic records management.
- Accomplishments directly associated with protecting the health and safety of Idahoans include integrating Emergency Responder 911 into the Department's Voice over IP infrastructure which allows emergency personnel to respond directly to the location of an incident; implementing department-wide encryption of e-mail when it contains personal health information (PHI), personal identification information (PII) or HIPAA information; and wireless networking at the State Hospitals, Pete T. Cenarrusa Building and Medicaid so information can be accessed from anywhere in the facility.
- Initiatives to "Go Green" include upgrading the remote access (Juniper) of the Department's network for agency staff; implementing a virtual server environment which reduces the physical IT footprint; moving toward on-line reporting for all Department programs and Federal partners; eliminating paper Child Support records; and using technology (LANDesk) to electronically apply upgrades and security patches to Department computers.

### **Medically Indigent Services Division**

#### *A. Overview*

The Medically Indigent Services Division 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.

#### *B. Highlights*

- In August 2009, the Department hired a Medically Indigent Services Administrator to work with the Idaho Association of Counties (IAC), Idaho Hospital Association (IHA), Idaho Medical Association (IMA), and the board of the Catastrophic Health Care Cost Program (CAT) to facilitate the process that addresses these requirements. A Steering Committee was formed of representatives from these organizations to address the requirements of the legislation. Two workgroups, made up of individuals assigned by the Steering Committee were established to address the Common Application Form and Utilization/Medical Management.
- The Uniform Application was implemented on July 1, 2010.

### Office of Financial Services

#### A. Overview

The Office 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 provides services that are located in regional field offices, as well as in the State office, including administrative support, electronic benefits services, and institutional accounting services.

#### B. Highlights

- In SFY 2010, the Department reorganized Indirect Support Services, streamlining the structure supporting financial systems and operations and budget analysis and management. The reorganization created the Office of Financial Services.
- The Financial Services Office supported all Department programs and operations through one of the most dramatic budget reductions the Department has experienced.

### Bureau of Audits and Investigations

#### A. Overview

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

#### B. Highlights

- In State Fiscal Year 2010, direct cost savings from internal audits totaled \$143,000.
- The Medicaid Program Integrity Unit focused heavily on collecting overpayments in Fiscal Year 2010. Total collections of identified overpayments rose to 95%, compared to 79%, 55%, and 50% in Fiscal Years 2007, 2008, and 2009.
- The Welfare Fraud Investigation Unit continues to see a significant increase in the number of leads and complaints that need to be investigated. Leads and complaints were 933, 1495, 1898 and 2098 in Fiscal Years 2007, 2008, 2009, and 2010.
- Criminal History Unit continues to deter ineligible participation over time. The number of disqualified, or self-disqualified applicants is decreasing as applications remain fairly constant. Disqualifications numbered 471, 311, 260, and 263 in Fiscal Years 2007, 2008, 2009 and 2010.

### **STATUTORY RESPONSIBILITIES**

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

<b>Title and Chapter</b>	<b>Heading</b>
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

<b>Title and Chapter</b>	<b>Heading</b>
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 6	Abortion and Contraceptive
Title 18, Chapter 15	Children and Vulnerable Adults
Title 18, Chapter 45	Kidnapping
Title 18, Chapter 86	Human Trafficking
Title 19, Chapter 25	Judgment
Title 19, Chapter 56	Idaho Drug Court and Mental Health Court Act
Title 20, Chapter 5	Juvenile Corrections Act
Title 31, Chapter 35	Medically Indigent
Title 32, Chapter 4	Marriage Licenses, Certificates, and Records
Title 32, Chapter 7	Divorce Actions
Title 32, Chapter 10	Parent and Child
Title 32, Chapter 12	Mandatory Income Withholding for Child Support
Title 32, Chapter 16	Financial Institution Data Match Process
Title 32, Chapter 17	De Facto Custodian Act
Title 37, Chapter 1	Idaho Food, Drug, and Cosmetic Act
Title 37, Chapter 31	Narcotic Drugs – Treatment of Addicts
Title 39, Chapter 2	Vital Statistics
Title 39, Chapter 3	Alcoholism and Intoxication Treatment Act
Title 39, Chapter 6	Control of Venereal Diseases
Title 39, Chapter 9	Prevention of Blindness and other Preventable Diseases in Infants
Title 39, Chapter 10	Prevention of Congenital Syphilis
Title 39, Chapter 11	Basic Day Care License
Title 39, Chapter 12	Child Care Licensing Reform Act
Title 39, Chapter 13	Hospital Licenses and Inspection
Title 39, Chapter 14	Health Facilities
Title 39, Chapter 15	Care of Biological Products
Title 39, Chapter 16	Food Establishment Act
Title 39, Chapter 24	Home Health Agencies
Title 39, Chapter 31	Regional Mental Health Services
Title 39, Chapter 32	Idaho Community Health Center Grant Program
Title 39, Chapter 33	Idaho Residential Care or Assisted Living Act
Title 39, Chapter 34	Revised Uniform Anatomical Gift Act
Title 39, Chapter 35	Idaho Certified Family Homes
Title 39, Chapter 37	Anatomical Tissue, Organ, Fluid Donations
Title 39, Chapter 39	Sterilization
Title 39, Chapter 45	The Medical Consent and Natural Death Act
Title 39, Chapter 46	Idaho Developmental Disabilities Services and Facilities Act
Title 39, Chapter 48	Immunization
Title 39, Chapter 51	Family Support and In-Home Assistance
Title 39, Chapter 53	Adult Abuse, Neglect and Exploitation Act
Title 39, Chapter 54	Artificial Insemination
Title 39, Chapter 55	Clean Indoor Air
Title 39, Chapter 56	Personal Assistance Services
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 46, Chapter 12	Statewide Communications Interoperability

<b>Title and Chapter</b>	<b>Heading</b>
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 57, Chapter 17	Central Cancer Registry Fund
Title 57, Chapter 20	Trauma Registry
Title 66, Chapter 1	State Hospitals
Title 66, Chapter 3	Hospitalization of Mentally Ill
Title 66, Chapter 4	Treatment and Care of the Developmentally Disabled
Title 66, Chapter 13	Idaho Security Medical Program
Title 67, Chapter 4	Legislature
Title 67, Chapter 14	Attorney General
Title 67, Chapter 24	Civil State Departments -- Organization
Title 67, Chapter 30	Criminal History Records and Crime Information
Title 67, Chapter 31	Department of Health and Welfare – Miscellaneous Provisions
Title 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

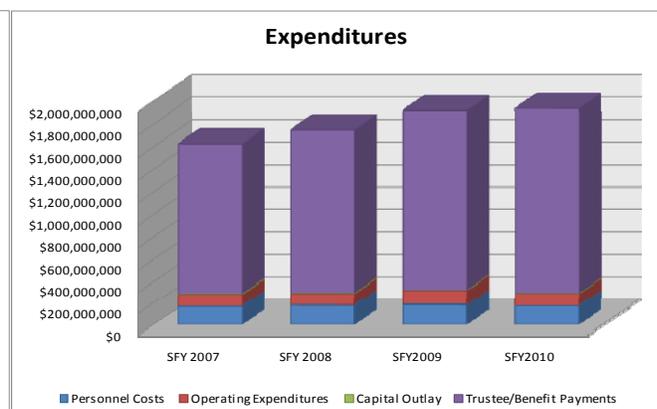
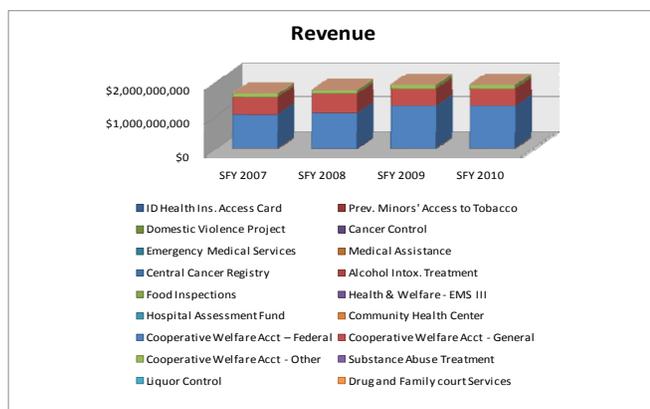
### Revenue and Expenditures

Revenue	SFY 2007	SFY 2008	SFY 2009	SFY 2010
ID Health Ins. Access Card	\$2,899,100	\$3,212,600	\$3,580,400	\$4,614,100
Prev. Minors' Access to Tobacco	\$71,500	\$71,500	\$50,000	\$50,300
Domestic Violence Project	\$500,300	\$486,100	\$495,800	\$488,600
Cancer Control	\$401,700	\$401,700	\$404,700	\$403,300
Emergency Medical Services	\$2,831,800	\$2,665,600	\$2,912,600	\$2,822,300
Medical Assistance	\$6,000	\$6,000	\$6,000	\$6,000
Central Cancer Registry	\$182,700	\$182,700	\$182,700	\$182,700
Alcohol Intox. Treatment	\$2,554,100	\$4,556,500	\$3,232,900	\$3,232,900
Food Inspections	\$638,000	\$638,000	\$0 <sup>1</sup>	\$0
Health & Welfare - EMS III	\$1,400,000	\$1,400,000	\$1,400,000	\$1,400,000
Hospital Assessment Fund <sup>2</sup>	NA	NA	\$2,813,300	\$13,090,800
Community Health Center <sup>3</sup>	NA	NA	\$1,000,000	\$0
Cooperative Welfare Acct – Federal	\$1,039,162,000	\$1,084,238,400	\$1,283,302,900	\$1,419,398,000
Cooperative Welfare Acct - General	\$497,863,900	\$546,880,200	\$503,984,200	\$434,878,000
Cooperative Welfare Acct - Other	\$101,498,000	\$114,163,700	\$114,918,500	\$114,112,400
Substance Abuse Treatment	\$9,000	\$0	\$0 <sup>4</sup>	\$0
Liquor Control	\$650,000	\$650,000	\$650,000	\$650,000
Drug and Family court Services	\$266,700	\$266,700	\$265,500	\$259,800
State Hospital Endowment	1,681,200	\$2,118,500	\$2,208,800	\$2,469,900
Economic Recovery Funds	\$3,109,600	\$303,400		-
Budget Stabilization Fund			\$0 <sup>5</sup>	\$2,325,200
Immunization Dedicated Vaccine Fund (new for 2010)				\$1,800,000
Millennium Fund	\$300,000	\$500,000	\$1,481,100	\$2,894,800
<b>Total</b>	<b>\$1,656,025,600</b>	<b>\$1,762,741,600</b>	<b>\$1,922,889,400</b>	<b>\$2,005,079,100</b>

Expenditure	SFY 2007	SFY2008	SFY09	SFY 2010
Personnel Costs	\$169,350,200	\$178,418,500	\$182,974,900	\$174,141,700
Operating Expenditures	\$114,163,200	\$110,755,200	\$136,205,400	\$116,804,100
Capital Outlay	\$4,664,400	\$5,433,700	\$2,606,300	\$1,087,300
Trustee/Benefit Payments	\$1,334,145,100	1,452,202,100	\$1,591,146,700	\$1,640,086,500
<b>Total</b>	<b>\$1,622,322,900</b>	<b>\$1,746,809,500</b>	<b>\$1,912,933,300</b>	<b>\$1,932,119,600</b>

**Note:** Some revenue and expenditures do not show up on the graphs due to their small percentage relative to the other financial figures. SFY10 revenue is based upon the Total Appropriation for that year.



<sup>1</sup> Responsibility for collecting Food Inspection revenues was transferred to Idaho Public Health Districts.  
<sup>2</sup> Hospital Assessment funding stream was initiated in SFY09.  
<sup>3</sup> Community Health Center funding stream was initiated in SFY09.  
<sup>4</sup> Substance Abuse Treatment revenue was rolled into Alcohol Intox. Treatment revenue.  
<sup>5</sup> Economic Recovery Funds were not appropriated in SFY09 or SFY 2010.

**Profile of Cases Managed and/or Key Services Provided**

Cases Managed and/or Key Services Provided	SFY 2007	SFY 2008	SFY 2009	SFY 2010
<b>DIVISION OF MEDICAID</b>				
• Total Medicaid Expenditures (w/Admin)	\$1,198,761,900	\$1,301,346,200	\$1,436,967,500	\$1,409,000,000
• Medicaid T&B Expenditures Only	\$1,148,802,900	\$1,259,524,100	\$1,376,483,991	Data not yet available due to conversion to new Medicaid Management Information System
% Spent as payments to providers	95.83%	96.8%	95.79%	
• Total Average Medicaid enrollees per month (Adjusted to include retroactive enrollees)	184,508	185,092	192,006	
• Avg. Monthly Eligible Basic Plan Children (0-20 yrs) <sup>6</sup>	122,354	117,693	121,137	Data not yet available due to conversion to new Medicaid Management Information System
• Avg. Monthly Eligible Basic Plan Adults <sup>6</sup>	16,110	13,368	14,132	
• Avg. Monthly Eligible Enhanced Plan Children (0-20 yrs) <sup>6</sup>	12,298	18,477	19,872	
• Avg. Monthly Eligible Enhanced Plan Adults <sup>6</sup>	19,956	21,342	22,269	
• Avg. Monthly Eligible Coordinated Plan Adults (65+ yrs) <sup>6</sup>	13,790	13,889	14,596	
<b>DIVISION OF BEHAVIORAL HEALTH</b>				
<u>Children's Mental Health Services</u>				
• Total children's mental health clients served	3,050	3,155	3,072	2,610
• Total support services provided to children and families <sup>7</sup>	890	817	717	767
<u>Adult Mental Health Services</u>				
• Total adult mental health clients served	19,168	19,649	12,885	15,501
<u>Substance Abuse Services</u>				
• Total adult and adolescent substance abuse clients served <sup>8</sup>	9,309	7,960	14,905	9,931
<u>State Hospital South</u>				
<u>Adult Psychiatric</u>				
• Patient days	26,534	25,507	26,906	25,585
• Number of Admissions	344	253	363	384
• Percentage of Occupancy	80.8%	77.4%	81.9%	77.9%
• Indirect/Direct Costs Allocation Cost per Patient Day	\$492 (Revised)	\$573 (Revised)	\$508 (Revised)	\$512
<u>Syringa Skilled Nursing</u>				

<sup>6</sup> The titles of the eligible groups have been changed to correspond with the current Medicaid naming conventions. Low income is now Basic Plan, Special Needs is now Enhanced Plan, and Elders is now Coordinated plan.

<sup>7</sup> Count reflects support services such as respite care, therapeutic foster care, placement at State Hospital South, and family support. Some children receive multiple services.

<sup>8</sup> Count reflects outpatient, detox, adult residential, adolescent residential services, transitional housing for women and half-way housing. Some participants may receive multiple services. SFYs 2007-2009 includes an additional category of services, "Recovery Support Services," which includes activities such as staffed safe and sober housing, drug testing, and Family/Marriage/Life Skills Education. The prison re-entry project and treatment for misdemeanants increased significantly in the latter half of SFY 2009, with the Dept. of Corrections sharing treatment costs. This allows more people to be treated with available funding.

• Patient days	9,788	9,667	9,970	8,787
• Number of Admissions	15	9	9	7
• Percentage of Occupancy	92.5%	91.1%	81.6%	83.0%
• Indirect/Direct Costs Allocation Cost per Patient Day	\$444	\$517	\$472	\$528
<b>Adolescent Unit</b>				
• Patient days	4,392	3,967	3,969	3,787
• Number of Admissions	68	70	91	75
• Percentage of Occupancy	75.2%	67.7%	68.0%	64.8%
• Indirect/Direct Costs Allocation Cost per Patient Day	\$691	\$829	\$795	\$800
<b>State Hospital North</b>				
• Number of patient days	17,513	18,712	19,175	17,048
• Daily occupancy rate	89%	93%	89%	78%
• Number of admissions	231	220	249	331
• Cost per patient day	\$438	\$468	\$467	\$452
<b>Cases Managed and/or Key Services Provided</b>	<b>SFY 2007</b>	<b>SFY 2008</b>	<b>SFY 2009</b>	<b>SFY 2010</b>
<b>DIVISION OF HEALTH</b>				
<b>Vaccines</b>				
• Children's vaccines distributed*	549,316 (revised)	652,780 (revised)	651,875 <sup>9</sup> (revised)	659,584
• Immunization Rates (19-35 Months) <sup>10</sup> (4:3:1:3:3:1 series)	65.6%	60.4%	Available August 2010	Available August 2011
• Immunization Rates (School Age Children - Kindergarten) <sup>13</sup>	86.9	87.0	85.2	85.0
• Total number of childhood vaccine preventable diseases (HIB, Measles, Mumps, Whooping Cough, Rubella) <sup>11</sup>	96	60	54	107
<b>WIC</b>				
• Women, Infants and Children (WIC) served monthly	37,593	40,539	45,415	47,257
• (WIC) Average Monthly Voucher Value	\$48	\$55	\$54	\$49
<b>Women's Health Check</b>				
• Women's Health Check (Women Screened)	3,813	4,409 (revised)	4,270 (revised)	4,680
• Women's Health Check (Breast Cancer Diagnosed)	43	62 (revised)	62	85
• Women's Health Check (Cervical Cancer Diagnosed)	3	3	2	3
<b>Bloodborne Diseases</b>				
• New HIV Reports	27	28	38	41
• New AIDS Report	31	14	31	34
• Idahoans living with HIV/AIDS <sup>12</sup>	921	992	1,095	1,217
• Acute Hepatitis B	16	17	16	12

<sup>9</sup> The number of vaccines for SFY2009 increased as health care provider accountability reports were received.

<sup>10</sup> Data collected by Calendar Year (Calendar Years 2006, 2007, 2008, 2009).

<sup>11</sup> Almost all vaccine-preventable diseases are outbreaks of pertussis (whooping cough).

<sup>12</sup> This is the highest total number of HIV and AIDS cases ever reported in Idaho that have not been reported deceased, regardless of residence at first diagnosis.

\* In 2010, this measurement was changed from doses administered to doses distributed, which are more accurate to calculate.

\*\* Beginning in 2010, the EMS Bureau no longer issues certifications or recertifies EMS personnel; instead, EMS personnel are now licensed or have their license renewed.

• Acute Hepatitis C	1	7	6	8
• Total New Bloodborne Diseases	75	66	91	95
<b>EMS **</b>				
• Total EMS Personnel Licensure	652	691	665	660
• Total EMS Personnel License Renewal	710	1,056	1,259	1,297
• EMS grant requests for vehicles and care equipment	\$3,000,000	\$2,700,000	\$3,229,565	\$2,492,485
• EMS grants for vehicles and care equipment	\$860,000	\$1,100,000	\$1,259,375	\$1,403,199

### DIVISION OF FAMILY & COMMUNITY SERVICES

#### Idaho Careline/211

• Total # of call received by Careline/211	151,726	159,970	213,730	205,446
--	---------	---------	---------	---------

#### Child Protection, Prevention, Foster Care, Adoptions

• Total Child Prot. and Prev. Referrals	20,323	18,972	18,662	18,521
• # of children placed in foster care.	3,421	3,349	3,031	2,876
• Adoptions finalized	195	237	355	Available Nov.15, 2010
• # of children receiving monthly adoption assistance	1,185	1,336	1,564	1,798

#### Cases Managed and/or Key Services Provided

SFY 2007

SFY 2008

SFY 2009

SFY 2010

#### Developmental Disabilities Services

• Individuals Served in the Infant Toddler Program	3,600	3,679	3,778 (revised)	3,663
• Service Coordination for Children from birth to 21 years	5,183	5,534	5,874	6,071
• Intensive Behavior Intervention for children	606	604	549	482

#### Idaho State School and Hospital

• Census	95	84	74	63
• Total clients served	102	102	86	82
o Dangerous/Aggressive	56	57	49	29
o Developmentally Disabled	31	30	23	21
o Developmentally Disabled and Medically Fragile	15	15	14	12
• Cost per patient day	\$681	\$718	\$798	\$795

### DIVISION OF WELFARE/SELF RELIANCE

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

- TAFI application counts in EPICS reflected business processes that were not continued with IBES implementation; with streamlined processes in IBES there is a decrease in the reported number of TAFI applications in SFY 2010. 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 is due to this change in system design does not indicate a decrease in clients served.
- Nursing home applications in IBES are added as secondary coverage to an active program and are not counted in the system as a separate application.
- For all programs, counts of eligible participants and individual benefits received can be accurately compared between EPICS and IBES.

Applications

• Temporary Assistance for Families in Idaho (TAFI) applications processed	17,487	16,992	16,735	10,204
• Aid to the Aged Blind and Disabled (AABD) applications processed	7,631	9,445	7,130	7,404
• Medicaid applications processed (excluding nursing home)	94,221	98,232	101,560	87,063
• Nursing home applications processed	2,452	2,585	2,567	Data no longer available due to IBES system design
• Child care applications processed	15,013	15,931	13,141	11,816
• Food Stamps applications processed	67,607	67,091	90,279	101,955
• Total applications processed	204,411	210,276	231,412	206,626
<b>Self-Reliance Benefit Programs</b>				
• TAFI cash assistance avg. monthly participants	2,688	2,244	2,363	2,630
• TAFI annual benefits provided	\$6,542,558	\$5,682,314	\$6,040,352	\$6,331,762
• AABD cash assistance avg. monthly participants	13,038	13,531	14,024	14,843
• AABD annual benefits provided	\$8,603,283	\$9,182,363	\$9,115,301	\$8,543,558
• Food Stamps avg. monthly participants	87,104	95,433	124,826	179,074
• Food Stamps annual benefits provided	\$96,132,052	\$109,235,462	\$171,968,943	\$277,245,761
• Child Care avg. monthly participants	8,017	7,334	6,883	6,632
• Child Care annual benefits provided	\$27,108,458	\$24,092,890	\$22,065,107	\$19,672,871
<b>Self-Reliance-Child Support Services<sup>13</sup></b>				
• Paternity established	8,411	4,956	5,341	Available Nov. 15, 2010
• Support orders established	8,784	8,201	7,916	Available Nov. 15, 2010
• Child support caseload	135,743	142,974	147,938	Available Nov. 15, 2010
• Total child support dollars collected	\$176,758,741	\$189,681,735	\$187,724,328	Available Nov. 15, 2010
o Collections through wage withholding	\$79,248,847	\$84,780,360	\$83,262,171	Available
<b>Community Services Block Grant</b>				
• Grant amount	\$3,287,714	\$3,428,113	\$3,689,615	Available Nov. 15, 2010
• Total Served Quarterly	31,822	46,829	49,940	
<b>Cases Managed and/or Key Services Provided</b>	<b>SFY 2007</b>	<b>SFY 2008</b>	<b>SFY 2009</b>	<b>SFY 2010</b>
<b>INDIRECT SERVICES</b>				
<b>Financial Services - Electronic Payment System/Quest Card</b>				
• Food Stamp and cash assistance payments	\$111,2267,275 (Revised)	\$124,064,720 (Revised)	\$186,764,807	\$292,411,033
• Child Support electronic payments	\$153,804,461 (Revised)	\$161,785,475 (Revised)	\$165,444,967	\$170,649,363
<b>Bureau of Audits and Investigations</b>				
• Criminal History Background Checks <sup>14</sup>	28,223	26,425	24,436	26,206
• Medicaid Program Integrity: Identified Overpayments and Cost Savings (Millions) <sup>15</sup>	\$2.5	\$2.3	\$5.7	\$3.7

<sup>13</sup> Data collected by Federal Fiscal Year. Data is reported November 15, 2010.

<sup>14</sup> Criminal History Unit continues to deter ineligible participation and is improving over time. The number of disqualified, or self-disqualified applicants is decreasing as applications remain fairly constant. Disqualifications applicants numbered 435, 380, 277, and 228 in Fiscal Years 2006, 2007, 2008, and 2009 respectively.

• Internal Audit Reports Issued	7	9	9	12
• Welfare Fraud Investigation Unit: Identified Overpayments and Cost Savings (in millions)	1.5	2.3	3.4	2.7

<sup>15</sup> The Medicaid Program Integrity Unit focused heavily on collecting overpayments in Fiscal Year 2010. Total collections of identified overpayments rose to 95% in 2010, compared to 79%, 55%, and 50% in Fiscal Years 2007, 2008, and 2009. Identified overpayments in millions were \$2.0, \$1.5, \$3.3, and \$2.9 in Fiscal Years 2007, 2008, 2009, and 2010.

**Part II – Strategic Plan Performance Measures**

Performance Measure	SFY 2007	SFY 2008	SFY 2009	SFY 2010	Benchmark
1. Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).	74.74%	75.35% <sup>(*)</sup>	75.52%	Data Not Yet Available	75.40%
2. Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC).	66.03% (Revised)	65.15% (Revised)	66.37%	Data Not Yet Available	67.50% (Revised)
3. Percent of DHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).	72.52%	76.70%	84.31%	82.09%	84.31%
4. Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).	47.31%	49.98% <sup>(*)</sup>	49.35%	Data Not Yet Available	50.54%
5. Percent of children who are safe as measured by the Safety Composite (SC)	87.14% (Revised)	86.48% (Revised)	86.86%	Data Not Yet Available	86.45% <sup>1</sup> (Revised)
6. Geographic areas of Idaho that meet Health Professional Shortage Area (HPSA) criteria which have been submitted for Health Professional Shortage Area designation. <sup>16</sup>	100%	100%	100%	Data Not Yet Available	100%
7. Percent of Idahoans with health and dental care coverage	75.20%	76.38% <sup>(*)</sup>	76.3%	Data Not Yet Available	78.67%
8. Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.	85.91%	90.79%	92.82%	94.06%	92.75%
9. Accuracy rates of key identified programs.	79.74%	82.33% <sup>(*)</sup>	84.58%	Data Not Yet Available	84.17%
10. Customer service performance at DHW based on four key indicators (Caring, Competency, Communication, and Convenience).	84.52%	88.36%	Data Not Collected <sup>2</sup>	Data Not Collected <sup>2</sup>	84.57%

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.

(\*) minor data revision

<sup>2</sup> The customer service standard had been attained and due to budgetary constraints, the Customer Satisfaction Survey was not administered for SFY09 or SFY10.

## Performance Measure Explanatory Notes:

### 1. Performance Measure #1 Explanatory Note

#### A. Objective

Improve healthy behaviors of adults to 75.40% by 2015.

#### B. Performance Measure

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

#### C. Rationale for Objective and Performance Measure

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

#### D. Performance Measure Description

The performance measure is a composite of five healthy behavior indicators for Idaho adults who:

- Are not current smokers;
- Participate in leisure time physical activities;
- Consume five or more fruits and vegetables/day;
- Are not heavy drinkers of alcoholic beverages; and
- Have not used illicit drugs in the past 12 months.

#### E. How Target Was Created

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

#### F. Interpretation

In order for the Department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Are not current smokers - **Approximately 52,000 more people will report that they are not current smokers; or**
- Participate in leisure time physical activities - **Approximately 52,000 more people will report participating in leisure time physical activities; or**
- Consume five or more fruits and vegetables/day - **Approximately 51,000 more people will report consuming five or more fruits and vegetables/day; or**
- Are not heavy drinkers of alcoholic beverages - **Approximately 51,000 more people will report that they are not heavy drinkers; or**
- Have not used illicit drugs in the past 12 months – **Approximately 49,000 more people will report they have not used illicit drugs in the past 12 months.**

### 2. Performance Measure #2 Explanatory Note

#### A. Objective

Increase the use of evidence-based clinical preventive services to 67.5% by 2015.

#### B. Performance Measure

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

#### C. Rationale for Objective and Performance Measure

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

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

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

#### D. Performance Measure Description

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

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

#### E. How Target Was Created

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

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

#### F. Interpretation

In order for the Department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Adults screened for cholesterol in the last five years - **Approximately 55,000 more adults will report that they were screened for cholesterol in the last five years; or**
- Women age 40 and over who received a mammogram in the last two years - **Approximately 16,000 more women, age 40 and over, will report that they received a mammogram in the last two years; or**
- Adults 50 and over who have ever received colorectal cancer screening - **Approximately 20,000 more adults, 50 and over, will report that they received a colorectal cancer screening; or**
- Adults who had a dental visit in the last 12 months - **Approximately 55,000 more adults will report that they visited a dentist in the last 12 months; or**
- Women who received adequate prenatal care - **Approximately 1,000 more women will report that they received adequate prenatal care; or**
- Children 19-35 months whose immunizations are up to date - **Approximately 2,000 more children ages 19-35 months will have meet the recommended immunization schedule.**

### **3. Performance Measure #3 Explanatory Note**

#### A. Objective

Increase the percent of Department clients living independently to 84.31% by 2015.

#### B. Performance Measure

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

#### C. Rationale for Objective and Performance Measure

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

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

#### D. Performance Measure Description

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

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

#### E. How Target Was Created

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

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

#### F. Interpretation

In order for the Department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Percent of year hospitalized clients lived independently in community - **Approximately 14 more days diverted from State Hospital stay per year; or**
- One-Time Admission Rates to State Hospital (not readmitted within 30 days of state hospital discharge) - **Approximately 19 more One-Time Admissions to State Hospital per year; or**
- Percent of people with Severe and Persistent Mental Illness (SPMI) diverted to community-based services - **Approximately 1,325 more people diverted to community-based services; or**
- Percentage of people with a Serious Emotional Disturbance (SED) who are diverted to community-based services - **Approximately 266 more people diverted to community-based services; or**
- Non-Long Term Care to Aged and Disabled Waiver Ratio - **Approximately 193 more waiver clients to 1 nursing facility client.**

### **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 50.54% by 2015.

#### B. Performance Measure

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

#### C. Rationale for Objective and Performance Measure

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

#### D. Performance Measure Description

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

The performance measure is a composite of service indicators for IDHW participants including:

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

#### E. How Target Was Created

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

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

#### F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Graduation from the Infant Toddler Program - **Approximately 109 more children graduating from program.**
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication of children moving towards or out of Department programs) - **Approximately 120 more children showing improvement.**
- Successful completion of substance abuse treatment program - **Approximately 248 more people completing treatment successfully.**
- Amount of current child support collected vs. current child support owed - **Approximately \$7,331,700 more current child support collections.**
- The "all family" work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program - **Approximately 150 more "all family" TAFI participants per year;**
- 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) - **Approximately 7,600 more Food Stamp participants per year.**
- 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, and TAFI, program in a State Fiscal year that do not enroll in those services the following State Fiscal Year). **Approximately 16,800 more leaving and not returning to these programs per year.**

### **5. Performance Measure #5 Explanatory Note**

#### A. Objective

The percent of children who are safe from maltreatment and preventable illness will reach 86.45% by 2015.

#### 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 86.45% was created by using the average of the individual targets (i.e., a composite target).

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

#### F. Interpretation

For the Department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- The percent of children without a recurrence of abuse or neglect within six months of prior maltreatment - **Approximately 82 more children with no recurrence.**
- Rate of unsubstantiated complaints of abuse or neglect - **Approximately 313 more complaints not substantiated.**
- Percent of children who do not re-enter foster care within 12 months after being discharged from a prior foster care entry - **Approximately 83 more one-time foster care entries.**
- Percent of children 19 to 35 months who have up-to-date immunizations - **Approximately 2,000 more children who are 19-35 months old will be up-to-date on recommended immunizations.**

## 6. Performance Measure #6 Explanatory Note

#### A. Objective

Assure that in 2015, 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 Areas means any of the following which has been designated though a federal formula to have a shortage of health professional(s): (1) An area which is rational for the delivery of health services); (2) An area with a population group such as low-income persons or migrant farm workers; or (3) A public or nonprofit private medical facility which may have a shortage of health professionals (42 U.S.C. 254e). The types of health professionals counted in a primary care HPSA are all medical doctors who provide direct patient and out-patient care. These doctors practice in one of the following primary care specialties -- general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology. Physicians engaged solely in administration, research and teaching are not included.

The types of health professionals who are counted in a dental health HPSA are all dentists who provide direct patient care, except in those areas where it is shown that specialists (those dentists not in general practice or pedodontics) are serving a larger area and are not addressing the general dental care needs of the area under consideration.

The types of health professionals that 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.

#### F. Interpretation

In 2014, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for Health Professional Shortage Area designation. Areas designated as a Health Professional Shortage Areas are prioritized for a number of federal and state programs aimed at supporting health care infrastructure and, ultimately, improve access to health care.

## **7. Performance Measure #7 Explanatory Note**

### A. Objective

Increase the percent of Idahoans with health care coverage to 78.67% by 2015.

### B. Performance Measures

Percent of Idahoans with health and dental care coverage.

### C. Rationale for Objective and Performance Measure

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

### D. Performance Measure Description

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

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

#### E. How Target Was Created

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

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

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

#### F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Adults with health care coverage - **Approximately 30,000 more adults have health care coverage.**
- Adults with dental insurance - **Approximately 28,000 more adults have dental insurance.**
- Children with health care coverage - **Approximately 11,000 more children have health care coverage.**

### **8. Performance Measure #8 Explanatory Note**

#### A. Objective

By 2015, Department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.

#### B. Performance Measures

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

#### C. Rationale for Objective and Performance Measure

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

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

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

#### D. Performance Measure Description

This performance measure is a composite of federally mandated timeframe standards for these key Department services and programs.

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

#### E. How Target Was Created

The overall target of 92.75% was created by using the average of the individual Performance Indicator targets (i.e., a composite target).

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

#### F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Medicaid - Application timeliness - **Approximately 9,720 more Medicaid Applications meet timeliness standard per year.**
- Percent of child protection cases meeting timeliness standards - **Approximately 19 more cases meeting timeliness standards.**
- Percent of eligible Infants and Toddler children enrolled within 45 days after referral. **Approximately 14 more clients enrolled within 45 days.**
- Food Stamp - Application timeliness for non-emergency (non-expedite) cases. **Approximately 5,390 more Food Stamp Applications meet timeliness standard per year**

### **9. Performance Measure #9 Explanatory Note**

#### A. Objective

The Department accuracy rates of key identified programs will reach 84.17% by 2015.

#### B. Performance Measures

Accuracy rates of key identified programs.

#### C. Rationale for Objective and Performance Measure

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

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

#### D. Performance Measure Description

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

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

#### E. How Target Was Created

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

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

#### F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Food Stamps - Federally Adjusted Payment Accuracy Rate - **Approximately 8% improvement in Food Stamp payment errors; or**

- Food Stamps - Federally Adjusted Negative Accuracy Rate - **Approximately 8% improvement in Food Stamp closures and/or denials; or**
- Child Protection - Percent of children receiving a caseworker visit each and every month while in care - **Approximately 33 more children receive a caseworker visit each and every month while in care; or**
- Child Protection - Percent of months in which caseworker visit occurred in child's placement provider home or child's own home - **Approximately 129 more monthly visits occur in child's placement provider home or child's own home; or**
- Child Support - Financial Accuracy - **Projection not available yet; or**
- Child Support - Child Support data reliability standards; **approximately 8% improvement in the accuracy of specific Child Support automated system data elements.**

## 10. Performance Measure #10 Explanatory Note

### A. Objective

The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 84.57% by 2015.

### B. Performance Measures

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

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

### C. Rationale for Objective and Performance Measures

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

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

### D. Performance Measure Description

Each of the four composites is made up of separate performance measures or indicators.

1. **Caring** - The Caring Composite is made up of indicators that measure how well clients are treated with courtesy, respect, and dignity. The performance indicators are:
  - Survey question - I was treated with respect;
  - Survey question - The staff cared about my reason for contacting IDHW; and
  - Survey question - Overall, I would rate my most recent contact with IDHW as (Good, Fair, or Poor).
2. **Competency** - The Competency Composite is made up of indicators that measure the percent of Department clients who have a high level of trust and confidence in the knowledge and skills of Department personnel. The performance indicators are:
  - Food Stamps - Federally Adjusted Payment Accuracy Rate (FNS);
  - Food Stamps - Federally Adjusted Negative (closure and denial) Accuracy Rate (FNS);
  - Department - Percent of agency hearings upheld;
  - Child Support - Child Support data reliability standards (ICSES Data Reliability);
  - Survey question - The staff was capable in helping me; and
  - Survey question - The staff was knowledgeable about the reason why I contact IDHW.

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

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

4. **Convenience** - The Convenience Composite is made up of indicators that measure the percent of Idaho clients who can easily access Department services, resources and information. The performance indicators are:

- Welfare - Percent of TAFI and Food Stamp applicants that meet with a Work Services Contractor within five days of the client's referral to the contractor by the Department;
- Vital Statistics - Percent of time Vital Statistics responded to mail requests in four days or less;
- IT - Percent of time that Department computing servers are functioning; and
- Survey question - I was able to access the information and/or services in a manner that was convenient to me.

#### How Targets Were Created

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

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

#### **For More Information Contact**

Tamara Prisock, Program Manager  
Department of Health and Welfare  
450 W State 10<sup>th</sup> Floor  
PO Box 83720  
Boise, ID 83720-0036  
Phone: (208) 334-5719  
E-mail: Prisockt@dhw.idaho.gov