Part 1 – Agency Profile

Agency Overview

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

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

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

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

The Director appoints Deputy Directors to assist in managing the Department's business. A deputy is responsible for oversight and coordination of each of the following three areas: Family and Welfare Services/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 seven divisions: Medicaid, Behavioral Health, Public Health, Family and Community Services, Welfare, Operational Services, and Information and Technology Services. In addition to the seven 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 22 field offices geographically located to reach each area of the state, three state institutions, and 2,853 authorized full-time employees in SFY12.

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

1. Division of Medicaid
A. Overview

The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The Division does not provide direct medical services, but contracts and pays for services through providers similar to private health insurance plans. Medicaid

provides services for low-income families, which includes children and pregnant women; the elderly; and people with disabilities. Medicaid also licenses and inspects health facilities, including nursing homes, hospitals, and residential and assisted living facilities.

B. Highlights

- *2011 Legislative Direction* – Through House Bill 260, the Idaho Legislature directed Medicaid to reduce general fund spending by making changes to pricing, benefits, provider assessments, and by establishing co-pays for certain services. Based on this direction, Medicaid is aligning provider reimbursement at up to 100% of Medicare rates for primary care services and 90% of Medicare rates for other services. Medicaid will also align certain benefit coverage limits with Medicare coverage limits. In addition, co-pays are being added for some services and provider assessments will be used to leverage and retain federal match funds. Program specific changes related to House Bill 260 are described in relevant sections below.

- *Electronic Health Records* – In 2009, Congress passed the American Recovery and Reinvestment Act (ARRA) which authorizes incentive payments for eligible Medicare and Medicaid providers who meaningfully use certified electronic health record technology. It allows federal dollars to be used to pay 100% of the incentive funds to providers. It also allows a federal match rate of 90% for administrative costs related to administering the incentive payments, conducting oversight, tracking meaningful use, and pursuing initiatives to encourage providers to adopt electronic health record technology to promote health care quality and exchange. Idaho Medicaid is currently developing the State Medicaid Health Information Technology Plan. Idaho expects to implement the Medicaid Electronic Health Records Incentive Program in 2012.

- *Children's System Redesign* – The Children's System Redesign is a joint effort between Medicaid and Family and Community Services which began its phased implementation on July 1, 2011. As part of the redesign, the Department received approval from the Idaho Legislature and the Centers for Medicare and Medicaid Services for two 1915(c) waivers and a 1915(i) Home and Community-Based State Plan Option. The Children's System Redesign was implemented to improve the quality and utilization management of services for children with developmental disabilities. Some highlights of the program include an independent assessment provider to determine eligibility, Department delivered case management, a greater array of benefits, management of benefits with annual budgets, and a Family-Directed Services option.

- *Medicaid Management Information Systems Implementation* – Over the past year, the Division of Medicaid has worked closely with Molina Medicaid Solutions to identify and correct system issues and improve the quality of services delivered to Medicaid providers, participants, Department staff, and other trading partners. This work has resulted in increased accuracy of claims processing and a marked reduction in escalated provider issues. Molina and the Division of Medicaid continue to meet with provider associations to discuss issues of mutual concern. All Medicaid management information system suppliers, Molina Medicaid Solutions, Magellan (pharmacy system), and Thomson-Reuters (decision support/data warehouse) are working with the state to prepare for the Centers for Medicare and Medicaid Services system certification activities that are anticipated to occur in 2011.

- *Transportation Brokerage* – Idaho Medicaid has contracted with a transportation broker, American Medical Response, to coordinate a network of providers to deliver improved transportation services more efficiently and at a lower cost to Idaho taxpayers. American Medical Response started providing non-emergency medical transportation for eligible Idaho Medicaid participants on September 1, 2010. Cost savings of approximately $500 thousand annually are expected. American Medical Response has raised standards for commercial transportation in terms of vehicle and driver requirements as well as compliance with state regulations governing Medicaid transportation.

- *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% is comparable to private dental insurance rates in Idaho and among the highest access rates for state Medicaid programs across the country. As a result of House Bill 260, dental benefits for eligible adults are limited to medically necessary oral surgery and palliative services.

- *Children's Healthcare Improvement Collaboration (CHIC)* – The state of Idaho, in partnership with the state of Utah, received a five year Children's Health Insurance Program Reauthorization Act quality demonstration grant for $10,277,360. 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. The CHIC project is a partner in the Governor's Medical Home Collaborative group and works with other divisions within the Department, the Idaho Health Data Exchange, St. Luke's Children's Hospital, the Idaho Chapters of the American Academy of Pediatrics and the American Academy of Family Physicians, the Utah Department of Health, and the University of Utah School of Medicine.

- *Governor's Patient-Centered Medical Home Collaborative* – Medicaid is a member of this Collaborative to support primary care practices in Idaho develop into patient-centered medical homes and develop a multi-payer payment methodology that provides incentives for improved health outcomes. So far the collaborative has defined key medical home criteria, developed a proposal for piloting the medical home model in practices across the state, and created a public-private partnership to fund a project team that is responsible for implementing the medical home model in Idaho. This project team is currently being formed and will reside in the Division of Medicaid.

- *Idaho Home Choice* – Idaho Medicaid received a federal Money Follows the Person Demonstration grant award for $7,151,766 to help rebalance spending from institutional care to home and community-based care. Idaho Home Choice is a system of flexible financing for long-term services and supports that enables funds to move with the individual to the most suitable and preferred setting as the individual's needs and preferences change. The program will transition a minimum of 325 individuals who currently live in institutions to home and community-based settings. Additional transition management and transition services will be provided to participants of this program. The program implementation date will be October 1, 2011.

- *Pharmacy Pricing* - As directed by the 2011 Idaho Legislature, Medicaid is changing the payment method for prescription drugs. The estimated acquisition cost, which has been average wholesale price (AWP) minus 12%, will be changed to the actual average acquisition cost (AAC). The AAC is an actual measure of a pharmacy's cost to acquire a drug as compared to the previously used AWP which was based on data obtained from manufacturers, distributors, and other suppliers. Using actual cost information and a tiered dispensing fee model will allow the state to save at least 2 million general fund dollars while at the same time covering the costs of the dispensing pharmacy. Necessary surveys of Medicaid pharmacies have been conducted and the anticipated date for having the new rate and dispensing fee ready for use is October 1, 2011.

- *Mental Health Managed Care* – House Bill 260 directed Medicaid to develop plans for managed care models of service delivery. Medicaid issued a Request for Information, developed a Web site to collect information, and conducted a public dialogue in an effort to identify important elements that should be included in a Request for Proposal (RFP). In addition to developing the RFP, Medicaid staff are also working closely with the Centers for Medicare and Medicaid Services to develop a 1915(b) waiver so that Medicaid can switch from the current fee-for-service model to the managed care model. The vision is that initially only mental health services will move to a managed care structure and that substance use disorder services will be added at a later date.

2. Division of Behavioral Health

A. Overview

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

- ACT teams are often characterized as bringing psychiatric hospital services into a community setting, at a much lower expense. They are community based teams of mental health professionals who provide intensive services to people, providing daily contact with clients and rapid access to both nursing and psychiatric care. During SFY11, 587 clients received ACT team services from the Division's regionally-based ACT teams.   This includes 234 people who are participants in the state's mental health courts.

- The data management system, WITS (Web-based Infrastructure for Treatment Services) is a web-based application designed to capture client treatment data and satisfy mandatory government reporting requirements. The system is being rolled out for Children's Mental Health and expanded for the Substance Use Disorder (SUD)/Mental Health programs.

- During SFY11 the Substance Use Disorders program, through private treatment providers, provided Outpatient, Intensive Outpatient, and Residential treatment services for 6,619 clients. Of those clients served:
  - 2,661 were adults not involved in the criminal justice system
  - 3,418 were adults involved in the criminal justice system – misdemeanants and felons
  - 102 were adolescents not involved in the criminal justice system
  - 729 were adolescents involved in the criminal justice system

- During SFY10 the percentage of clients completing treatment successfully stayed stable for all client types at about 38%. Length of stay dropped slightly to 145.4 from 153.6 days for clients who successfully complete treatment in SFY10.

- The SUDS program continued to collaborate with the Interagency Committee on Substance Abuse Prevention and Treatment (ICSA) on SUD treatment of state-funded clients. As intended by legislative authority, ICSA was formally dissolved on July 1, 2011. The Behavioral Health Interagency Cooperative (BHIC) has assumed many of the original responsibilities of ICSA.

- Throughout SFY11, the Department of Health and Welfare worked closely with the courts to address the needs of court-ordered SUD clients. Specifically, Idaho Code 19-2524 allows a judge to order state-funded assessment and/or treatment (pre or post-sentence) for those felons struggling with addiction. In SFY11 DHW served 985 19-2524 adult felons. The equivalent sentencing alternative for adolescents is referred to as 20-520(i). In SFY11, 755 adolescents were served.

- Effective July 1, 2011, the Idaho Department of Corrections (IDOC) is responsible for assessment and/or treatment of felons sentenced under Idaho Code 19-2524. The Department of Juvenile Corrections (IDJC) will manage the assessment/treatment of adolescents sentenced under Idaho Code 20-520(i).

- The Children's Mental Health program continues to provide Parenting with Love and Limits (PLL) program in all seven regions. PLL is an evidenced based program that has been shown to be effective in treating youth with disruptive behaviors and emotional disorders. The annual evaluation continues to demonstrate positive outcomes that are consistent with national PLL programs. Idaho's program showed improvement in functioning and reduced the time the youth and family receive services from the Children's Mental

Health program. Over 70% of the families opened for PLL services were closed within three months, compared to an average length of service of 12 months for non-PLL families.

- Idaho Code Section 20-519 is a new law that became effective July 1, 2011 concerning the competency of youth charged with offenses under the Juvenile Corrections Act. The Department will provide the restoration services should a juvenile be found incompetent to proceed. Employees have been trained on the process and have a restoration curriculum in preparation for this new law.

3. Division of Public Health
A. Overview

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

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

B. Highlights

- State Epidemiologists presented to Idaho Fish and Game commissioners on the potential health risks of Echinococcus granularis, a tapeworm that is present in Idaho wolves. There have not been human cases in Idaho confirmed to be linked to wolves, but concern is high among some members of the public.

- Current activities for the control of tuberculosis (TB) are at risk in light of anticipated cuts in federal funding. TB control activities include the provision of directly observed therapy for cases of TB, which ensures completion of treatment; tracing of contacts of persons with TB to identify and treat other infected persons; consultation services to physicians requesting help in managing suspected and confirmed cases of TB; and the provision of training for new public health staff involved with the provision of these TB control services. A Decision Unit to address this potential cut is in the works.

- We were successful in passing rule and statute changes relating to immunizations. The rules strengthened school and day care entry requirements to align our requirements with currently recommended vaccine schedules, while allowing parents to choose exemption as before.

- The Epidemiology Program awarded over $300,000 to 16 Idaho acute care hospitals to improve tracking of healthcare-associated infections (HAI) to inform infection prevention activities and will continue to work with Idaho facilities throughout the year on HAI prevention in Idaho.

- WIC Information System Program (WISPr) project received federal approval and funding effective October 21, 2009. The original project cost was estimated at $2,949,416 ($2,555,978 ARRA funds, $392,438 WIC program administration funds). The estimated project cost, as of May, 2011, is $3,716,217. The program applied for National Technology Grant funding to offset the majority of the increased cost estimate, but status of the submittal is pending. It is anticipated that $547,417 in program carry forward funds will be applied towards the project. The system is being built in-house and is currently on schedule with pilots being conducted during the month of August 2011. It is anticipated that the program will go live statewide in November, 2011.

- The Maternal, Infant and Child Home Visiting Program submitted the grant for the second year of funding July 21, 2011. In addition to implementing evidence based home visiting services within the state, this program works closely with public and private partners to integrate the early childhood system within Idaho. The base grant award has been increased from $784,500 in the first year to $1,000,000 in the second year. In June, community meetings were held in the four identified implementation counties:

Kootenai, Shoshone, Twin Falls and Jerome. These counties were identified through an assessment process conducted in the summer of 2010. In addition to implementation major components of the program still being developed are the evaluation plan, the data system and data collection.

- The Division of Public Health partnered with the surrounding Pacific Northwest States and other Federal and State agencies to coordinate messages and provide radiation and earthquake preparedness information to health professionals and the public as a result of the earthquake and tsunamis in Japan.

- Strengthening Public Health Infrastructure is a new grant that assists the Division of Public Health in: leading efforts on division-wide quality improvement/quality assurances to enhance overall business practices; encouraging program evidence-based practices/standards and program performance measures; implementing financial accountability practices and tools; and, improving contract monitoring practices and tools.

- The Office of Rural Health recruited Critical Access Hospitals (rural facilities with 25 beds or less) to participate in a new initiative called the Medicare Beneficiary Quality Improvement Project (MBQIP). The project will allow participating hospitals to benchmark their quality against facilities statewide and nationwide. MBQIP will also provide tools, resources, and information to improve healthcare quality. As of August 2011, nine of twenty-seven Critical Access Hospitals have registered to participate.

- The Office of Rural Health worked with health stakeholders in Valley County to establish dialogue between Critical Access Hospitals and the Community Health Center, resulting in successful meetings between St. Luke's McCall, Cascade Medical Center, Adams County Health Center, a county commissioner and city councilman, Idaho Hospital Association and Idaho Primary Care Association leadership.

- Primary Care Office sponsored its second annual "Meet the Residents" event, in partnership with the Family Medicine Residency of Idaho, the Idaho Primary Care Association, and St. Alphonsus Regional Medical Center. Twenty-two healthcare employers from around the state registered to participate and meet with physician residents from the Family Medicine Residency of Idaho, the Internal Medicine and Psychiatry programs at the Veteran's Administration Hospital and the Idaho State University Family Medicine Residency Program. Plans are underway to replicate this event in Pocatello in October.

- The Health Preparedness Program implemented an inventory management system which supports the full range of operations which the IDHW Receipt, Stage, and Store (RSS) facility needs in order to receive re-distribution of medical supplies through the Strategic National Stockpile during a public health emergency.

- The Health Preparedness Program upgraded the Volunteer Idaho system to recruit and manage needed volunteers during a public health emergency and conducted a mass media campaign on the recruitment of medical and non-medical volunteers statewide to serve during a public health emergency.

- In the Bureau of Community and Environmental Health, 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, 22 Idaho cities have implemented smoke-free policies for parks and/or playgrounds to protect children from the harmful effects of second-hand smoke. Boise is among many other cities considering adopting smoke-free parks this fall. Most recently Basic American Food Inc. (corporate office in Rexburg) and Woodgrain Millwork Company (corporate office in Caldwell) have implemented smoke-free policies for all facilities nationwide. Project Filter has also played a major role helping the Department developing a tobacco-free policy for the IDHW campus (PTC Building and Medicaid Building). Smoking will not be allowed on campus grounds starting September 1, 2011.

- On July 1, 2011, the Bureau of Vital Records and Health Statistics celebrated their 100-year anniversary. The bureau held an open house to showcase the bureau over time. Before 1911, the states' vital documents were stored at the county level. In 1911, the State Board of Health of Idaho began the "Department of Vital Statistics" to begin the state-wide registration of births and deaths with a designated

central depository. The first annual report included data from 1938 and was written on onion-skin paper. The Bureau continues to produce reports of health-related data.

- In August 2010, the Idaho Bureau of Laboratories (IBL) was one of 25 state, local and private laboratories to participate in EPA Region 9 and 10 and CDC full scale exercise. The exercise tested the ability of laboratories to respond to a simultaneous aerial chemical warfare agent release, a toxic industrial chemical spill, and an anthrax contamination in a domestic water supply. IBL was the only laboratory to participate in all three phases of the exercise. Because of this extensive involvement, IBL was invited to be a co-presenter at the Association of Public Health Laboratories National Meeting.

- In October of 2010, IBL completed its work with CDC's Laboratory Information Management System Integration (LIMSi) program and became the first laboratory in the nation to become Public Health Information Network (PHIN) certified for biological select agent (LRN-B) reporting. This capability allows IBL reports involving biological select agents to be electronically sent to CDC.

- In April and May of 2011, IBL was one of a handful of laboratories that participated in a six week CDC and EPA bio-operational testing and evaluation (BOTE) study. This study evaluated several methods of remediating an indoor office space following a simulated anthrax release. This study provided data that will be utilized in a similar multi-agency (CDC, EPA, FBI, and BHS) full scale exercise this September at the Idaho National Laboratory.

- The Emergency Medical Services State Communications Center received Public Health Emergency Response grant funding from the Centers for Disease Control and Prevention to replace and upgrade communication equipment that will enable more seamless communication capabilities with emergency responders throughout Idaho.

- The Emergency Medical Services Bureau is preparing to implement the Crash Acquisition and Reporting System (CARS-Mayday) Graphical User Interface that includes an "EMS Response Screen" designed specifically for displaying real time automatic crash data to the Idaho State EMS Communications Center dispatchers. A probability of injury score is generated that will assist the dispatchers in deploying appropriate resources to a motor vehicle crash as well as making advanced notification to hospitals.

- The Emergency Medical Services State Communications Center (StateComm) partnered with the Idaho Bureau of Homeland Security (BHS) to allow for automatic data transfer from StateComm's computer aided dispatch database to Virtual Idaho. Virtual Idaho is an information sharing initiative, developed in collaboration with the emergency response community and state and local governments that helps federal, state, local and tribal first responders communicate during emergencies. It allows first responders and emergency managers to see a real time snapshot of what is going on around the state and in neighboring states. This tool will benefit BHS, emergency responders and managers in situational awareness.

- The Idaho EMS Bureau began implementing the Pre-hospital Electronic Record Collection System (PERCS) in October 2007. PERCS is an electronic reporting system versus the paper "bubble sheet" reporting system used previously. There are currently 135 of the 198 licensed agencies in Idaho that voluntarily transitioned to PERCS. The EMS Bureau has provided training and set-up assistance to agencies that chose to transition.

- Many fire-based EMS agencies expressed concern that there is duplication of effort when reporting patient care information as they must also report much of the same information to the State Fire Marshal's Office and the National Fire Incident Reporting System (NFIRS). The EMS Bureau has added an additional module to the Pre-hospital Electronic Record Collection System (PERCS) to allow the software to separate and route the information appropriately. This means that the firefighter has to perform only a single record input which cuts the reporting workload in half.

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- The EMS Bureau's EMS for Children program is providing four high-fidelity, human patient simulator training sessions with specific pediatric tracks this year by contracting with the Idaho Simulation Network (ISN) to conduct the training. Similar training sessions were conducted last year and were very well received by the participating hospitals and EMS agencies.

4**. Division of Family and Community Services**
A. Overview

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

One state institution is a part of this Division; 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' Child Welfare Program was one of the first five states to successfully meet federal requirements by completing its Program Improvement Plan (PIP). All states are required to complete an improvement plan following extensive federal Child and Family Services Reviews (CFSR). The Child Welfare Program completed all required action steps, met statistical standards and achieved all of its PIP goals in two of the allowed three years. The program used the improvement plan to dramatically improve services as is shown by the following 2010 outcomes:
    - Idaho ranked first in the nation, in State permanency scores in the areas of Timeliness of Adoption and Permanency for Child and Youth in Foster Care for Long periods of time;
    - Idaho ranked sixth in the nation in Timeliness and Permanency of Reunification with Parents; and
    - Idaho ranked twelfth in Placement Stability (fewer moves in foster care).

- The Department collaborated with the legislature to clear up inconsistencies in the daycare statute and the daycare rule regarding local control and child-staff ratios. The passage of the subsequent amendment to the statute allows for consistent and clear guidance around daycare licensure. Organizationally Daycare licensure has been placed in the larger Child Welfare Program along with licensure for Residential Treatment Centers, Outdoor Programs and Adoption agencies. This placement should allow for added expertise both in child safety and licensure of child programs.

- Following an extensive design process the Developmental Disabilities Program in partnership with the Division of Medicaid is implementing Children's Benefit Redesign. Redesign is the result of collaboration from stakeholders, advocates and families interested in designing a system that works better for children and families. The model increases family control and choice by creating an individual budget for services, requiring higher qualifications for therapists, and offering a wider array of services that can be individualized for a child's needs. The model also offers an alternate Family Directed Pathway where trained families independently oversee services. Additionally, the new model is not forecast to increase costs from last year's expenses. The rules for the new model were passed by the 2011 Legislature and a phased implementation began July 1, 2011.

- The Infant Toddler Program (ITP) continues to implement evidence based practices such as coaching, teaming, and natural learning to help parents teach and coach their children with developmental disabilities and delays.   American Recovery and Reinvestment Act (ARRA) funds have been used to bring state-of-the-art trainers and practices to Idaho. Families, therapists, and educators have embraced these proven approaches in every region of the state. In addition, ARRA funds have been used to create online learning opportunities; provide technology based items to facilitate effective practices; and purchase video conferencing equipment for statewide cost savings and efficiencies. Federal funds are

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being used to enhance the current web-based data system to include a billing interface. In the upcoming year, the Infant Toddler Program will continue to provide early intervention services to support young children and their families in the state of Idaho.

- The FACS Navigation Program is implementing outcome measurements to monitor program effectiveness. In Idaho more than 23,000 children live in households headed by grandparents or other, non-parent relatives. Navigation is a significant resource to these and other vulnerable families, who without support may be at risk for foster care placement.

- The Idaho 2-1-1 Careline converted to an updated version of the IRIS database, which will eventually allow for a more user friendly resource search option for 2-1-1 customers who utilize www.211.idaho.gov in order to find resources and has helped align with AIRS accreditation standards. 2-1-1 remains the point-of-contact in the state for IdahoSTARS, Day Care Complaints, Welfare Fraud reporting, Foster parent and Adoption recruitment, Wednesday's Child and multiple other promotions and campaigns aimed at improving the health, stability and safety of Idaho citizens.

- As part of the Southwest Idaho Treatment Center (previously Idaho State School and Hospital) appropriation in 2009, legislative intent directed the Department to engage stakeholders in the development of a long-range plan for the programs and services. The Department convened a committee to review the status of the services and respond to recommendations made by the Department regarding the future of the facility.   During the 2011 Legislative session, legislation passed that provides additional tools to more efficiently and appropriately admit and discharge individuals. The facility mission was changed from providing long term residential services to providing treatment and temporary placement for individuals with Developmental Disabilities who cannot be supported in the community. Additional legislation changed the name of the Idaho State School and Hospital to the Southwest Idaho Treatment Center (S1080). The facility had not had a functioning school or hospital for over 20 years and the name caused frequent confusion to the community.

5. Division of Welfare (Self Reliance)
A. Overview

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

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

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

B. Highlights

- Although typically there are serious and multiple issues during a year following the implementation of a major automated system, the Division has performed exceptionally well with its new Idaho Benefits Eligibility System (IBES). There were critical elements requiring completion during this year, such as building federal reports, and some fixes to some items that weren't ready at implementation, as well as routine updates and changes that come with State and Federal mandates. 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. At the same time, the Division had to reduce staffing levels and the number of local offices around the State due to budget cuts. Continued

efforts to streamline processes have helped the Division prevent backlogs of critical work and meet federal performance requirements.

- Increased benefit program caseloads include participants who had never before received this type of assistance. Finding themselves out of work and out of options, they have turned to the Division for help. From June 2009 to June 2010 the number of Food Stamp households increased by 43% and from June 2010 to June 2011 participation increased by another 20%. An average of 9,100 Food Stamp applications were processed each month during SFY 2011. In June 2011, the number of Food Stamp households receiving benefits due for recertification was over 15,500, an increase of 24% over the previous year of almost 12,500. Participation in the Child Support program remained consistent in SFY 2011.

- Even with increasing caseloads, the challenges following implementing of a new automated system, and reduced staffing levels, the Division maintains strong performance in the Food Stamp and Medicaid programs. Application processing timeliness for Food Stamps (non-expedited) was nearly 98% and for Medicaid was over 95%. Federal standards for accuracy in all Benefit and Child Support programs were met or exceeded.

6. Division of Operational Services
A. Overview

The Division of Operational Services provides a wide range of support to the Department in the areas of Human Resources planning and management, management of facilities and contracts, and 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 Facilities Management provides support for the Department's operations and service delivery units through facilities management, management of physical plant projects, and motor pool control 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 2011, the Office of Contracting and Procurement Services developed and published an on-line training course in contract monitoring.
- To consolidate office space and reduce costs, the Office of Facilities Management coordinated the sale of a Department-owned building in Idaho Falls and relocated staff in Idaho Falls and in Salmon. The Facilities Management Office also negotiated reduced costs for office space in Benewah County.
- Working with other divisions in the Department, the Office of Facilities Management conducted a study of printers, copiers, scanners, and fax machines. The study resulted in relocation of some printers and copiers, which eliminated the need to purchase new machines in some locations and eliminated the need for desktop printers, which are much more expensive to operate.
- In 2011, the Office of Human Resources streamlined two of the courses offered through the Supervisor Training and Resources (STAR) Program. Improvements include targeting on specific supervisory skills while decreasing the number of training hours required for supervisors to complete the courses.
- In 2011, the Office of Human Resources improved its responses related to employee relations and classification/compensation issues. The office also improved recruitment efforts for the Department.

- In the 2011 legislative session, the Office of Administrative Services implemented an electronic process for legislative review of the Department's proposed administrative rules. The electronic process saved the Department $5000 in printing and labor costs and earned praise from the chairs of the germane legislative committees.

7. Division of Information Technology
A. Overview

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

- Providing direction in policy, planning, budget, and acquisition of information resources related to all Information Technology (IT) projects and upgrades to hardware, software, telecommunications systems, and systems security.
- Securing Department information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information.
- Maintaining all Department information technology resources, ensuring availability, backup, and disaster recovery for all systems.
- Overseeing development, maintenance, and enhancement of business applications, systems, and programs for all computer, network, and data communication services.
- Providing direction for development and management of Department wide information architecture standards.
- Participation in the Information Technology Executive Advisory Committee (ITEAC), a subcommittee of the Information Technology Resource Management Council (ITRMC), providing IT guidance and solutions for statewide business decisions.
- 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 the development and implementation of a web-based child services assessment system for the Division of Medicaid effectively eliminating labor-intensive paper-based assessments; providing a web-based employer portal to process form responses and to update employee data expediting child support collections; conversion of all Child Support case files from paper into electronic format; improving the Child Support Data Warehouse to cover all areas of business; updating the Web Infrastructure for Treatment Services System (WITS) to provide for the management and reporting needed to implement the Access to Recovery (ATR) program; implementation of WITS for the Children's Mental Health Program; and enhancing the Electronic Health Record system (vxVistA), at both State Hospitals with the completion of a perpetual inventory module for pharmacy and adding data extraction capabilities.

- Accomplishments directly associated with protecting the health and safety of Idahoans include integrating Emergency Responder 911 into the Department's Voice over IP infrastructure which allows emergency personnel to respond directly to the location of an incident; deploying Voice over IP and call recording for the Child Protection call center; implementing department-wide encryption of e-mail when it contains personal health information (PHI), personal identification information (PII) or HIPAA information; and wireless networking at the State Hospitals, Pete T. Cenarrusa Building and Medicaid so information can be accessed from anywhere in the facility.

- Initiatives to "Go Green" include upgrading the remote access (Juniper) of the Department's network for agency staff; implementing a unified computing system for optimization of a virtual server environment effectively reducing the physical server hardware footprint, server hardware expenditures, and reducing data center power and cooling requirements; moving toward on-line reporting for all Department programs and Federal partners; eliminating paper Child Support records; and using technology (LANDesk) to electronically apply upgrades and security patches to Department computers.

Medically Indigent 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.

B. Highlights

- In 2010, the Uniform Application for both Medicaid and Medically Indigent Assistance was developed and implemented.

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

- In 2010, the Department reorganized Indirect Support Services, streamlining the structure supporting financial systems and operations and budget analysis and management. The reorganization created the Bureau of Financial Services.

- 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

- Identified overpayments, penalties, interest and cost savings in SFY 2011 reached $5.7 million.

- In SFY 2011 the Welfare Fraud Investigations Unit received 2,976 complaints alleging welfare benefit fraud and completed 1,945 investigations. Of the completed investigations, 1,123 were confirmed program violations that resulted in program sanctions, confirmed overpayments, or closed benefits. In 14 cases, the violations resulted in criminal prosecution. In the prior year, there were 783 program sanctions, confirmed overpayments, or closed benefits and 18 convictions.

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 39, Chapter 46	Idaho Developmental Disabilities Services and Facilities Act
Title 39, Chapter 48	Immunization

Title and Chapter	Heading
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 2008	SFY 2009	SFY 2010	SFY 2011
ID Health Ins. Access Card	$3,212,600	$3,580,400	$4,614,100	$5,842,300
Prev. Minors' Access to Tobacco	$71,500	$50,000	$50,300	$50,100
Domestic Violence Project	$486,100	$495,800	$488,600	$484,000
Cancer Control	$401,700	$404,700	$403,300	$401,000
Emergency Medical Services	$2,665,600	$2,912,600	$2,822,300	$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	$4,556,500	$3,232,900	$3,232,900	$3,232,900
Food Inspections	$638,000	$0[1]	$0	$0
Health & Welfare - EMS III	$1,400,000	$1,400,000	$1,400,000	$1,400,000
Hospital Assessment Fund[2]	NA	$2,813,300	$13,090,800	$45,831,500
Community Health Center[3]	NA	1,000,000	$0	$0
Cooperative Welfare Acct – Federal	$1,084,238,400	$1,283,302,900	$1,419,398,000	$1,594,609,800
Cooperative Welfare Acct - General	$546,880,200	$503,984,200	$434,878,000	$438,656,000
Cooperative Welfare Acct - Other	$114,163,700	$114,918,500	$114,112,400	$171,538,800
Substance Abuse Treatment	$0	$0[4]	$0	$0
Liquor Control	$650,000	$650,000	$650,000	$650,000
Drug and Family court Services	$266,700	$265,500	$259,800	$253,100
State Hospital Endowment	2,118,500	$2,208,800	$2,469,900	$2,453,800
Economic Recovery Funds	$3,109,600	$303,400	$2,325,200	$0
Budget Stabilization Fund				$0
Immunization Dedicated Vaccine Fund (new for 2010)			$1,800,000	$6,400,000
Millennium Fund	$500,000	$1,481,100	$2,8942800	$3,732,200
Total	**$1,762,741,600**	**$1,922,889,400**	**$2,005,079,100**	**$2,278,290,800**

Expenditure	SFY 2008	SFY2009	SFY2010	SFY 2011
Personnel Costs	$178,418,500	$182,974,900	$174,141,700	$162,862,600
Operating Expenditures	$110,755,200	$136,205,400	$116,804,100	$105,835,600
Capital Outlay	$5,433,700	$2,606,300	$1,087,300	$3,481,200
Trustee/Benefit Payments	$1,452,202,100	1,591,146,700	$1,640,086,500	$2,040,975,800
Total	**$1,746,809,500**	**$1,912,933,300**	**$1,932,119,600**	**$2,313,155,200**

Revenue

Expenditures

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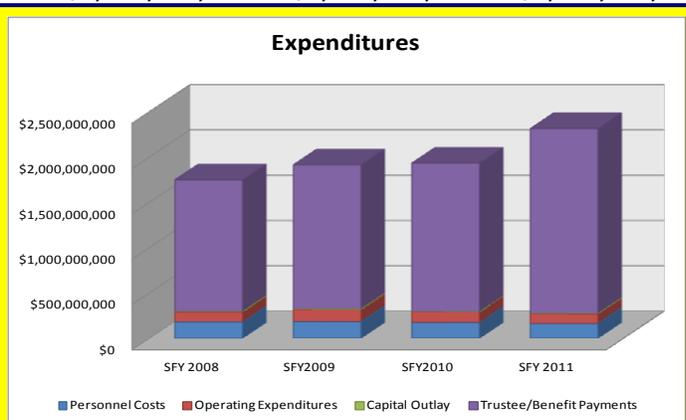
[1] Responsibility for collecting Food Inspection revenues was transferred to Idaho Public Health Districts.
[2] Hospital Assessment funding stream was initiated in SFY09.
[3] Community Health Center funding stream was initiated in SFY09.
[4] Substance Abuse Treatment revenue was rolled into Alcohol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

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

Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	SFY 2008	SFY 2009	SFY 2010	SFY 2011
DIVISION OF MEDICAID				
• Total Medicaid Expenditures (w/Admin)	$1,301,346,200	$1,436,967,500	$1,469,260,000	$1,882,143,000
• Medicaid T&B Expenditures Only	$1,259,524,100	$1,376,483,991	$1,406,100,000	$1,834,500,000
% Spent as payments to providers	96.8%	95.79%	95.70%	97.47%
• Total Average Medicaid enrollees per month (Adjusted to include retroactive enrollees)	185,092	192,006	204,441	221,177
• Avg. Monthly Eligible Basic Plan Children (0-20 yrs)[5]	117,693	121,137	132,248	143,187
• Avg. Monthly Eligible Basic Plan Adults[6]	13,368	14,132	17,322	19,456
• Avg. Monthly Eligible Enhanced Plan Children (0-20 yrs) [6]	18,477	19,872	20,812	23,000
• Avg. Monthly Eligible Enhanced Plan Adults [6]	21,342	22,269	19,050	18,798
• Avg. Monthly Eligible Coordinated Plan Adults (65+ yrs) [6]	13,89	14,596	15,009	16,736
Cases Managed and/or Key Services Provided	**SFY 2008**	**SFY 2009**	**SFY 2010**	**SFY 2011**
DIVISION OF BEHAVIORAL HEALTH				
<u>Children's Mental Health Services</u>				
• Total children's mental health clients served	3,155	3,072	2,610	2,054
• Total support services provided to children and families[6]	817	717	767	658
<u>Adult Mental Health Services</u>				
• Total adult mental health clients served	19,649	12,885	15,501	10,395
<u>Substance Abuse Services</u>				
• Total adult and adolescent substance abuse clients served [7]	7,960	14,905	9,931	6,619
<u>State Hospital South</u>				
<center>Adult Psychiatric</center>				
• Patient days	25,507	26,906	25,585	27,152
• Number of Admissions	253	363	384	490
• Percentage of Occupancy	77.4%	81.9%	77.9%	82.8%

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[5]   The titles of the eligible groups have been changed to correspond with the current Medicaid naming conventions. Low income is now Basic Plan, Special Needs is now Enhanced Plan, and Elders is now Coordinated plan.

[6]   Count reflects support services such as respite care, therapeutic foster care, placement at State Hospital South, and family support. Some children receive multiple services.

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

• Indirect/Direct Costs Allocation Cost per Patient Day	$573 (Revised)	$508 (Revised)	$512 (Revised	$505
Syringa Skilled Nursing				
• Patient days	9,667	9,970	8,787	9,327
• Number of Admissions	9	9	7	10
• Percentage of Occupancy	91.1%	81.6%	83.0%	88.1%
• Indirect/Direct Costs Allocation Cost per Patient Day	$517	$472	$528	$512
Adolescent Unit				
• Patient days	3,967	3,969	3,787	3,217
• Number of Admissions	70	91	75	81
• Percentage of Occupancy	67.7%	68.0%	64.8%	55.0%
• Indirect/Direct Costs Allocation Cost per Patient Day	$829	$795	$800	$970
State Hospital North				
• Number of patient days	18,712	19,175	17,048	16,680
• Daily occupancy rate	93%	89%	78%	76.0%
• Number of admissions	220	249	331	336
• Cost per patient day	$468	$467	$452	$450

Cases Managed and/or Key Services Provided	SFY 2008	SFY 2009	SFY 2010	SFY 2011
DIVISION OF HEALTH				
Vaccines				
• Children's vaccines distributed*	652,780 (revised)	651,875[1] (revised)	659,584 (revised)	729,377
• Immunization Rates (19-35 Months)[2] (4:3:1:3:3:1 series)	Not comparable with SFY 2011 due to changes in the series			73.3%
• Immunization Rates (School Age Children - Kindergarten)	87.0	85.2	85.0	85.8%
• Total number of childhood vaccine preventable diseases (HIB, Measles, Mumps, Whooping Cough, Rubella)[3]	60	54	107	207
WIC				
• Women, Infants and Children (WIC) served monthly	40,539	45,415	47,257	44,691
• (WIC) Average Monthly Voucher Value	$55	$54	$49	$48
Women's Health Check				
• Women's Health Check (Women Screened)	4,409 (revised)	4,270 (revised)	4,702	4,696
• Women's Health Check (Breast Cancer Diagnosed)	62 (revised)	62	85	77
• Women's Health Check (Cervical Cancer Diagnosed)	3	2	3	3
Bloodborne Diseases				
• New HIV Reports	28	38	41	51
• New AIDS Report	14	31	34	32
• Idahoans living with HIV/AIDS[4]	992	1,095	1,217	1,294
• Acute Hepatitis B	17	16	12	9
• Acute Hepatitis C	7	6	8	12
• Total New Bloodborne Diseases	75	66	91	104
EMS **				

• Total EMS Personnel Licensure	691	665	660	531
• Total EMS Personnel License Renewal	1,056	1,259	1,1297	1,297
• EMS grant requests for vehicles and care equipment	$2,700,000	$3,2299,565	$2,492,485	$2,782,464
• EMS grants for vehicles and care equipment	$1,100,000	$1,259,375	$1,403,,199	$912,117

[1] Information for series 4:3:1:3:3:1 rate for last year was artificially low for Idaho and across the whole United States due to the HiB vaccine shortage. Due to the artificial suppressing of this rate, the CDC surveyed a modified series called the "4:3:1:3:3:1-S" that did not include HiB.

[2] Data collected by Calendar Year (Calendar Years 2006, 2007, 2008, 2009).

[3] Almost all vaccine-preventable diseases are outbreaks of pertussis (whooping cough).

[4] This is the highest total number of HIV and AIDS cases ever reported in Idaho that have not been reported deceased, regardless of residence at first diagnosis.

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

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

Cases Managed and/or Key Services Provided	SFY 2008	SFY 2009	SFY 2010	SFY 2011
DIVISION OF FAMILY & COMMUNITY SERVICES				
Idaho Careline/211				
• Total # of call received by Careline/211	159,970	213,730	205,446	191,969
Child Protection, Prevention, Foster Care, Adoptions				
• Total Child Prot. and Prev. Referrals	18,972	18,662	18,521	18,867
• # of children placed in foster care.	3,349	3,031	2,876	2,826
• Adoptions finalized	237	355		Available Nov.15, 2011
• # of children receiving monthly adoption assistance	1,336	1,564	1,798	2,120
Developmental Disabilities Services				
• Individuals Served in the Infant Toddler Program	3,679	3,778 (revised)	3,663	3,380
• Service Coordination for Children from birth to 21 years	5,534	5,874	6,071	6,586
• Intensive Behavior Intervention for children	604	549	482	587
Southwest Idaho Treatment Center				
• Census	84	74	63	49
• Total clients served	102	86	82	66
• Crisis Bed Admissions	NA	7	5	7
• Cost per patient day	$707*	$798	$738*	$748

- **N**umbers 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 2008	SFY 2009	SFY 2010	SFY 2011
Applications				
• Temporary Assistance for Families in Idaho (TAFI) applications processed	16,992	16,735	10,204	7,716
• Aid to the Aged Blind and Disabled (AABD) applications processed	9,445	7,130	7,404	6,800
• Medicaid applications processed (excluding nursing home)	98,232	101,560	87,063	74,338
• Nursing home applications processed	2,585	2,567	Data no longer available due to IBES system design	Data no longer available due to IBES system design
• Child care applications processed	15,931	13,141	11,816	13,541
• Food Stamps applications processed	67,091	90,279	101,955	109,126
• Total applications processed	210,276	231,412	206,626	211,521
Self-Reliance Benefit Programs				
• TAFI cash assistance avg. monthly participants	2,244	2,363	2,630	2,976
• TAFI annual benefits provided	$5,682,314	$6,040,352	$6,331,762	$6,971,041
• AABD cash assistance avg. monthly participants	13,531	14,024	14,843	14,398
• AABD annual benefits provided	$9,182,363	$9,115,301	$8,543,558	$8,163,377
• Food Stamps avg. monthly participants	95,433	124,826	179,074	223,730
• Food Stamps annual benefits provided	$109,235,462	$171,968,943	$277,245,761	$351,982,800
• Child Care avg. monthly participants	7,334	6,883	6,632	6,418
• Child Care annual benefits provided	$24,092,890	$22,065,107	$19,672,871	$19,059,343
Self-Reliance-Child Support Services [8]				
• Paternity established	4,956	5,341	5,876	Available Nov. 15, 2011
• Support orders established	8,201	7,916	8,753	Available Nov. 15, 2011
• Child support caseload	142,974	147,938	149,227	Available Nov. 15, 2011

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[8]   Data collected by Federal Fiscal Year. Data is reported November 15, 2010.

• Total child support dollars collected	$189,681,735	$187,724,328	$190,917,911	Available Nov. 15, 2011
o Collections through wage withholding	$84,780,360	$83,262,171	$86,340,345	Avalable Nov. 15, 2011
Community Services Block Grant				
• Grant amount	$3,428,113	$3,689,615	$3,469,989	Available
• Total Served Quarterly	46,829	49,940	52,217	Nov. 15, 2011

Cases Managed and/or Key Services Provided	SFY 2008	SFY 2009	SFY 2010	SFY 2011
INDIRECT SERVICES				
Financial Services - Electronic Payment System/Quest Card				
• Food Stamp and cash assistance payments	$124,064,720 (Revised)	$186,764,807	$292,411,033	$368,254,025
• Child Support electronic payments	$161,785,475 (Revised)	$165,444,967	$170,649,363	$172,348,246
Bureau of Audits and Investigations				
• Criminal History Background Checks	26,425	24,436	26,206	24,931
• Medicaid Program Integrity: Identified Overpayments and Cost Savings (Millions)	$2.3	$5.7	$3.7	$5.7
• Internal Audit Reports Issued	9	9	12	11
• Welfare Fraud Investigation Unit: Identified Overpayments and Cost Savings (in millions)	2.3	3.4	2.7	$3.2

Part II – Strategic Plan Performance Measures

Performance Measure	SFY 2008	SFY 2009	SFY 2010	SFY 2011	Bench-mark
1. Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).	75.35%	75.52%	76.12%	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).	65.38%*	64.91%*	64.85%	Data Not Yet Available	67.50%
3. Percent of DHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).	76.70%	84.31%	82.09%	79.87%	84.31%
4. Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).	49.98%	48.52%*	51.02%	Data Not Yet Available	50.54%
5. Percent of children who are safe as measured by the Safety Composite (SC)	86.48%	85.12%	84.86%	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.[9]	100%	100%	100%	Data Not Yet Available	100%
7. Percent of Idahoans with health and dental care coverage	76.38%	76.3%	76.03%	Data Not Yet Available	78.67%
8. Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.	90.79%	92.82%	94.06%	Data Not Yet Available	92.75%
9. Accuracy rates of key identified programs.	82.33%	84.58%	86.68%	Data Not Yet Available	84.17%
10. Customer service performance at DHW based on four key indicators (Caring, Competency, Communication, and Convenience).	88.37%*	Data Not Collected[1]	Data Not Collected[1]	Data Not Collected[1]	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.

* minor data revision

Performance Measure Explanatory Notes:

1. Performance Measure #1 Explanatory Note

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

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

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

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

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

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

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

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

2. Performance Measure #2 Explanatory Note

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

F. Interpretation

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

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

3. Performance Measure #3 Explanatory Note

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

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

- Percent of year hospitalized clients lived independently in community - **Approximately 14 <u>more</u> days diverted from State Hospital stay per year; or**

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

4. Performance Measure #4 Explanatory Note

<u>A. Objective</u>
Increase the percent of individuals and families who no longer have to rely on benefit programs provided by the Department to meet their needs to 50.54% by 2016.

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

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

- 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.

<u>D. Performance Measure Description</u>
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).

<u>E. How Target Was Created</u>
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.

<u>F. Interpretation</u>

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

- Graduation from the Infant Toddler Program - **Approximately 109 <u>more</u> children graduating from program.**
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication of children moving towards or out of Department programs) - **Approximately 120 <u>more</u> children showing improvement.**
- Successful completion of substance abuse treatment program - **Approximately 248 <u>more</u> people completing treatment successfully.**
- Amount of current child support collected vs. current child support owed - **Approximately $7,331,700 <u>more</u> current child support collections.**
- The "all family" work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program - **Approximately 150 <u>more</u> "all family" TAFI participants per year;**
- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing) - **Approximately 7,600 <u>more</u> Food Stamp participants per year.**
- Annual caseloads resulting from people who exit Department programs because they no longer need support for medical care, food or cash assistance (Department clients enrolled in Food Stamp, Medicaid, and TAFI, program in a State Fiscal year that do not enroll in those services the following State Fiscal Year). **Approximately 16,800 <u>more</u> leaving and not returning to these programs per year.**

5. Performance Measure #5 Explanatory Note

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

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

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

6. Performance Measure #6 Explanatory Note

A. Objective
Assure that in 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.

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

7. Performance Measure #7 Explanatory Note

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

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

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

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

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

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

9. Performance Measure #9 Explanatory Note

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

F. Interpretation

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

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

10. Performance Measure #10 Explanatory Note

A. Objective

The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 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