

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/Public Health; Medicaid, Behavioral Health and Managed Care; 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, Licensing and Certification, and Information and Technology Services. In addition to the eight divisions, the Department's organizational structure includes the Medically Indigent Administration, the Bureau of Audits and Investigations and the Bureau of Financial Services.

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

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

DIVISIONS

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

Division of Medicaid

A. Overview

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

B. Highlights

- *2012 Legislative Update* – Idaho Medicaid continued and completed the implementation of House Bill 260 that originated from the 2011 session. The cost avoidance from implementation of the various initiatives in House Bill 260 met the savings that was projected in the legislation. During the 2012 session, three changes to House Bill 260 were made: dental benefits were restored effective July 1, 2012 to Medicaid participants on the Aged and Disabled Waiver and the Developmental Disability Waiver; individuals that are dually diagnosed with mental illness and developmental disability can receive both psycho-social rehabilitation and developmental therapy, as long as both are needed services and not duplicative; and the nursing home provider assessment to cover trustee and benefit shortfall was reduced by \$1.5 million. Idaho Medicaid continues to plan and implement managed care tools and programs as directed by the legislature. Specifically, managed care for Medicaid mental health benefits, managed care for the dually eligible (Medicare and Medicaid), and patient centered medical home (or health home) are described below. In addition, Idaho was one of four states chosen by the National Academy for State Health Policy to examine and consider the adoption or adaption of the nationally recognized Community Care of North Carolina primary care network model. This is an exciting opportunity for Idaho Medicaid to explore strategies, share promising practices, and brainstorm primary care initiatives with other states.
- *Electronic Health Records* – Idaho Medicaid successfully launched the Medicaid Electronic Health Record Incentive Program on July 2, 2012. The program is the result of the American Recovery and Reinvestment Act of 2009 which authorized incentive payments for eligible Medicare and Medicaid providers who meaningfully use certified electronic health record technology. During the first month the program was operational, 19 hospitals and 74 professionals registered for a Medicaid incentive payment. The first payments were made to providers on August 2, 2012. Medicaid has estimated that in the first year of the program alone, 22 hospitals and approximately 245 medical professionals will apply for an incentive payment. The incentive program will run through 2021, and is expected to provide millions of dollars to Idaho hospitals and medical professionals during that time. Idaho Medicaid serves as the pass-through for the incentive payments, which are federal dollars.
- *Children's System Redesign* – The children's system redesign was approved by the 2011 Idaho Legislature, and implemented on July 1, 2011. The new array of redesign benefits replaces developmental therapy and intensive behavioral intervention (IBI) services currently available under the State Plan. To transition children to the redesign system, the Legislature approved a phased implementation plan to enroll children into the redesign according to their birthdays over the span of the transition year. It has been one year since implementation and only a small portion of families have chosen to move to the redesign services. According to the Centers for Medicare and Medicaid Services (CMS), because the old services remain in the State Plan, families must have the choice of continuing to access developmental therapy and intensive behavioral intervention until those benefits are discontinued. The Department is committed to providing families time to transition to the redesign system in order to avoid a gap in services for their children. For this reason, the Department received approval to sunset developmental therapy and IBI from the State Plan effective June 30, 2013. This new timeline will allow an additional year of transition and give families a final opportunity to make the choice to move to the redesign system before the services end. In addition to changes to services provided in the community, removing developmental therapy and IBI from the State plan directly impacts the school-based service providers who deliver the same services. The Department has worked in collaboration with the State Department of Education, the Idaho Association of School Administrators, and several other school

district representatives as part of a School-Based Medicaid Committee, to identify replacement services (both new and existing) that can be used to address children's developmental disabilities needs in the school setting. The new school-based services are proposed to be implemented on July 1, 2013.

- *Medicaid Management Information System Implementation and Certification* – Since July 2010, the Division of Medicaid has worked closely with Molina Medicaid Solutions (claims processing and reporting), Magellan Medicaid Administration (pharmacy), Truven (data warehouse and decision support), and Medicaid providers to identify and correct system issues, improve service to all stakeholders, and meet federal certification requirements. The federal survey team spent the week of December 5, 2011, going through the system with a fine tooth comb. Their survey findings resulted in full certification back to the initial start date for each piece of the system. Not only did the survey team not have any actionable findings for Idaho Medicaid, but they also stated, “Additionally, a number of “Best Practices” were identified during the course of the review.”
- *Idaho Smiles* – Medicaid's managed care contractor, Blue Cross of Idaho, administers dental insurance benefits for Idaho Medicaid participants who aren't receiving dental benefits through the Medicare-Medicaid Coordinated Plan. Blue Cross contracts with DentaQuest and its Idaho Smiles Program to provide these benefits. 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 Idaho Smiles access rate of nearly 70% for children is comparable to private dental insurance rates in Idaho and among the highest access rates for state Medicaid programs across the country. House Bill 609, from the 2012 legislative session, restored dental benefits to seriously developmentally or physically disabled adults who qualify for Medicaid waiver services effective July 1, 2012.
- *Children's Healthcare Improvement Collaboration* – The state of Idaho, in partnership with the state of Utah, received a five year Children's Health Insurance Program Reauthorization Act quality demonstration grant for \$10,277,360. On this project, Medicaid is working to enhance health outcomes for children by using a patient-centered medical home approach, developing an improvement network among primary care providers, and increasing the ease of use and availability of health information technology. This year, the project became fully staffed, completed a learning collaborative focused on pediatric asthma, and started implementation of pediatric patient-centered medical homes. This project has helped pediatric practices statewide realize improved outcomes for children with asthma. Work will continue state wide through individual pediatric and family practices to improve immunization rates and coordination of care for children with special healthcare needs.
- *Governor's Patient-Centered Medical Home Collaborative* – The Medical Home Collaborative was developed to support primary care practices in Idaho as they develop into patient-centered medical homes. The payers include Idaho Medicaid, Regence Blue Shield, Blue Cross of Idaho, and Pacific Source. The collaborative has defined key medical home criteria including payment methodologies for a multi-payer pilot, clinical and practice transformation requirements, and chronic condition criteria for select patients to maintain healthy outcomes. The pilot began accepting applications in August 2012 and will select which clinics and providers will join the pilot in the fall of 2012. The pilot will begin January 1, 2013.
 - *Medicaid's Patient-Centered Medical Homes (Health Homes)* – Idaho Medicaid's Health Home Program team is working in close partnership with the collaborative's work teams to develop a patient-centered medical home model and has selected the same requirements as the collaborative, including the requirement to reach at least a Level One certification by the National Commission on Quality Assurance by the end of the second year. A monthly payment will be paid to qualifying providers for patients with a primary chronic condition of either diabetes or asthma, or a diagnosis of a severe and persistent mental illness. The Health Home Program will begin January 1, 2013.

- *Idaho Home Choice* – The Idaho Home Choice Program was implemented on October 1, 2011. The program, which is designed to rebalance long-term care spending from institutionalized care to home- and community-based care, has helped 31 individuals transition into the community. The program is going strong with an approved budget of \$2,025,163 for calendar year 2012. Idaho Medicaid was also awarded an additional \$400,000 in partnership with the Idaho Commission on Aging and the State Independent Living Council. The primary goal of this opportunity is to facilitate and strengthen the roles of the Aged and Disabled Resource Centers with respects to rebalancing the delivery of long-term services and supports by coordinating transitions from nursing homes (and other Idaho Home Choice qualified institutional settings) to community- based settings for older adults and people with disabilities or chronic conditions. Specifically, the grant will promote increased partnership between Medicaid and the Aged and Disabled Resource Centers to advance transition work within the Idaho Home Choice demonstration.
- *Mental Health Managed Care* – Idaho Code § 56-263 directs the Department to develop plans for managed care models of service delivery. Medicaid plans to contract with a managed care entity via the state's procurement process to administer Medicaid-reimbursed mental health and substance use disorder services to be called the Idaho Behavioral Health Plan. Medicaid is applying to the Centers for Medicare and Medicaid (CMS) for a 1915(b) waiver which will provide the authority to switch from the fee-for-service reimbursement model to a managed care delivery system. A Request for Proposal will be posted by the end of the third quarter of 2012 with a contractor selected by the beginning of 2013. Implementation is anticipated to start in the summer of 2013.
- *Managed Care for Dual Eligibles* – In an effort to make sure dual-eligible beneficiaries have full access to seamless, high-quality, cost-effective health care, CMS is partnering with states, health care providers, caregivers, and beneficiaries to offer an integrated, coordinated care system for adults who are dually eligible for the Medicare and Medicaid programs. In Idaho House Bill 260, legislators directed the Department to develop managed care programs that result in an accountable care system with improved health outcomes. Due to the CMS initiative and the legislative direction, Idaho Medicaid submitted a proposal to CMS on May 31, 2012, to develop an integrated program for all dual-eligible Medicaid participants. Under the proposal, managed care health plans will ensure the coordination of all Medicare and Medicaid services for those participants. This is a statewide effort for all adult Medicaid dual-eligible participants and is expected to be implemented in January of 2014.

Division of Licensing and Certification

A. Overview

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

The division currently manages six programs. The programs include:

- Long Term Care
- Non-Long Term Care
- Facility Fire Safety and Construction
- Certified Family Homes
- Developmental Disabilities Agencies/Residential Habilitation Agencies Certification
- Residential/Assisted Living Facilities

B. Highlights

- *Long Term Care* - The Long Term Care program conducts licensing and certification activities to ensure that the state's long-term care facilities are in compliance with federal regulations. The state has 78 skilled nursing facilities. This program surveys and licenses and/or certifies all health care facilities in the state, works closely with partners to ensure safe and effective care of long-term care residents, conducts

investigations and resolves complaints, and provides training, consultation, and technical assistance to improve compliance and promote better health outcomes.

- *Non-Long Term Care* - The Non-Long Term Care Program conducts licensing and certification activities to ensure that the state's non-long term care facilities (e.g., hospitals, home health, etc.) are in compliance with federal regulations. These facilities cannot receive Medicare or Medicaid payments if they do not comply with these regulations. This program surveys, inspects, and license and/or certifies 350 health care providers in the state.
- *Facility Fire Safety and Construction* - The Facility Fire Safety and Construction Program provides oversight and management of facility fire safety and building construction requirements for all federally certified health care facilities or state licensed facilities. This program reviews facility plans and approvals; conducts onsite plan inspections, finalizations, and consultations; works closely with partners to ensure safe and effective care of facility residents; and performs periodic facility fire and safety surveys that include resolving complaints related to fire safety investigations.
- *Certified Family Homes* - The Certified Family Homes Program ensures that family and commercial homes providing residential habilitative and personal assistance services to Medicaid participants and some private pay participants meet quality assurance standards that are defined in state statute and rule. This program provides a safe, stable residence for over 3,200 participants across the state. The state quality assurance standards comply with federal Medicaid Home and Community-Based Waiver standards. This program conducts initial surveys, re-certifications, and investigations; resolves complaints; works closely with partners to ensure safe and effective care for residents; and provides training, consultation, and technical assistance to improve compliance and promote better health outcomes.
- *Developmental Disabilities Agencies/Residential Habilitation Agencies Certification* - The Developmental Disabilities Agencies/Residential Habilitation Agencies Certification team conducts certification and recertification of 72 developmental disabilities agencies and 69 residential habilitation agencies throughout the state. This program conducts complaint investigations related to participants receiving developmental disabilities and residential habilitation agency services; works closely with partners to ensure safe and effective care is provided to participants accessing the respective services; and provides training, consultation, and technical assistance to improve compliance and promote better outcomes.
- *Residential/Assisted Living Facilities* - The Residential/Assisted Living Facilities program ensures that businesses that provide residential care or assisted living services to private pay individuals (59%) and to Medicaid participants (41%) comply with state statute and rules. This team surveys over 340 facilities; licenses new and change-of-ownership facilities; conducts investigations; resolves complaints; reviews reported incidents from facilities; provides technical assistance to improve compliance; and works closely with residents, families, partners in the industry, advocates, other governmental agencies, and stakeholders to ensure safe and effective care of residents.

Division of Behavioral Health

A. Overview

The Division of Behavioral Health is comprised of the children's and adult mental health programs, and the substance abuse prevention and treatment program. Division clinicians provide mental health services to primarily uninsured adult clients. Private providers, through contracts with the Division, deliver children's mental health 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

- *Transforming Idaho's Behavioral Health System* - The division is working closely with the Departments of Correction and Juvenile Corrections, Education, the Supreme Court, the State Planning Council of Mental Health, the Office of Drug Policy, and Idaho Counties to transform the state's Behavioral Health system. This effort is led by the Governor's appointed Behavioral Health Interagency Council (BHIC). The goals of the transformation include integration of mental health and substance abuse into a behavioral health program, increased local influence, clearly defined roles and responsibilities, eliminating gaps in services, consumer driven/recovery oriented programs, and achieving maximum efficiency with maximum effectiveness. The members of BHIC have developed concept papers that describe the transformation. The Division of Behavioral Health has met with consumers, advocates and system stakeholders across the state to gather input. The next step will be seeking legislation in the 2013 Legislative session to move transformation from concept to implementation.
- *Idaho Home Outreach Program for Empowerment (ID-HOPE)* - The ID-HOPE project was established in DHW Regions 3 and 4 through a federal Center for Mental Health Services Transformation grant. ID-HOPE is based on the evidence-based practice of Critical Time Intervention (CTI). The first service phase allows for provision of intense services and for the creation of a person-centered plan to link the participant to needed community based services (e.g., housing, employment, benefits, etc.). The second phase calls for moderate involvement as the participant tries out skills and linkages established in Phase One. The third phase allows for modification of established linkages to community resources before program graduation at nine months. CTI adaptations for ID-HOPE include use of a mixed staff of Certified Peer Specialists and bachelors/masters level staff as equal partners in service delivery, and provision of seven to 14 day crisis intervention services as an alternative to hospitalization for enrolled participants. From March 2011 through May 2012, there were 365 referrals, with 117 enrolled. As of May 2012, 53 ID-HOPE participants had graduated from the program.
- *Projects for Assistance in Transition from Homelessness* - The Projects for Assistance in Transition from Homelessness (PATH) program provides outreach, one-time housing assistance and short-term case management to adults diagnosed with a serious mental illness who are either homeless or at risk of becoming homeless. In SFY 2012, PATH outreach services, reaching more than 600 individuals across the state, were provided by teams of Certified Peer Specialists.
- *Access to Medication Management* - In response to the national and state shortage of trained psychiatric prescribers (Psychiatric Services, 2009), the division has increased access for more than 1,800 adults and children with the creation of a medication management treatment program. The purpose is to provide clients access to their psychotropic medications, which help relieve signs and symptoms of mental illness and give clients a face-to-face opportunity to work with their prescriber. The clients accessing this program are individuals with mental illness that may have other community treatment services, but receive medication management services from a prescribing professional at the Department. Without this program these individuals may not have access the psychotropic medications critical to their recovery.
- *SSI/SSDI Outreach, Access and Recovery (SOAR)* - One of the challenges for Idaho citizens diagnosed with a serious mental illness is accessing services that will help with their recovery in the community. Since its inception in March 2011, the Idaho SOAR program has trained 215 case managers in methods to facilitate completion of SSI/SSDI benefits application packets in order to expedite the processing and approval of those applications. Access to benefits affords individuals access to other resources, such as housing and community-based behavioral health services.
- *Certified Peer Specialists* - The division supports the use of Certified Peer Specialists as a qualitative and cost-effective way to extend the mental health workforce in Idaho. A total of 126 peers were trained from February 2009 through April 2012, with 107 passing the certification exam to qualify as Certified Peer Specialists. Certified Peer Specialists model recovery and resilience in addition to providing other mental health services. Certified Peer Specialists are used on regional Assertive Community Treatment (ACT) teams, as regional Projects for Assistance in Transition from Homelessness (PATH) outreach workers, at State Hospital South and through the Idaho Home Outreach Program for Empowerment (ID-HOPE).

- *Mental Health Consumer Surveys* - The division strives to provide the highest standard of care and support possible. To evaluate the effectiveness of our services, the division implemented measures to make the MHSIP survey more accessible to clients. Surveys can now be completed at any computer with internet access (via the IDHW website), at computer kiosks located in our mental health offices and by paper copy.
- *Expanded Access to Recovery Services* - The Access to Recovery (ATR) grant currently serves three different populations, including adult- supervised misdemeanants, non-criminal justice adolescents and active military members and veterans. Services were expanded this past year to also include the spouses and dependents of active military members. There is an average of \$2,500,000 per year allocated for treatment and recovery support services, which includes all clinical services except residential treatment. As of June 30, 2012, the grant has funded services for 2,200 clients.
- *Mental Health Quality Improvement* - DBH is committed to developing and maintaining the highest possible quality of care. As part of this commitment, a Quality Assurance and Quality Improvement plan for the division has been established. Part of this plan includes Continuous Quality Improvement (CQI) to ensure DBH consumers receive services that are clinically necessary, effective and provided in accordance with rules, policies and practice standards. CQI is a planned, systematic and ongoing process to thoroughly and consistently maintain and improve the overall quality of care and service provided, as well as to improve organizational quality.
- *Substance Use Disorders Funding* - Substantial changes were made in FY2012 for the delivery of substance use disorder treatment and recovery support services. The Interagency Committee on Substance Abuse Prevention and Treatment was ended on June 30, 2011 by changes to Idaho Code. The Joint Finance and Appropriations Committee (JFAC) appropriated funding to the Department of Health and Welfare, the Courts, the Department of Juvenile Corrections (IDJC) and the Department of Correction (IDOC). All treatment funding had previously been appropriated to DHW. All those receiving appropriated treatment funds continued to work through the management services contractor on payment for services, but the manner in which treatment was authorized varied by referral source.
- *Adolescent Prevention Intervention Program* - The Prevention Intervention Program is a pilot project with sites located in Coeur d'Alene, Kellogg, Caldwell, Idaho City, Horseshoe Bend, Garden Valley, Burley, Rupert and Pocatello. It was implemented to evaluate the effectiveness of specialized services for youth who have multiple risk factors for substance abuse. The Prevention Intervention Program has three components — ongoing assessment, a multi-session education program and a support group. Combined education program and support group sessions run for two hours, two times per week for a total of nine weeks. The goal is to build positive anti-tobacco, alcohol and drug use attitudes as well as healthy decision-making and coping skills. The support group provides each participant with the opportunity to discuss issues in their lives and apply the knowledge acquired in the education program. Youth complete the program by developing a graduation plan which recognizes gains achieved, identifies resources to continue improvement and includes a list of names to contact in case of an emergency. The program concludes with a graduation ceremony. In 2012, a total of 206 youth participated in this program.
- *Suicide Hotline* - The division supports the efforts of the Suicide Prevention Action Network (SPAN) to implement an Idaho-based suicide hotline. DBH has set aside funding to assist in the development and ongoing functioning of the hotline, which is expected to be operational in SFY 2013.

Division of Public Health

A. Overview

The Division of Public Health protects the health of Idaho citizens through a wide range of services that include vaccinations, disease surveillance and intervention, regulating food safety, certifying emergency medical personnel, vital record administration, compilation of health statistics and bioterrorism preparedness. The Division's programs and services actively promote healthy lifestyles and prevention activities while monitoring and

intervening in disease transmission and health risks as a safeguard for Idaho citizens. The Division contracts and coordinates with local District Health Departments to provide many services throughout the state.

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

B. Highlights

- Project Filter (Tobacco Prevention and Control Program) continues to work with businesses, private and public housing, and city councils across the state to develop and implement smoke-free/tobacco-free policies. Since March 2010, 31 Idaho cities have implemented smoke-free policies for parks and/or playgrounds to protect children from the harmful effects of second-hand smoke. In January 2012 the City of Boise implemented two policies restricting smoking in public places. The first policy removed the exemption for smoking in bars and the second made all Boise City parks and/or playgrounds smoke-free venues. In August 2012, Idaho State University announced their smoke-free campus status.
- The Idaho Physical Activity and Nutrition (IPAN) program contracted with the seven local public health districts to select communities in their districts to complete the Centers for Disease Control and Prevention (CDC) Community Health Assessment and Group Evaluation (CHANGE) Tool. Through this process, the districts convened a team of key community members and decision makers to evaluate the current environmental factors and health policies in the following sectors: community at large, community institutions and organizations, worksites, schools, and healthcare. From this assessment, the teams were able to distinguish community strengths and weakness and then build community action plans in order to prioritize their work addressing the identified areas of potential improvement specifically around physical activity, nutrition, tobacco and chronic disease.
- The IPAN Program, through American Recovery and Reinvestment Act funding, funded three school districts for healthy competitive food policies and five communities for Complete Streets policies. Based on Institute of Medicine (IOM) guidelines, the three school districts implemented healthy food policies around the following initiatives: healthy vending machine food options, limiting soda availability, transforming school stores to sell healthy food, healthy snacks only for school parties. The five communities funded for Complete Streets were able to do the following work: evaluation of the built environment in their communities, connectivity of pathways, walk-ability and bike-ability assessments, work with city planners and transportation officials on the health impact of community design and city planning. The school districts and the communities will serve as models for future work.
- The Heart Disease and Stroke Prevention (HDSP) Program is centering its work on the prevention, detection and management of hypertension (high blood pressure). To this end, the HDSP Program partnered with committees of the HDSP Advisory Committee to conduct blood pressure screenings across the State in May 2011. That event screened 504 Idahoans in southern Idaho for high blood pressure.
- The Idaho Oral Health Program received a \$100,000 award from the DentaQuest Foundation, in support of the Idaho Oral Health Alliance, joining 20 other states in a nationwide effort to reverse oral health disparities in the United States. This past year, the Idaho Oral Health Initiative 2014 achieved several goals. Two of the main goals include the development of medical-dental collaboration pilot projects among four of Idaho's community health centers as well as oral health prevention pilot projects within six of Idaho's public health districts. The initiative has also allowed initial discussions to occur on implementing the Smiles for Life: A National Oral Health Curriculum within the Family Medicine Residency of Idaho Program and the Physician Assistant Program at Idaho State University. The Idaho Oral Health Initiative 2014 re- applied to the DentaQuest Foundation for Year 2-3 Implementation Phase funding in hopes of implementing the planned pilot projects, continuing the discussions on implementing the oral health curriculum within health care professional programs, and ultimately, increasing access to oral health care for Idahoans.

- The Immunization Reminder Information System (IRIS) was migrated to a new code platform in 2012, and it is now based on the open-source “Wisconsin Immunization Registry” (the WIR system). Versions of the WIR system are deployed in over 20 states, and it is nationally recognized as a high quality immunization registry.
- The Idaho Immunization Program provides vaccines for Vaccine For Children (VFC)-eligible children through the VFC Program, sponsored by the federal Centers for Disease Control and Prevention (CDC), and purchases additional vaccines for all other Idaho children. For each of the last three years, the program distributed more than 500,000 vaccine doses statewide to approximately 330 providers, which includes local public health districts, hospitals, clinics, and private physicians.
- The Home Visiting Program has successfully implemented two Early Head Start Home based programs (north Idaho, and south central Idaho), one Parents as Teachers Program (north Idaho) and one Nurse Family Partnership Program (north Idaho). The Nurse Family Partnership is the first cross-state partnership of this program in the nation. Partners with the Department of Health and Welfare in this success are Panhandle Health District, Spokane Regional Health District and, of course the Nurse Family Partnership organization.
- The WIC Program went live with a web-based WIC Information System Program (WISPr) for applicant eligibility determination on February 1, 2012, statewide. The total project cost at implementation was \$3,912,795. The WISPr system was an in-house collaboration between the WIC program and IT staff and contractors. The WISPr project has been nominated for recognition as one of three finalists by the National Association of State Chief Information Officers (NASCIO) organization for ‘improving state Operations’.
- Idaho WIC received national recognition and a bonus in the amount of \$1,113,481 from USDA for achievement in highest breastfeeding rates among WIC participants. The program was notified on September 8, 2011 that Idaho was one of three states receiving this award.
- Local jurisdictions that rely on volunteer EMS personnel are finding it ever more challenging to recruit and retain adequate numbers of volunteers. The volunteer EMS personnel situation was discussed during the 2012 legislative session by concerned parties from the House, Senate and the Department. The discussions resulted in Senate Concurrent Resolution 131 which directed the Department to conduct town hall meetings throughout rural Idaho. The EMS Bureau conducted 16 town hall meetings, which were attended by 322 people, including several legislators and local elected officials. The EMS Bureau identified numerous opportunities for enhancement during the meetings and has begun work on several projects based on information obtained during the meetings. In addition, the EMS Bureau, in cooperation with the EMS Physician Commission conducted four medical supervision workshops spread over the state to train medical directors and agency personnel on medical supervision and developing medical supervision plans.
- The EMS Bureau manages an equipment and vehicle grant program that uses fees collected on driver’s licenses to help EMS agencies purchase critically needed EMS response equipment and vehicles. The fiscal year 2013 grant received applications for over \$3 million (\$2,664,408 for vehicles and \$405,775 for equipment). The grant funds available for this grant cycle were \$1,331,483. Eleven vehicle grants were awarded totaling \$1,041,371 and the remaining \$290,111 was awarded as equipment grants (65 agencies received equipment grants).
- The Idaho State EMS Communication Center (StateComm) secured federal funds to add new mountain top base stations in American Falls, McCall and Twin Falls. The addition of the new base stations will strengthen the statewide emergency radio system by eliminating radio dead spots. The new base stations are installed and operational.

Division of Family and Community Services

A. Overview

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

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

B. Highlights

- The Division of Family and Community Services has launched a One Church, One Child initiative. Patterned after the One Church, One Child national organization founded by Father George Clements, One Church, One Child in Idaho is establishing long-term relationships with communities of faith to increase support to Idaho's children. In every corner of the state, child welfare workers are forming partnerships with faith-based communities to meet this goal. Each IDHW region has a One Church, One Child team comprised of social workers, Recruitment Coordinators, Licensing Specialists, Navigators and a VISTA Volunteer dedicated exclusively to One Church, One Child. Whether they are interested in learning about fostering or adopting a child, supporting a foster or adoptive family or volunteering through acts of service the response from faith-based communities across the state has been overwhelming. Over a dozen communities of faith have answered the call of One Church, One Child and have formally dedicated their support to its mission.
- The Idaho Child Welfare Program was named No. 1 in the nation by the Foundation for Government Accountability. The foundation reviewed all 50 states and the District of Columbia based on 11 outcomes and 41 data measures. Measures included response time to abuse allegations, placement of children, safe foster homes, and reducing abuse and neglect. An analysis of these measures placed Idaho ahead of all the other states in Child Welfare. The report also noted Idaho's inexpensive cost in supporting this program. Citing the review Governor Butch Otter said the ranking "proves that Idaho's approach to doing more with less does not mean sacrificing the quality of service Idaho's children deserve."
- The Division of Family and Community Services continues to consolidate and standardize administration and practice across the State in all of its programs. The Child Welfare Program is now organized into three administrative hubs: North, West, and East. Each Hub is organized into a single administrative unit. The North Hub is Regions 1 and 2 (Lewiston, Moscow, and Coeur d'Alene). The West Hub is Regions 3 and 4 (Boise, Nampa and Caldwell). The East hub is Regions 5, 6, and 7 (Twin Falls, Pocatello and Idaho Falls). Consolidating management from 7 regions to 3 hubs will allow managers to focus more specifically on Child Welfare and standardize practices both within the hubs and statewide. The Child Welfare Program oversight has been split from the Infant Toddler Program oversight as part of this process.
- The Infant Toddler Program administration has been consolidated from seven regional units to one statewide administration. This process allows a single manager to focus his or her entire attention on the program without the competing demands of the Child Welfare Program. Additionally, unified leadership will standardize practice and allow for consistent and efficient service delivery. During the past year, the program has consolidated field administration and standardized the organizational structure in each region and field office. Even though this consolidation has required large structural changes, Infant Toddler staff and leadership are optimistic and enthusiastic about the changes and the future. This smooth transition is reflective of inclusion of local staff in decisions regarding the changes allowing them to own the transition process.
- The intake process for reports of abuse and neglect is being centralized in one unit. The Central Intake Unit will not only centralize and standardize intake but it will also be instrumental in standardizing the local

response, allowing better control of the front door to child welfare services. Outcomes will include: a 24-hour line for referrals to child welfare; specialized positions for taking, documenting and prioritizing calls; and phone and documentation systems that allow for quicker response and effective quality assurance. Personal response at the local level will be handled by local staff with contracted agencies doing the personal response after normal business hours. Implementation is scheduled for October of 2012.

- The Family and Community Services Division has partnered with the Medicaid Division to implement Children's Benefit Redesign. Children's Benefit Redesign implements evidence-based practices in reconfiguring services to children in Idaho. The rate of transition to new services has been slower than anticipated. Several factors complicated the process including, provider reluctance, delays in finding a case management contractor and changes at the Centers for Medicare and Medicaid Services which have required modifications to the state plan. Despite the delays the redesign is receiving high marks of satisfaction from those families who have transitioned to the new benefits.
- The Southwest Idaho Treatment Center census continues to decline as people who have disabilities choose to receive services in the community maintaining close connections with their families and friends. In line with its transition to a smaller facility the Southwest Idaho Treatment Center (formerly the Idaho State School and Hospital) will soon open an eight-bed residential facility in North Idaho. This new facility reflects changes in the mission of the Southwest Idaho Treatment Center from a long-term placement for individuals who have a disability to short term crises stabilization. The new goal is to stabilize individuals then support their return to their communities. The North Idaho facility will allow Northern Idahoans with disabilities to maintain closer connections to their families and friends when a crisis dictates that they need facility care.

Division of Welfare (Self Reliance)

A. Overview

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

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

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

B. Highlights

- The Division continues to perform exceptionally well with its new Idaho Benefits Eligibility System (IBES). IBES is doing what it was intended to do in supporting new streamlined processes and accurately determining eligibility.
- Caseloads continued to climb to record high levels in most programs, especially Food Stamps and Medicaid. Efforts to streamline processes have helped the Division prevent backlogs of critical work and meet federal performance requirements.
- Overall caseload growth in the Food Stamp program has slowed in SFY 2012, however, applications for assistance have not. The leveling out in the number of households participating is attributed to reinstating work requirements for childless adults. These requirements had been removed due to a loss of funding in 2010.

- From June 2010 to June 2011 the number of Food Stamp households increased by 20% and from June 2011 to June 2012 participation remained steady. An average of 9,300 Food Stamp applications was processed each month during SFY 2012. In June 2012, the number of Food Stamp households receiving benefits due for recertification was over 15,200, which remained relatively stable compared to the previous year of almost 15,500. Participation in the Child Support program remained consistent in SFY 2012.
- The Division maintained strong performance in the Food Stamp and Medicaid programs. Application processing timeliness for Food Stamps (non-expedited) was 99% and for Medicaid was over 95%. Idaho's Food Stamp program received national recognition for accuracy, timeliness, and improved access. Idaho's Children's Health Insurance Program (CHIP) was also recognized for accuracy and improved access. Federal standards for accuracy in all Benefit and Child Support programs were met or exceeded.
- The Division began work on Medicaid Readiness, the project to bring the program into compliance with the new Affordable Care Act requirements. The first phase of the project is system modernization, which will prepare IBES and related systems for a new and extremely complex method of determining and processing eligibility.

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 administrative services.

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

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

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

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

B. Highlights

- In 2012, the Office of Contracting and Procurement Services developed and published two on-line training courses – Contracting 101 and Contracting 102.
- To reduce costs, the Office of Facility and Business Operations collaborated with the Department of Lands to sell a Department-owned building in Rupert. The Facility and Business Operation Office also negotiated reduced costs for office space for Medicaid in Ada County and moved the St. Maries office to a facility which provides better customer access at a cost less than the vacated space would have cost.
- The Facility and Business Operations Office also worked with the Department of Administration to reduce telephone expenses across the State for standard phones, voice over IP and cell phones.

- In 2012, the Office of Human Resources added new training courses aimed at improving staff communication and supervisory skills.
- In 2012, the Office of Human Resources worked with Division Administrators to develop compensation plans for each division in the Department.
- The Office of Administrative Services improved processes related to administrative appeals by implementing a quality review process for monitoring the performance of our vendor for hearing officer services.
- In 2012, the Office of Administrative Services also added a service it provides to divisions. Rules Specialists now review the entire monthly Administrative Bulletin to identify rule changes published by other state agencies that could impact our Department and alert the appropriate Division Administrator.

Division of Information Technology

A. Overview

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

- Providing direction in policy, planning, budget, and acquisition of information resources related to all Information Technology projects and upgrades to hardware, software, telecommunications systems, and systems security.
- Securing Department information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information.
- Maintaining all departmental information technology resources, ensuring availability, backup, and disaster recovery for all systems.
- Overseeing development, maintenance, and enhancement of application systems and programs for all computer services, local area networks, and data communication internally and with external stakeholders.
- Providing direction for development and management of Department-wide information architecture standards.
- Participation in the Information Technology Leadership Council (ITLC), an advisory council to the Information Technology Resource Management Council (ITRMC), providing IT guidance and solutions for statewide business decisions.
- Implementing ITRMC directives, strategic planning and compliance.
- Collaborating with the Office of the Chief Information Officer in statewide messaging, telecommunications, video conferencing, networking initiatives, strategic planning and ITRMC directives.

B. Highlights

- Technological improvements to support Department programs include:

- Development and implementation of a functionally rich, web-based application for the Women, Infants and Children (WIC) program providing an easy-to-use experience, increased functionality and replacing their obsolete mainframe system.
 - Completed Phase II of the Web Infrastructure for Treatment Services /Substance Use Disorders (WITS/SUD) project replacing disparate and unstable software operations with a single integrated electronic information system.
 - Implemented Phase III of Veterans Health Information System and Technology Architecture (VistA) at State Hospital South and State Hospital North increasing efficiency and effectiveness by providing a single integrated electronic hospital information management system.
 - Updated the EMS I-Wise system to allow for improved record-keeping, more accurate reporting and increased grant funding due to improved data quality.
 - Completed the Idaho Center for Disability Evaluation – Developmental Disabilities system, providing program level eligibility and Developmental Disability evaluation tracking and reporting.
- Accomplishments directly associated with protecting the health and safety of Idahoans include:
 - Development of a Co-Location site at the Southwest Idaho Treatment Center allowing redundancy of critical infrastructure and business applications, while providing a safe and effective location in the event of a disaster.
 - Conversion of the Significant Event Reporting Program (SERP) for State Hospital South and State Hospital North providing accurate recording and reporting of significant events for hospital clients, staff or visitors which meet the Joint Commission on Accreditation of Healthcare Organization standards.
 - Design and deployment of the technology architecture to support Child Protection centralized intake.
 - Successfully partnered with the Immunization program in the implementation of a new web-based Immunization Reminder Information System improving the collection of immunization data of Idahoans and managing vaccine inventory.
 - Initiatives to “Go Green” include expansion of video conferencing capabilities to include:
 - Expansion of video conferencing capabilities to include conference recording for training and/or case reviews, saving both staff time and travel expenses.
 - Using technology (LANDesk) to electronically collect data to meet physical inventory requirements, improving data accuracy and freeing technicians to provide direct customer support.
 - Continued movement toward on-line reporting for Department programs and Federal partners.
 - Virtualization of our servers to reduce the number of physical devices on the network to reduce power and cooling requirements.

Medically Indigent Administration

A. Overview

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

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

B. Highlights

Working with the Catastrophic Health Care Program Board and the counties, the Medically Indigent Program implemented process improvements for managing costs. Improvements include:

- Medical reviews;
- Utilization of alternative coverage programs that include the Pre-existing Condition Insurance Program, and
- Changes in statute to provide a reimbursement rate discount.

Bureau of Financial Services

A. Overview

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

Financial Services 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

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

Bureau of Audits and Investigations

A. Overview

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

B. Highlights

- The Bureau expanded the Medicaid Program Integrity Unit by adding 8 new analysts. The unit realized a net cost savings of \$395,883 of federal funds and \$45,058 in general funds over and above the cost of operations in the first year.
- The Welfare Fraud Unit has expanded its ability to identify potential cases through data analysis. In the first three years of using data analysis, the bureau identified 58, 852, and 6,534 potential cases in FY 2010, 2011, and 2012. In addition to the leads by data analysis, the public continued to submit about 3,000 leads per year. The Welfare Fraud Unit also expanded its ability to audit child care providers and food stamp retailers. The first 14 cases identified \$68,298 of overpayments and penalties.

STATUTORY RESPONSIBILITIES

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

Title and Chapter	Heading
Title 6, Chapter 26	Clandestine Drug Laboratory Cleanup Act
Title 7, Chapters 10	Uniform Interstate Family Support Act
Title 7, Chapters 11	Proceedings to Establish Paternity
Title 7, Chapters 12	Enforcement of Child Support Orders
Title 7, Chapters 14	Family Law License Suspensions
Title 15, Chapter 3	Probate of Wills and Administrations
Title 15, Chapter 5	Protection of Persons Under Disability and their Property
Title 16, Chapter 1	Early Intervention Services
Title 16, Chapter 15	Adoption of Children
Title 16, Chapter 16	Child Protective Act
Title 16, Chapter 20	Termination of Parent and Child Relationship
Title 16, Chapter 24	Children’s Mental Health Services
Title 18, Chapter 2	Persons Liable, Principals and Accessories
Title 18, Chapter 5	Pain-Capable Unborn Child Protection Act
Title 18, Chapter 6	Abortion and Contraceptive
Title 18, Chapter 15	Children and Vulnerable Adults
Title 18, Chapter 45	Kidnapping
Title 18, Chapter 86	Human Trafficking
Title 19, Chapter 25	Judgment
Title 19, Chapter 56	Idaho Drug Court and Mental Health Court Act
Title 20, Chapter 5	Juvenile Corrections Act
Title 31, Chapter 35	Medically Indigent
Title 32, Chapter 4	Marriage Licenses, Certificates, and Records
Title 32, Chapter 7	Divorce Actions
Title 32, Chapter 10	Parent and Child
Title 32, Chapter 12	Mandatory Income Withholding for Child Support
Title 32, Chapter 16	Financial Institution Data Match Process
Title 32, Chapter 17	De Facto Custodian Act
Title 37, Chapter 1	Idaho Food, Drug, and Cosmetic Act
Title 37, Chapter 31	Narcotic Drugs – Treatment of Addicts
Title 39, Chapter 2	Vital Statistics
Title 39, Chapter 3	Alcoholism and Intoxication Treatment Act
Title 39, Chapter 6	Control of Venereal Diseases
Title 39, Chapter 9	Prevention of Blindness and other Preventable Diseases in Infants
Title 39, Chapter 10	Prevention of Congenital Syphilis
Title 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 and Chapter	Heading
Title 39, Chapter 46	Idaho Developmental Disabilities Services and Facilities Act
Title 39, Chapter 48	Immunization
Title 39, Chapter 51	Family Support and In-Home Assistance
Title 39, Chapter 53	Adult Abuse, Neglect and Exploitation Act
Title 39, Chapter 55	Clean Indoor Air
Title 39, Chapter 57	Prevention of Minors' Access to Tobacco
Title 39, Chapter 59	Idaho Rural Health Care Access Program
Title 39, Chapter 60	Children's Trust Fund
Title 39, Chapter 61	Idaho Conrad J-1 Visa Waiver Program
Title 39, Chapter 75	Adoption and Medical Assistance
Title 39, Chapter 82	Idaho Safe Haven Act
Title 46, Chapter 12	Statewide Communications Interoperability
Title 49, Chapter 3	Motor Vehicle Driver's License
Title 54, Chapter 11	Morticians, Funeral Directors, and Embalmers
Title 54, Chapter 33	Freedom of Choice of Dentures Act
Title 55, Chapter 8	Requirements Regarding a Request for Notice of Transfer or Encumbrance--Rulemaking
Title 56, Chapter 1	Payment for Skilled and Intermediate Services
Title 56, Chapter 2	Public Assistance Law
Title 56, Chapter 8	Hard-To-Place Children
Title 56, Chapter 9	Telecommunications Service Assistance
Title 56, Chapter 10	Department of Health and Welfare
Title 56, Chapter 13	Long-Term Care Partnership Program
Title 56, Chapter 14	Idaho Hospital Assessment Act
Title 56, Chapter 16	Idaho Intermediate Care Facility Assessment Act
Title 57, Chapter 17	Central Cancer Registry Fund
Title 57, Chapter 20	Trauma Registry
Title 66, Chapter 1	State Hospitals
Title 66, Chapter 3	Hospitalization of Mentally Ill
Title 66, Chapter 4	Treatment and Care of the Developmentally Disabled
Title 66, Chapter 13	Idaho Security Medical Program
Title 67, Chapter 4	Legislature
Title 67, Chapter 14	Attorney General
Title 67, Chapter 24	Civil State Departments -- Organization
Title 67, Chapter 30	Criminal History Records and Crime Information
Title 67, Chapter 31	Department of Health and Welfare -- Miscellaneous Provisions
Title 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

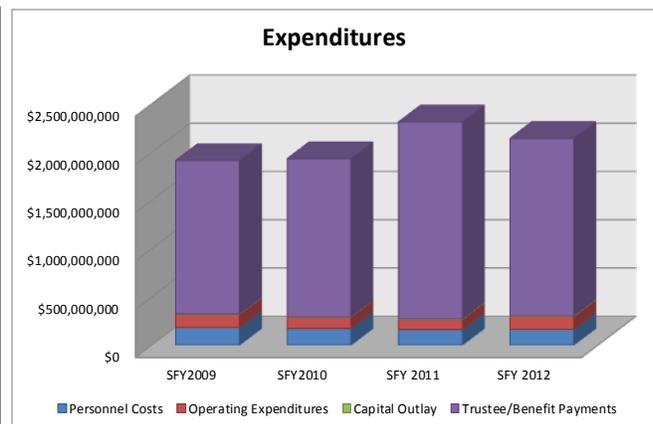
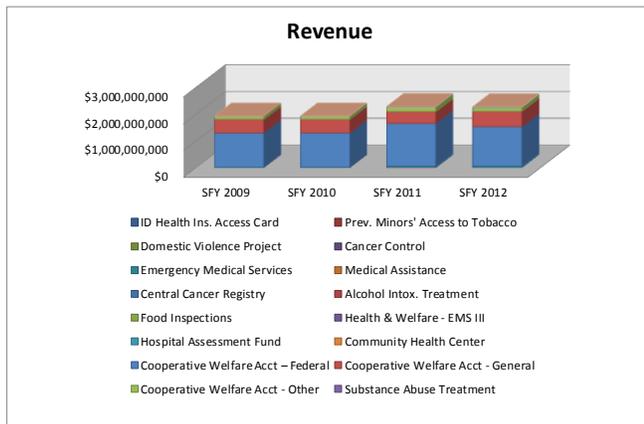
Revenue and Expenditures

Revenue	SFY 2009	SFY 2010	SFY 2011	SFY 2012
ID Health Ins. Access Card	\$3,580,400	\$4,614,100	\$5,842,300	\$5,780,500
Prev. Minors' Access to Tobacco	\$50,000	\$50,300	\$50,100	\$50,100
Domestic Violence Project	\$495,800	\$488,600	\$484,000	\$484,000
Cancer Control	\$404,700	\$403,300	\$401,000	\$401,000
Emergency Medical Services	\$2,912,600	\$2,822,300	\$2,566,600	\$2,566,600
Medical Assistance	\$6,000	\$6,000	\$6,000	\$6,000
Central Cancer Registry	\$182,700	\$182,700	\$182,700	\$182,700
Alcohol Intox. Treatment	\$3,232,900	\$3,232,900	\$3,232,900	\$0
Food Inspections	\$0 ¹	\$0	\$0	\$0
Health \$ Welfare – EMS III	\$1,400,000	\$1,400,000	\$1,400,000	\$1,400,000
Hospital Assessment Fund ²	\$2,813,300	\$13,090,800	\$45,831,500	\$55,831,500
Community Health Center ³	\$1,000,000	\$0	\$0	\$0
Coop.Welfare Acct – Federal	\$1,283,302,900	\$1,419,398,000	\$1,584,609,800	\$1,465,208,900
Coop.Welfare Acct – General	\$503,984,200	\$434,878,000	\$438,656,000	\$569,502,300
Coop.Welfare Acct – Other	\$114,918,500	\$114,112,400	\$171,538,800	\$147,441,700
Substance Abuse Treatment	\$0 ⁴	\$0	\$0	\$0
Liquor Control	\$650,000	\$650,000	\$650,000	\$650,000
Drug and Family Court Services	\$265,500	\$259,800	\$253,100	\$253,100
State Hospital Endowment	\$2,208,800	\$2,469,900	\$2,453,800	\$3,092,200
Economic Recovery Funds	\$303,400	\$2,325,200	\$0	\$0
Budget Stabilization Fund			\$0	\$0
Immunization Dedicated Vaccine Fund (new for 2010)		\$1,800,000	\$6,400,000	\$15,500,000
Millennium Fund	\$500,000	\$1,481,100	\$2,894,800	\$650,000
Total	\$1,922,889,400	\$2,005,079,100	\$2,278,290,800	\$2,269,000,600

Expenditure	SFY2009	SFY2010	SFY 2011	SFY 2012
Personnel Costs	\$182,974,900	\$174,141,700	\$162,862,600	\$163,848,800
Operating Expenditures	\$136,205,400	\$116,804,100	\$105,835,600	\$135,415,400
Capital Outlay	\$2,606,300	\$1,087,300	\$3,481,200	\$3,985,600
Trustee/Benefit Payments	<u>1,591,146,700</u>	<u>\$1,640,086,500</u>	<u>\$2,040,975,800</u>	<u>\$1,839,714,500</u>
Total	\$1,912,933,300	\$1,932,119,600	\$2,313,155,200	\$2,142,964,300

Note: Some revenue and expenditures do not show up on the graphs due to their small percentages relative to other financial figures. SFY12 revenue is based upon the Total Appropriation for that year.

¹ Responsibility for collecting Food Inspection revenues was transferred to Idaho Public Health Districts
² Hospital Assessment funding stream was initiated in SFY09
³ Community Health Center funding stream was initiated in SFY09
⁴ Substance Abuse Treatment revenue was rolled into Alcohol Intox. Treatment revenue



Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	SFY 2009	SFY 2010	SFY 2011	SFY 2012
DIVISION OF MEDICAID				
• Total Medicaid Expenditures (w/Admin)	\$1,436,967,500	\$1,469,260,000	\$1,882,143,000	\$1,704,408,900
• Medicaid T&B Expenditures Only	\$1,376,483,991	\$1,406,100,000	\$1,834,500,000	\$1,645,667,500
% Spent as payments to providers	95.79%	95.70%	97.47%	96.00%
• Total Average Medicaid enrollees per month (Adjusted to include retroactive enrollees)	192,006	204,441	221,177	228,897
• Avg. Monthly Eligible Basic Plan Children (0-20 yrs)	121,137	132,248	143,187	147,677
• Avg. Monthly Eligible Basic Plan Adults	14,132	17,322	19,456	20,467
• Avg. Monthly Eligible Enhanced Plan Children (0-20 yrs)	19,872	20,812	23,000	23,365
• Avg. Monthly Eligible Enhanced Plan Adults	22,269	19,050	18,798	14,726
• Avg. Monthly Dual-Eligible Coordinated Plan Adults	14,596	15,009	16,736	22,663
Cases Managed and/or Key Services Provided	SFY 2009	SFY 2010	SFY 2011	SFY 2012
DIVISION OF BEHAVIORAL HEALTH				
Children's Mental Health Services				
• Total children's mental health clients served	3,072	2,610	2,054	1,251
• Court-ordered clients (20-511A)	135	173	237	485
• Total support services provided to children and families ⁵	717	767	658	600 ⁶

⁵ Support Services include respite, therapeutic foster care, inpatient care, and family support services.

<u>Adult Mental Health Services</u>				
• Total adult mental health clients served	8,209 (revised)	9,443 (revised)	10,319 (revised)	9,514
<u>Substance Abuse Services</u>				
• Total adult and adolescent substance abuse clients served	14,905	9,931	6,619	All – 8,150 DHW – 3,316
<u>State Hospital South</u>				
<u>Adult Psychiatric</u>				
• Patient days	26,906	25,585	27,152	29,555
• Number of Admissions	363	384	490	484
• Percentage of Occupancy	81.9%	77.9%	82.8%	89.7%
• Indirect/Direct Costs Allocation Cost per Patient Day	\$508 (revised)	\$512 (revised)	\$455 (revised)	\$430
<u>Syringa Skilled Nursing</u>				
• Patient days	9,970	8,787	9,327	9,071
• Number of Admissions	9	7	10	10
• Percentage of Occupancy	81.6%	83.0%	88.1%	95.5%
• Indirect/Direct Costs Allocation Cost per Patient Day	\$472	\$528	\$495 (revised)	\$454
<u>Adolescent Unit</u>				
• Patient days	3,969	3,787	3,217	3,877
• Number of Admissions	91	75	81	81
• Percentage of Occupancy	68.0%	64.8%	55.1%	62.8%
• Indirect/Direct Costs Allocation Cost per Patient Day	\$795	\$800	\$699 (revised)	\$625
<u>State Hospital North</u>				
• Number of patient days	19,175	17,048	16,680	17,514
• Daily occupancy rate	89.0%	78.0%	76.0%	80.0%
• Number of admissions	249	331	336	289
• Cost per patient day	\$467	\$452	\$450	\$443
Cases Managed and/or Key Services Provided				
	SFY 2009	SFY 2010	SFY 2011	SFY 2012
DIVISION OF HEALTH				
<u>Vaccines</u>				
• Children's vaccines distributed	651,875 (revised)	659,584 (revised)	729,377	745,776
• Immunization Rates (19-35 Months) ⁷ (4:3:1:3:3:1 series)	Not comparable with SFY 2011 due to changes in the series		73.3%	66.3%
• Immunization Rates (School Age Children - Kindergarten)	85.2%	85.0%	85.8%	80.7%
• Total number of childhood vaccine preventable diseases (HIB, Measles, Mumps, Whooping Cough, Rubella) ³	54	107	207	194
<u>WIC⁸</u>				

⁶ Support Services this year included wraparound, functional family therapy, and Parents with Love and Limits program in the reporting.

⁷ This is a modified series called the "4:3:1:3:3:1-S" that did not include HIB

⁸ WIC Program began new tracking system in 2012; data are based on SFY 2012 for 6 months (Feb-July 2012)

• Women, Infants and Children (WIC) served monthly	45,415	47,257	44,691	43,858					
• (WIC) Average Monthly Voucher Value	\$54	\$49	\$48	\$49.70					
<u>Women's Health Check</u>									
• Women's Health Check (Women Screened)	4,270 (revised)	4,702	4,696	Data not yet available					
• Women's Health Check (Breast Cancer Diagnosed)	62	85	77	Data not yet available					
• Women's Health Check (Cervical Cancer Diagnosed)	2	4 (revised)	3	Data not yet available					
<u>Bloodborne Diseases</u>									
• New HIV Reports ⁹	55 (revised)	56 (revised)	53 (revised)	50					
• New AIDS Report	14	31	34	32					
• Idahoans living with HIV/AIDS	1,106 (revised)	1,209 (revised)	1,294 (revised)	1,377					
• Acute Hepatitis B	16	12	9	3					
• Acute Hepatitis C	6	8	12	14					
• Total New Bloodborne Diseases	77 (revised)	76 (revised)	74 (revised)	67					
<u>EMS</u>									
• Total EMS Personnel Licensure	665	660	531	673					
• Total EMS Personnel License Renewal	1,259	1,297	1,297	1,231					
• EMS grant requests for vehicles and care equipment	\$3,229,565	\$2,492,485	\$2,782,464	\$3,070,183					
• EMS grants for vehicles and care equipment	\$1,259,375	\$1,403,199	\$912,117	\$1,331,483					
<table border="1" style="width: 100%; background-color: #000080; color: white;"> <thead> <tr> <th style="text-align: center;">Cases Managed and/or Key Services Provided</th> <th style="text-align: center;">SFY 2009</th> <th style="text-align: center;">SFY 2010</th> <th style="text-align: center;">SFY 2011</th> <th style="text-align: center;">SFY 2012</th> </tr> </thead> </table>					Cases Managed and/or Key Services Provided	SFY 2009	SFY 2010	SFY 2011	SFY 2012
Cases Managed and/or Key Services Provided	SFY 2009	SFY 2010	SFY 2011	SFY 2012					
DIVISION OF FAMILY & COMMUNITY SERVICES									
<u>Idaho Careline/211</u>									
• Total # of call received by Careline/211	213,730	205,446	191,969	162,587					
<u>Child Protection, Prevention, Foster Care, Adoptions</u>									
• Total Child Prot. and Prev. Referrals	18,662	18,521	18,867	19,104					
• # of children placed in foster care.	3,031	2,876	2,826	2,563					
• Adoptions finalized	355	313	244	Data not yet available					
• # of children receiving monthly adoption assistance	1,564	1,798	2,120	2,233					
<u>Developmental Disabilities Services</u>									
• Individuals Served in the Infant Toddler Program	3,778 (revised)	3,663	3,380	3,446					
• Service Coordination for Children from birth to 21 years	5,874	6,071	6,586	5,336					
• Intensive Behavior Intervention for children	549	482	587	750					
<u>Southwest Idaho Treatment Center</u>									

⁹ HIV infection includes concurrent AIDS. Centers for Disease Control revised the definition for cases of HIV and AIDS so all cases should be reported as "HIV infection" and adopted a range of HIV infection stages (0-3 and unknown). Data are based on calendar year.

• Census	74	63	49	46
• Total clients served	86	82	66	65
• Crisis Bed Admissions	7	5	7	9
• Cost per patient day	\$798	\$738*	\$748	\$721

*Numbers have been revised to use the DU cost per census day for consistency.

DIVISION OF WELFARE/SELF RELIANCE

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

- TAFI application counts in EPICS reflected business processes that were not continued with IBES implementation; with streamlined processes in IBES there is a decrease in the reported number of TAFI applications in SFY 2010 and SFY2011. The decrease seen in applications processed is not indicative of a decrease in clients served. SFY 2010 included both EPICS and IBES data.
- Medicaid eligibility in IBES is determined through a rules-engine, rather than processing each Medicaid sub-program individually, as was required with EPICS. The decrease in Medicaid applications processed in SFY 2010 and SFY 2011 are due to this change in system design does not indicate a decrease in clients served. SFY 2010 included both EPICS and IBES data.
- Nursing home applications in IBES are added as secondary coverage to an active program and are not counted in the system as a separate application.
- For all programs, counts of eligible participants and individual benefits received can be accurately compared between EPICS and IBES.

Cases Managed and/or Key Services Provided	SFY 2009	SFY 2010	SFY 2011	SFY 2012
Applications				
• Temporary Assistance for Families in Idaho (TAFI) applications processed	16,735	10,204	7,716	7,444
• Aid to the Aged Blind and Disabled (AABD) applications processed	7,130	7,404	6,800	7,025
• Medicaid applications processed (excluding nursing home)	101,560	87,063	74,338	70,626
• Nursing home applications processed	2,567	Data no longer available due to IBES system design	Data no longer available due to IBES system design	Data no longer available due to IBES system design
• Child care applications processed	13,141	11,816	13,541	10,443
• Food Stamps applications processed	90,279	101,955	109,126	111,893
• Total applications processed	231,412	206,626	211,521	207,431
Self-Reliance Benefit Programs				
• TAFI cash assistance avg. monthly participants	2,363	2,630	2,976	2,998
• TAFI annual benefits provided	\$6,040,352	\$6,331,762	\$6,971,041	\$7,068,909
• AABD cash assistance avg. monthly participants	14,024	14,843	14,398	14,683
• AABD annual benefits provided	\$9,115,301	\$8,543,558	\$8,163,377	\$7,971,353
• Food Stamps avg. monthly participants	124,826	179,074	223,730	235,502
• Food Stamps annual benefits provided	\$171,968,943	\$277,245,761	\$351,982,800	\$366,313,353
• Child Care avg. monthly participants	6,883	6,632	6,418	6,559
• Child Care annual benefits provided	\$22,065,107	\$19,672,871	\$19,059,353	\$19,298,544

<u>Self-Reliance-Child Support Services</u> ¹⁰					
• Paternity established	5,341	5,876	6,098	Data not yet available	
• Support orders established	7,916	8,753	8,092	Data not yet available	
• Child support caseload	147,938	149,227	148,100	Data not yet available	
• Total child support dollars collected	\$187,724,328	\$190,917,911	\$193,818,034	Data not yet available	
o Collections through wage withholding	\$83,262,171	\$86,340,345	\$90,719,030	Data not yet available	
<u>Community Services Block Grant</u>					
• Grant amount	\$3,689,615	\$3,469,989	\$3,469,989	Data not yet available	
• Total Served Quarterly	49,940	52,217	56,068		
Cases Managed and/or Key Services Provided		SFY 2009	SFY 2010	SFY 2011	SFY 2012
INDIRECT SERVICES					
<u>Financial Services - Electronic Payment System/Quest Card</u>					
• Food Stamp and cash assistance payments	\$186,764,807	\$292,411,033	\$368,254,025	\$382,991,321	
• Child Support electronic payments	\$165,444,967	\$170,649,363	\$172,348,246	\$175,967,057	
<u>Bureau of Audits and Investigations</u>					
• Criminal History Background Checks ¹¹	24,436	26,206	24,931	25,405	
• Medicaid Program Integrity: Identified Overpayments and Cost Savings (Millions) ¹²	\$5.7	\$3.7	\$5.7	\$3.2	
• Internal Audit Reports Issued ¹³	9	12	11	8	
• Welfare Fraud Investigation Unit: Identified Overpayments and Cost Savings (in millions) ¹⁴	\$3.4	\$2.7	\$3.2	\$3.4	

Part II – Strategic Plan Performance Measures

Performance Measure	SFY 2009	SFY 2010	SFY 2011	SFY 2012	Benchmark
1. Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).	75.52%	76.12%	Data Not Yet Available	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).	64.91%	64.85%	Data Not Yet Available	Data Not Yet Available	67.50%

¹⁰ Data collected by federal fiscal year and not available until November of each year.

¹¹ Criminal History Unit continues to deter ineligible participation over time. The number of disqualified or self-disqualified applicants was 260, 263, 399 and 269 in SFYs 2009, 2010, 2011 and 2012.

¹² The Medicaid Program Integrity Unit overpayments identified (in millions) were \$3.2, \$2.7, \$2.7, and \$1.3 in SFYs 2009, 2010, 2011, and 2012. Penalties and interest were \$74,037, \$19,148, \$184,848, and \$323,899 in SFYs 2009, 2010, 2011, and 2012. Cost savings (in millions) were \$2.5, \$0.7, \$2.4, and \$1.5 in SFYs 2009, 2010, 2011, and 2012.

¹³ Internal Audit measures its performance by tracking audit reports and successful resolution of audit issues.

¹⁴ 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 1,898, 2,098, 2,976, and 2,985 in SFYs 2009, 2010, 2011, and 2012.

3. Percent of DHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).	84.31%	82.09%	79.87%	82.86%	84.31%
4. Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).	48.52%	51.02%	40.21%	Data Not Yet Available	41.69%
5. Percent of children who are safe as measured by the Safety Composite (SC)	85.12%	86.76%	87.27%	Data Not Yet Available	86.45%
6. Geographic areas of Idaho that meet Health Professional Shortage Area (HPSA) criteria which have been submitted for Health Professional Shortage Area designation.	100%	100%	100%	100%	100%
7. Percent of Idahoans with health and dental care coverage	76.3%	76.03%	Data Not Yet Available	Data Not Yet Available	78.67%
8. Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.	92.82%	94.06%	95.9%	96.21%	92.75%
9. Accuracy rates of key identified programs.	84.58%	86.68%	Data Not Yet Available	Data Not Yet Available	84.17%
10. Customer service performance at DHW based on four key indicators (Caring, Competency, Communication, and Convenience).	Data Not Collected ¹⁵	Data Not Collected	Data Not Collected ¹	Data Not Collected	89.36%

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

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

Performance Measure Explanatory Notes:

1. Performance Measure #1 Explanatory Note

A. Objective

Improve healthy behaviors of adults to 75.40% by 2016.

B. Performance Measure

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

C. Rationale for Objective and Performance Measure

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

D. Performance Measure Description

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

¹⁵ The customer service standard had been attained and due to budgetary constraints, the Customer Satisfaction Survey was not administered for SFY09 or SFY10.

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

E. How Target Was Created

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

2. Performance Measure #2 Explanatory Note

A. Objective

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

B. Performance Measure

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

C. Rationale for Objective and Performance Measure

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

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

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

D. Performance Measure Description

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

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

E. How Target Was Created

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

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

3. Performance Measure #3 Explanatory Note

A. Objective

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

B. Performance Measure

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

C. Rationale for Objective and Performance Measure

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

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

D. Performance Measure Description

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

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

E. How Target Was Created

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

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

4. Performance Measure #4 Explanatory Note

A. Objective

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

B. Performance Measure

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

C. Rationale for Objective and Performance Measure

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

D. Performance Measure Description

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

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

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

E. How Target Was Created

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

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

5. Performance Measure #5 Explanatory Note

A. Objective

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

B. Performance Measure

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

C. Rationale for Objective and Performance Measure

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

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

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.

6. Performance Measure #6 Explanatory Note

A. Objective

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

B. Performance Measures

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

C. Rationale for Objective and Performance Measure

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

D. Performance Measure Description

The performance measure is a measure of the submission of Idaho areas for designation as Health Professional Shortage Areas. The three types of shortage areas used are:

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

Health Professional Shortage 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.

7. Performance Measure #7 Explanatory Note

A. Objective

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

B. Performance Measures

Percent of Idahoans with health and dental care coverage.

C. Rationale for Objective and Performance Measure

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

D. Performance Measure Description

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

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

E. How Target Was Created

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

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

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

8. Performance Measure #8 Explanatory Note

A. Objective

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

B. Performance Measures

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

C. Rationale for Objective and Performance Measure

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

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

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

D. Performance Measure Description

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

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

E. How Target Was Created

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

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

9. Performance Measure #9 Explanatory Note

A. Objective

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

B. Performance Measures

Accuracy rates of key identified programs.

C. Rationale for Objective and Performance Measure

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

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

D. Performance Measure Description

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

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

E. How Target Was Created

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

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

10. Performance Measure #10 Explanatory Note

A. Objective

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

B. Performance Measures

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

1. *Caring* - Percent of 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, Administrative Services Manager
Department of Health and Welfare
450 W State 10th Floor
PO Box 83720
Boise, ID 83720-0036
Phone: (208) 334-5719
E-mail: Prisockt@dhw.idaho.gov