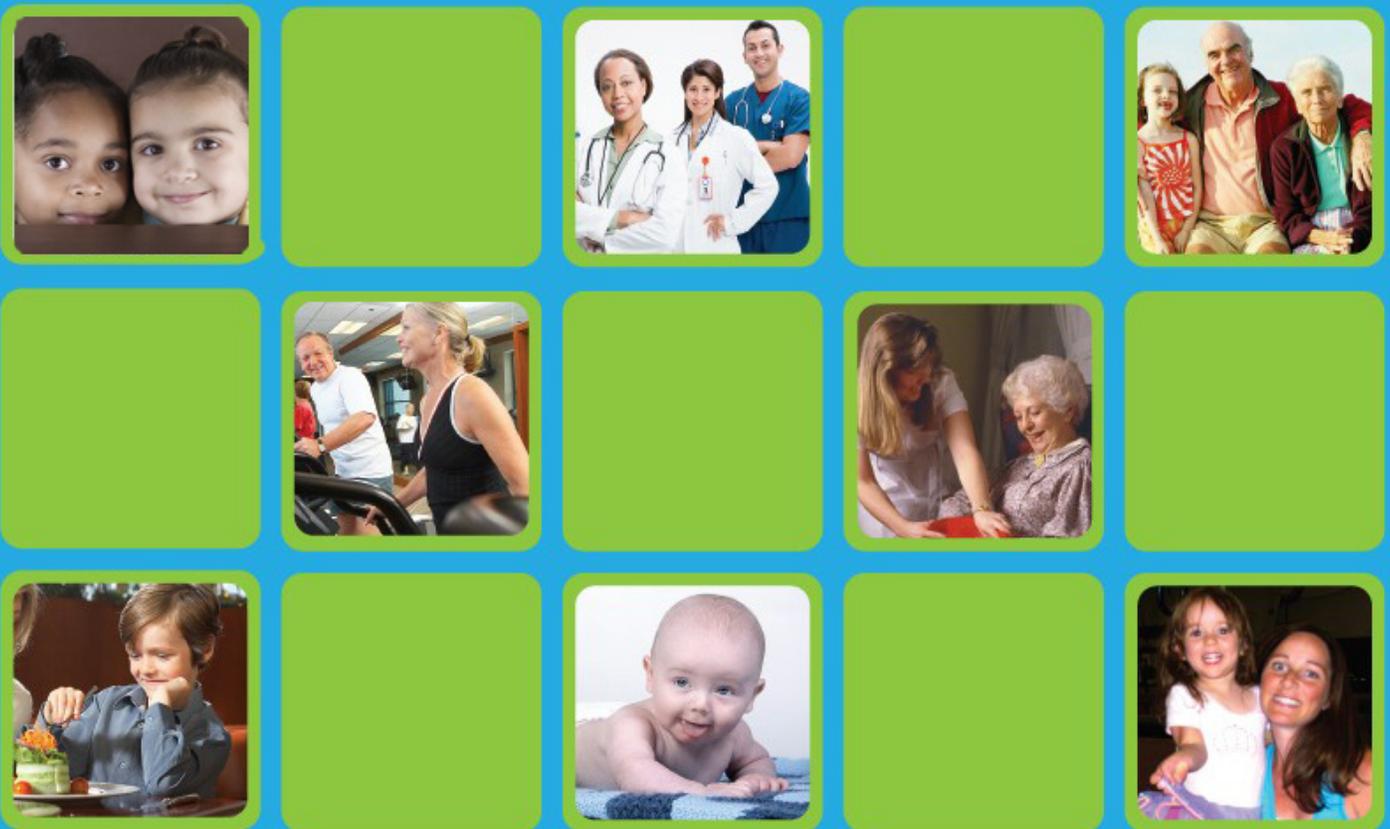


Board of Health & Welfare 2013 Annual Report



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Our Mission: To Promote & Protect the Health & Safety of Idahoans



IDAHO DEPARTMENT OF HEALTH & WELFARE

C. L. "Butch" Otter – Governor
RICHARD M. ARMSTRONG – Director

Board of Health and Welfare
450 W. State Street, 10th Floor • P.O. Box 83720 • Boise, ID 83720-0036
PHONE 208-334-5500 • FAX 208-334-6558

Dear Legislators,

I would like to introduce you to the annual report of the Board Health and Welfare for the State of Idaho. As usual the Department of Health and Welfare, under Director Dick Armstrong's guidance, has been busy finding ways to support and improve the health of Idaho residents at the lowest cost possible to the state. The board has been apprised and concurred with the many initiatives of the Department of Health and Welfare and demands for help during the year. The board is required to meet quarterly to hear about department activities, advise the director and send rules to the Legislature.

One subject that has been studied for several years is a change in the functioning of Medicaid. Treating minor illnesses in Medicaid-eligible patients is costly when the patients use local hospital emergency rooms. Doctors or medical extenders should treat these as outpatients in medical offices, not in the emergency department. The Statewide Healthcare Innovation Plan (SHIP) is a way to make that occur. (see page 14 in report)

On Oct. 1, enrollment began in the state-based health insurance marketplace called Your Health Idaho. The board hopes the various residents of Idaho will take advantage of this aspect of the Affordable Care Act (ACA) to reduce the number of uninsured in the state. The Your Health Idaho Board, led by chairman Stephen Weeg, has spent many hours figuring out how to offer access to health insurance in a very limited timeframe. The Board of Health and Welfare is proud to have Weeg as a member.

The board hopes the Legislature carefully studies the second part of the ACA that gives the state the authority to expand Medicaid coverage to more than 104,000 Idahoans who will become newly eligible for that program. This expansion would be totally funded from federal funds for three years. Accepting that expansion also would eliminate the need for Idaho counties to fund catastrophic care and thereby reduce county taxes.

A great deal has changed since three Idaho doctors, the state attorney general and the state engineer met in 1907 to establish the Idaho State Department of Health and Welfare. The current 2,853 people employed by the department interact with hundreds of thousand Idahoans. They have a great desire to help people and that keeps them working for the department. They could be employed in the private sector at much higher salaries, but altruistically remain in the department. It is time they be rewarded with a raise. We thank them for their dedication and service.

Richard Roberge, M.D.
Board Chairman

Idaho Board Of Health And Welfare

SFY 2013 Board Membership

Richard T. Roberge, M.D.
Chairman
2021 Farmway Road
Caldwell, Idaho 83607

Darrell Kerby
Vice chairman
P.O. Box 882
Bonners Ferry, Idaho 83805

Janet F. Penfold
207 South 175 East
Driggs, Idaho 83422

Jim Giuffre
352 Panorama Place
Boise, Idaho 83713

Stephen Weeg
442 S. Garfield Ave.
Pocatello, Idaho 83204

Wendy Jaquet
P.O. Box 783
Ketchum, ID 83702

Commissioner Tom Stroschein
1464 Alpowa
Moscow, ID 83607

NON-VOTING MEMBERS

Richard M. Armstrong
Director, Department of Health and
Welfare
Board Secretary
450 West State Street
Boise, Idaho 83702

Senator Lee Heider
1631 Richmond Dr.
Twin Falls, ID 83301

Representative Fred Wood
P.O. Box 1207
Burley, ID 83318

OFFICE OF THE GOVERNOR
Tammy Perkins

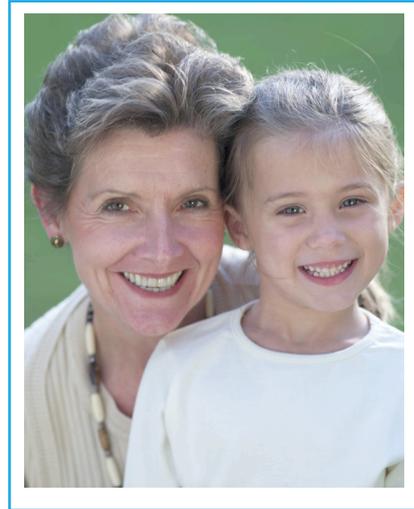


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Fiscal and Policy Issues

“...The board shall provide an annual report to the governor and to the legislature prior to the start of each legislative session, addressing:

- (a) The key department fiscal and policy issues;**
 - (b) The department’s managerial and overall performance; and*
 - (c) The major proposed and ongoing departmental initiatives.”*
- (I.C. §56-1005, subsection 11)*

Challenges shift as economic recovery slowly continues

The economic signs of recovery during FY 2013 continued to be slow but steady. DHW programs are one place families turn to for help in meeting basic needs such as food, medical care, child care, child support, and emergency assistance, and they did so in unprecedented numbers during the economic downturn that began in August 2008. As the economy began to stabilize and recover in Idaho, the numbers of participants in DHW’s public assistance programs didn’t decrease as quickly as expected.

Idaho residents are working, but their wages are not high enough to support themselves and their families. In many cases, they are supplementing their jobs with help from DHW’s public assistance programs. Program caseloads are stabilizing, but they remain at record high levels, helping to shift the conversation from how to get Idahoans back to work to how to create employment opportunities that pay livable wages.

Participants in Idaho’s Supplemental Nutrition Assistance Program, also known as Food Stamps, decreased by 2.2 percent during FY 2013 for the first time since 2007. That’s compared to a 5 percent increase in FY 2012, 25 percent growth during FY 2011 and 43 percent growth in FY 2010. Medicaid caseloads also slowed in FY 2013, growing by only 3.15 percent, which was comparable to the 3.74 percent growth in caseload in FY2012.

Idaho Medicaid successfully completed its third straight year without delaying payments to providers because of a lack of funds. The stabilization of the Medicaid budget reflects the prudent budget approach by the governor and Legislature, as well as DHW. Medicaid continues to move toward implementing additional managed care options in FY 2014 to improve health outcomes of program participants.

The department’s divisions of Welfare, Medicaid and Information Technology continued preparations for changes mandated by the Patient Protection and Affordable Care Act. Changes in eligibility criteria and the requirement that everyone have health insurance are estimated to add 35,000 people to Medicaid in the coming years. Preparations include major programming of DHW’s eligibility system, re-engineering of work processes, and interfacing with federal databases and Your Health Idaho, the state-based health insurance exchange.

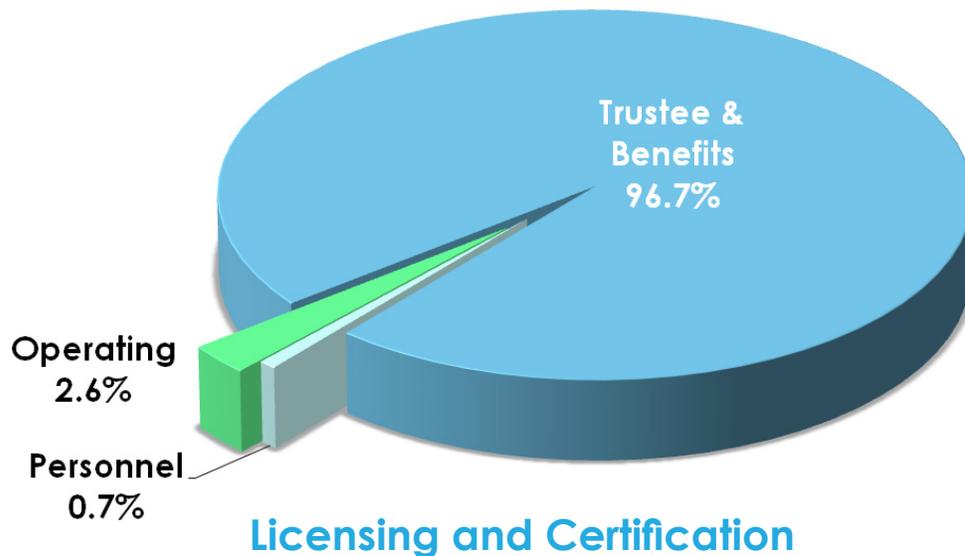
The charts on the next pages provide a three-year comparison of spending by major divisions, as well as a year-to-year employee count.

Fiscal and Policy Issues

Division of Medicaid

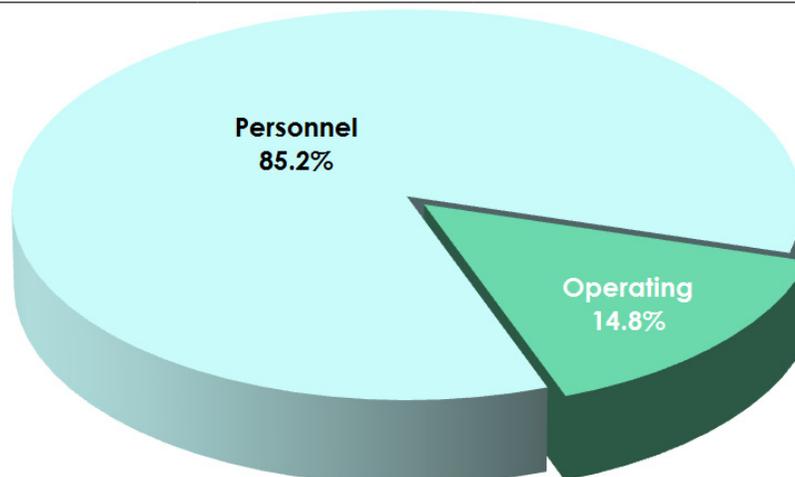
	<u>2011</u>	<u>2012</u>	<u>2013</u>
Personnel Costs	\$16,597,200	\$17,004,300	\$13,648,600*
Operating Expense	31,056,300	41,733,800	48,726,700
Capital Outlay	20,200	3,300	0
Trustee & Benefits	1,834,469,300	1,645,667,600	1,813,459,700
Total	\$1,882,143,000	\$1,704,409,000	\$1,875,835,000
Full Time Positions (FTP)	283	274	205

*During SFY 2013, licensing and certification of facilities and certified family homes was separated from the Division of Medicaid, becoming the Division of Licensing and Certification shown below.



Licensing and Certification

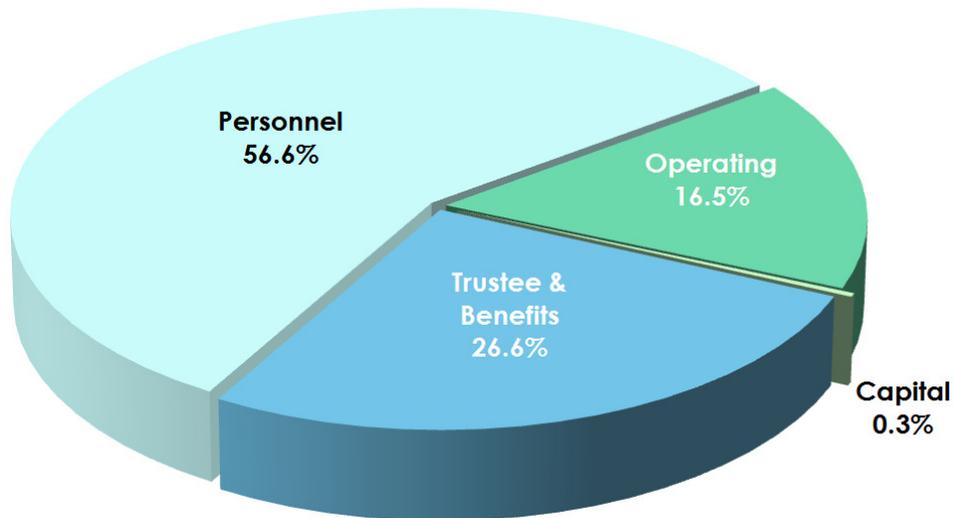
	<u>2013</u>
Personnel Costs	\$4,208,200
Operating Expense	731,900
Capital Outlay	--
Trustee & Benefits	--
Total	\$4,940,100
Full Time Positions (FTP)	63



Fiscal and Policy Issues

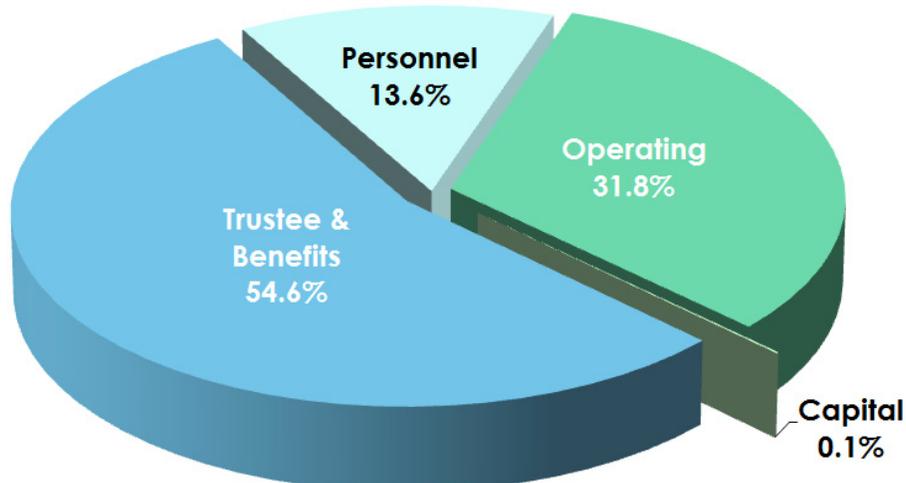
Division of Behavioral Health

	<u>2011</u>	<u>2012</u>	<u>2013</u>
Personnel Costs	\$39,422,600	\$40,515,600	\$43,119,700
Operating Expense	11,488,600	12,819,700	12,536,600
Capital Outlay	70,800	134,400	218,300
Trustee & Benefits	30,611,000	19,643,400	20,279,200
Total	\$81,593,000	\$73,113,100	\$76,153,800
Full Time Positions (FTP)	709	653	663



Division of Public Health

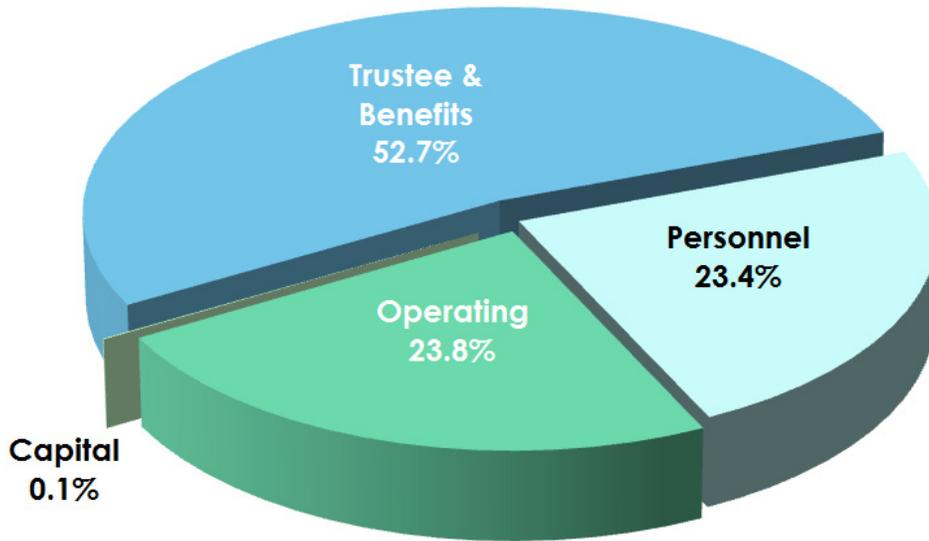
	<u>2011</u>	<u>2012</u>	<u>2013</u>
Personnel Costs	\$12,353,600	\$12,758,800	\$13,384,700
Operating Expense	20,983,900	30,210,000	31,290,600
Capital Outlay	1,086,500	444,000	99,000
Trustee & Benefits	52,688,100	51,468,100	53,760,800
Total	\$87,112,100	\$84,880,900	\$98,535,100
Full Time Positions (FTP)	213	213	213



Fiscal and Policy Issues

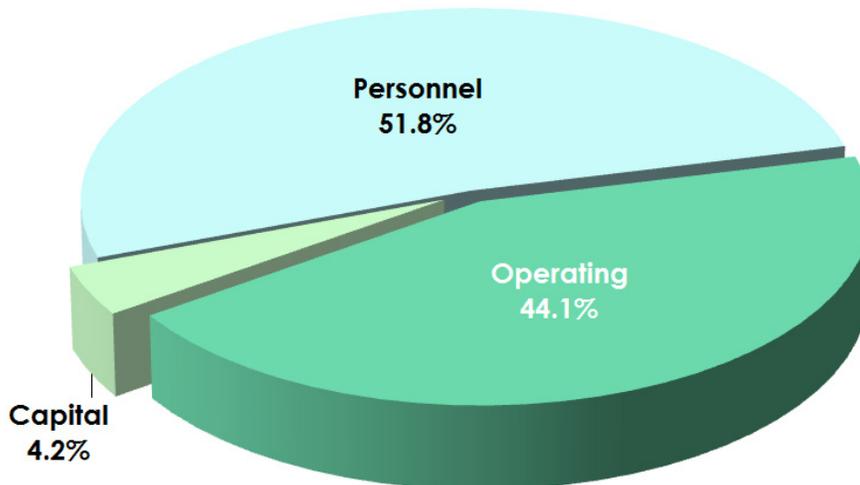
Division of Welfare

	2011	2012	2013
Personnel Costs	\$31,443,700	\$31,763,900	\$33,366,400
Operating Expense	16,688,000	22,465,600	33,865,200
Capital Outlay	370,000	199,700	95,200
Trustee & Benefits	87,822,700	86,766,100	75,041,500
Total	\$136,324,400	\$141,195,300	\$142,368,300
Full Time Positions (FTP)	622	592	592



Indirect Support Services

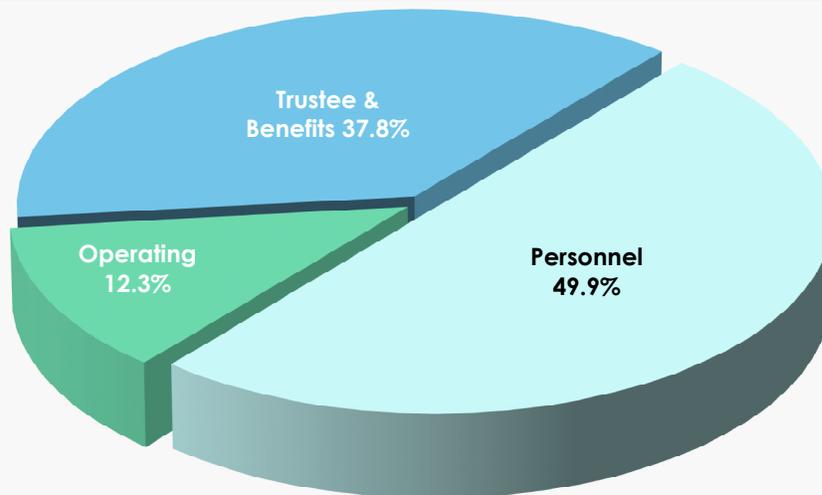
	2011	2012	2013
Personnel Costs	\$17,265,800	\$18,110,700	\$19,019,500
Operating Expense	13,968,100	16,626,500	16,188,400
Capital Outlay	1,212,300	2,987,700	1,524,400
Trustee & Benefits	---	--	--
Total	\$32,446,200	\$37,724,900	\$36,732,300
Full Time Positions (FTP)	294	270	270



Fiscal and Policy Issues

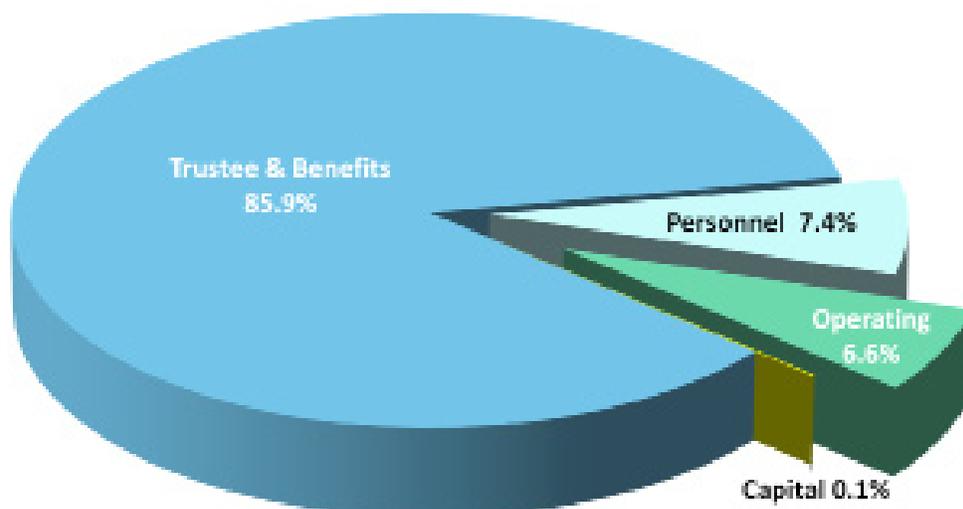
Division of Family and Community Services

	2011	2012	2013
Personnel Costs	\$45,128,100	\$43,089,700	\$44,321,200
Operating Expense	11,279,800	11,233,900	10,882,600
Capital Outlay	718,500	216,599	4,100
Trustee & Benefits	31,755,700	32,657,900	33,579,300
Total	\$88,882,100	\$87,198,000	\$88,787,200
Full Time Positions (FTP)	968	840	846



Department of Health and Welfare

	2011	2012	2013
Personnel Costs	\$162,320,200	\$163,346,000	\$171,174,500
Operating Expense	105,471,100	135,092,000	154,225,400
Capital Outlay	3,478,300	3,985,600	1,941,000
Trustee & Benefits	2,037,346,800	1,836,203,100	1,996,120,500
Total	\$2,308,500,800	\$2,138,626,700	2,323,461,400
Full Time Positions (FTP)	3,090	2,843	2,853



Managerial and Overall Performance

"...The board shall provide an annual report to the governor and to the legislature prior to the start of each legislative session, addressing:

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 - (b) The department's managerial and overall performance;** and
 - (c) The major proposed and ongoing departmental initiatives."
- (I.C. §56-1005, subsection 11)

DHW Strategic Plan

During SFY 2013, the Board reviewed the Strategic Plan FY 2014-2018 developed by the Department of Health and Welfare. The plan establishes major goals of the agency and sets forth performance measurements to determine progress. The three goals and related objectives are:

Goal #1: Improve the health status of Idahoans.

Objective 1: Improve healthy behaviors of adults to 77.1% by 2018.

Objective 2: Increase the use of evidence-based clinical prevention services to 70.3% by 2018.

Goal #2: Increase the safety and self-sufficiency of individuals and families.

Objective 1: Increase the percent of department clients living independently to 84.3% by 2018.

Objective 2: Increase the percent of individuals and families who no longer use department services to 50.5% by 2018.

Objective 3: The percent of children who are safe from maltreatment and preventable illness will reach 89.9% by 2018.

Goal #3: Enhance the delivery of health and human services.

Objective 1: Ensure that in 2018, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for designation as areas of health professional shortage.

Objective 2: Increase the percent of Idahoans with health care coverage to 78.7% by 2018.

Objective 3: By 2018, department timeliness standards will be met for 97.2% of participants needing eligibility determinations for, or enrollment in, identified programs.

Objective 4: The department eligibility determination accuracy rates of key identified programs will reach 87.6% by 2018.

Objective 5: The department will improve customer service (in the areas of caring, competence, communication, and convenience) to 85.6% by 2018.

Managerial and Overall Performance

Board members adopted the plan and recommended it be submitted to the Governor's office. (The full text of the DHW Strategic Plan FY2013-2017 is found on the agency's web site at <http://healthandwelfare.idaho.gov>.)

Confirmation of Administrative Appointments

During SFY 2013, the Board of Health and Welfare confirmed administrative appointments recommended by DHW:

- Denise Chuckovich, deputy director overseeing Behavioral Health, Medicaid and Managed Care Services
- Elke Shaw-Tulloch, division administrator for Public Health
- Tamara Prisock, division administrator for Licensing and Certification

Proposed and Ongoing Department Initiatives

“...The board shall provide an annual report to the governor and to the legislature prior to the start of each legislative session, addressing:

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(c) The major proposed and ongoing departmental initiatives.”

(I.C. §56-1005, subsection 11)

During SFY 2013, the Board of Health and Welfare monitored a variety of initiatives being implemented by the Department of Health and Welfare. Among the DHW initiatives monitored by the Board were the following:

Medicaid Modernization and Readiness

The board continued to monitor the progress of the Medicaid program in its preparations to meet changes mandated by the Patient Protection and Affordable Care Act.

Changes in eligibility criteria and mandated insurance coverage are expected to eventually add more than 35,000 people, mostly children, to Idaho Medicaid, which currently provides services to about 236,000 Idaho residents. Idaho Medicaid met the federal deadlines for creating the infrastructure to interface with federal databases and determine Medicaid eligibility; however, glitches in the federal system created challenges for Idaho Medicaid to enroll newly eligible participants as prescribed by the ACA. The program is working with the federal government on possible solutions, and the board continues to monitor the situation.

Medicaid Managed Care Efforts

House Bill 260 passed during the 2011 legislative session directed Idaho Medicaid to develop managed care programs that result in an accountable care system that improves health outcomes. Legislation directed Medicaid to focus on high-cost populations. Under this direction, Idaho Medicaid is currently implementing managed care in two areas:

1. Behavioral health services; and
2. People who are dually eligible for both Medicaid and Medicare services.

The department entered into a contract with United Healthcare, doing business as Optum Health, on April 24, 2013. The company will operate in Idaho as “Optum Idaho.” Optum Idaho’s administration of Medicaid behavioral health benefits, known as the Idaho Behavioral Health Plan (IBHP), began on September 1, 2013. Optum Idaho provided a transition period for 60 days in which all Medicaid members could continue their current treatment plans with their current providers. Medicaid is working closely with Optum Idaho to implement the IBHP, which includes recruitment, enrollment, and training of a provider network; development of electronic information and claims payment systems; and development of related communications and disbursement of information materials.

Proposed and Ongoing Department Initiatives

The board will continue to watch closely during this transition from fee-for-service reimbursement to managed care, with more emphasis on improving participant outcomes.

The board also is monitoring Medicaid's evaluation of several options to improve coordination of care for people who are dually eligible for Medicare and Medicaid. These people often receive fragmented and poorly coordinated care and are among the nation's most chronically ill and costly patients.

State Healthcare Innovation Plan (SHIP)

In April 2013, the Centers for Medicare and Medicaid Services awarded Idaho a \$3 million State Healthcare Innovation Model Design grant to evaluate and potentially redesign the state healthcare system. During the initial months of the grant, a Statewide Healthcare Innovation Plan (SHIP) was developed that fosters government and the private sector to work together to bring about meaningful change to the healthcare delivery system.

The SHIP plan focuses on:

- 1) Ensuring every Idahoan has access to quality healthcare that is affordable and driven by patients and providers.
- 2) Changing the healthcare system from a volume-based system to a value-based model with reimbursement for care based on improved health outcomes for Idaho's citizens.
- 3) Developing workable, realistic solutions to healthcare issues.

More than 85 leaders from across the state attended the project kick-off in June 2013. Attendees included the CEOs of health systems, the major commercial insurance payers, legislators, the Division of Public Health, employers, tribal representatives, healthcare providers, and others. At the kick-off meeting, these stakeholders were oriented to the project timeline and scope of work, and a steering committee and work groups were formed. The final SHIP plan will serve as both a blueprint for innovation and a plan of action.

Behavioral Health Transformation

The Division of Behavioral Health continues to work closely with its partners - the departments of Correction and Juvenile Corrections, Education, the Supreme Court, the State Planning Council on Mental Health, the Office of Drug Policy, and Idaho counties - to transform the state's Behavioral Health system.

DHW has identified goals for transformation that include:

- Integration of mental health and substance abuse into a comprehensive behavioral health system
- Local involvement of consolidated Behavioral Health Boards
- Establishing best practice standards of care

Proposed and Ongoing Department Initiatives

- Eliminating gaps in services
- Establishing regional community crisis centers with Legislative approval in 2014

The board supports the department's vision and plan to transform behavioral health care.

Title IV-E Audit and Waiver

The Child Welfare Program passed the regularly scheduled Title IV-E Audit, which is good news for the program's Title IV-E waiver and subsequent request to the 2014 Idaho Legislature for federal spending authority. The federal audit reviews the state's eligibility and documentation processes for federal funds that support placements for foster children.

The state's waiver is a five-year demonstration project that allows those restricted federal funds to be used to keep children safely in their own homes rather than placed in foster care if the 2014 Idaho Legislature approves the request for additional federal spending authority.

The project includes three primary interventions:

- Establishing a trauma-informed system of care
- Expanding family-group decision-making
- Implementing an evidence-based life skills and parent education program.

The board fully supports the department's work to keep children safe and in their own homes whenever possible.

Proposed and Ongoing Department Initiatives

Approval of Rules

During SFY 2013, the Board of Health and Welfare responded to petitions and approved a number of administrative rules. Among those approved are:

- **Criminal History Background Check rules** that increase fees by \$15 to cover the increased costs of fingerprint checks being charged by law enforcement. The total fee increases from \$55 to \$70.
- **Child welfare rules** that specify and clarify the information regarding child fatalities that the Department can disclose.
- **Child welfare rules** that clarify what information can be released to foster parents and professionals involved in the ongoing care of children in Idaho's child welfare system.
- **Behavioral health rules** to accommodate treatment integration between substance use disorders and mental health, as well as revisions that aligned the treatment system with changes in health care standards and a move to a recovery-oriented system of care.

The Board of Health and Welfare

History

Idaho's Department of Health and Welfare had its beginnings in 1885 with the establishment of the Idaho Insane Asylum at Blackfoot, followed by the Idaho Soldier's Home at Boise (1893), and the North Idaho Insane Asylum at Orofino (1905). Then, in 1907, Gov. Frank R. Gooding appointed three physicians, Idaho's attorney general, and the state engineer to serve on the first State Board of Health.

In the years following, responsibility for public health and welfare programs in Idaho fell to a variety of boards and organizational structures. At times the functions were separated and at other times combined. By 1972, the departments of Public Assistance and Public Health were united with the state's environmental protection programs to become the Department of Environmental and Community Services (DECS) with its own seven-member board.

Two years later, as part of an Idaho state government reorganization into twenty major departments, the Department of Health and Welfare (DHW) was created by combining DECS with the state's Department of Social and Rehabilitation Services, the Idaho Veterans Affairs Commission, and the Idaho Veterans Home. At the same time, the Board of Environmental and Community Services became the Board of Health and Welfare.

In 1995, responsibility for juvenile criminal and detention cases was shifted to the newly-established Department of Juvenile Corrections. In 2000, two more entities – the Department of Environmental Quality and the Department of Veterans Services – were separated from the Department of Health and Welfare. The span of DHW's responsibilities has remained stable since that time, although the role of the Board of Health and Welfare has changed.

Composition and Responsibilities

During the 2006 legislative session, membership on the Board of Health and Welfare was expanded from seven to eleven members: seven appointed by the governor, two representing the legislature, one representing the Office of the Governor, and the director of the Department of Health and Welfare, who also serves as the Board's secretary. Of the members appointed by the governor and subject to state senate confirmation, four are chosen based on their knowledge and interest in health and social services; two are selected based on business or financial experience; and one is representative of the public at large. In 2007, voting privileges were limited to the seven gubernatorial appointees.

In addition to expanding Board membership, the 2006 legislation added oversight responsibilities to the Board's rulemaking and advisory roles. By law, the Board's oversight responsibilities are to:

- Advise the governor and the DHW director on the department's fiscal, policy, and administrative matters;
- Review and advise the DHW director on the department's strategic plan and performance measurements;

The Board of Health and Welfare

- Develop goals and standards for measuring the efficiency and effectiveness of DHW;
- Review and advise the governor and the department director about initiatives; and
- Report annually to the governor and to the Idaho Legislature on key fiscal and policy issues, DHW's managerial and overall performance, and major proposed and ongoing initiatives.

The Board also has the authority to confirm or reject certain appointments made by the DHW director, including division administrators, regional directors, and state hospital administrators.

As a rulemaking entity, the Board of Health and Welfare has the power to adopt, amend, or repeal regulations and standards of DHW in areas of licensure and certification, personal health, emergency medical services, and vital statistics. Like other state rule-making authorities, the Board may be asked to review actions or inactions of DHW, and any person adversely affected by a final determination of the Board may file a petition for review with the district court.

Membership of the Board of Health and Welfare During SFY 2012

The seven members appointed by the Governor include:



Richard "Dick" Roberge, M.D., Caldwell, Chairman. A retired physician who practiced for 30 years in Caldwell, Dr. Roberge is a member of the Caldwell School District Board of Trustees, a trustee of the College of Idaho, and a member of the Southwest District Health Department Board of Directors.

Darrell Kerby, Bonners Ferry, vice chairman. Mr. Kerby is president of Pace-Kerby & Co., an independent insurance agency and real estate brokerage firm, and board president of Kaniksu Health Services, a non-profit health clinic with locations in Boundary and Bonner counties. As former mayor of Bonners Ferry, he received the Harold Hurst Award in 2007, the highest award given to a city elected official in Idaho, from the Association of Idaho Cities.



Wendy Jaquet, Ketchum. Ms. Jaquet served nine terms in the Idaho House, from 1994-2012, and served on several committees, including the Joint Finance-Appropriations Committee and the Health and Welfare Committee. She also has a master's degree in public administration.

The Board of Health and Welfare



Janet Penfold, Driggs. Mrs. Penfold is part of a third generation seed potato farm operation in the Teton Valley, a volunteer for a variety of activities, a former member of the Eastern Idaho District Health Department Advisory Board, and the 2003 Idaho Farm Bureau Woman of the Year. She was the first woman to serve on the Teton City Planning and Zoning Board and also served on the Teton City Hospital Board.

Tom Stroschein, Moscow. A native of Aberdeen and graduate of the University of Idaho, Mr. Stroschein is serving his third-term as a Latah County Commissioner. In that role, Mr. Stroschein has been focused on the County's Land Use Comprehensive Plan, assisting in a long-term water plan for the Palouse by supporting water adjudication, and he continues his work on mental health reform. He has a strong agricultural background, operating a row crop farm and sheep operation until the 1990s, while concurrently serving on the State Farm Service Agency Board, the Idaho Wheat Commission and Idaho Sheep Commission. Mr. Stroschein received the Governor's Lifetime Achievement Award for Service to Agriculture in 1996.



Stephen C. Weeg, M. Ed., FACHE, Pocatello. Mr. Weeg retired in August 2012 as executive director for Health West in southeast Idaho, a community health center with clinics in six communities. He is a 35-year veteran of health and human services, the chairman of Your Health Idaho Board, and a board member for the new Portneuf Medical Center Community Benefit Organization. He served as a member of the Health Quality Planning Commission and is a member of Gov. Otter's executive leadership team for the Idaho Health Care Council. Stephen is a recipient of the Wilbur Cammack Award for exemplary service in the field of mental health.

Jim Giuffré, Boise. Mr. Giuffré brings more than 30 years of experience in patient engagement, health education, healthcare technology, and marketing from management positions held with Healthwise, WebMD, and three of Idaho's seven public health districts. Giuffré, who has a Masters of Public Health degree, currently works at Healthwise where he leads the development and distribution of the newest generation of Healthwise consumer health information products and services. He was appointed to the Board in April 2011.



The Board of Health and Welfare

Pursuant to SB1093 of the 2007 legislative session, the following members of the Board of Health and Welfare served without vote during SFY 2013:



Richard M. Armstrong, Boise, secretary to the Board and Director of the Department of Health and Welfare since June of 2006. Mr. Armstrong retired as Senior Vice President of Sales and Marketing for Blue Cross of Idaho, a

private health care insurance company, where he worked for 36 years before his appointment as DHW director.



Senator Lee Heider, R-Twin Falls. Mr. Heider is serving his third term in the Senate, and is the chairman of the Health & Welfare Committee and a member of the Resources & Environment Committee.



Tammy Perkins, Senior Special Assistant for Health and Social Services to Governor Otter.



Representative Fred Wood, R-Burley. Mr. Wood is serving his fourth term in the House, and is the chairman of the Health & Welfare Committee and a member of the Resources & Conservation Committee.

Department Overview

The Department of Health and Welfare (DHW) is dedicated to fostering a productive, healthful, and independent quality of life in Idaho. Services and regulatory programs are designed to promote public health and assist vulnerable children and adults. DHW responds to federal, state, and local mandates.

Leadership

The Department of Health and Welfare serves under the leadership of the Idaho governor and under the oversight of the Board of Health and Welfare.

The director of DHW is appointed by the governor and oversees all operations of DHW. The director is advised by the Board of Health and Welfare. The Office of the Director is responsible for the overall direction of the department, strategic planning, departmental relations, administration, and executive leadership.

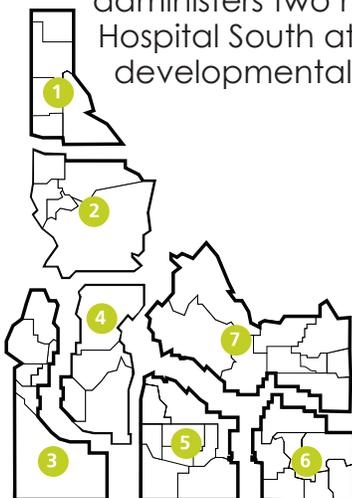
The director appoints deputy directors, subject to the approval of the Board of Health and Welfare, to assist in managing DHW's programs and services.

The Board

- The Board of Health and Welfare helps guide the department to promote and protect the public health and well-being of Idaho citizens.
- The Board is a rulemaking and advisory body that can adopt, amend, or repeal rules and standards of the department. Executive and administrative powers of the department belong solely to the director of the department.
- The Board's seven citizen members are appointed by the governor, each representing one of seven geographic regions of the state. They are the voting members of the Board. The Board also includes the department director, a representative from the Governor's office, and the chairs the Senate and House Health and Welfare committees.

DHW Organization

DHW is organized into seven regions and 20 field offices that are geographically located to give residents of all areas of Idaho access to programs and services. The department administers two mental health hospitals--State Hospital North at Orofino and State Hospital South at Blackfoot—along with a specialized care facility for people with developmental disabilities, the Southwest Idaho Treatment Center at Nampa.



Region 1: Benewah, Bonner, Boundary, Kootenai and Shoshone counties, headquartered at Coeur d'Alene

Region 2: Clearwater, Idaho, Latah, Lewis and Nez Perce counties, headquartered at Lewiston

Region 3: Adams, Canyon, Gem, Owyhee, Payette and Washington counties, headquartered at Caldwell

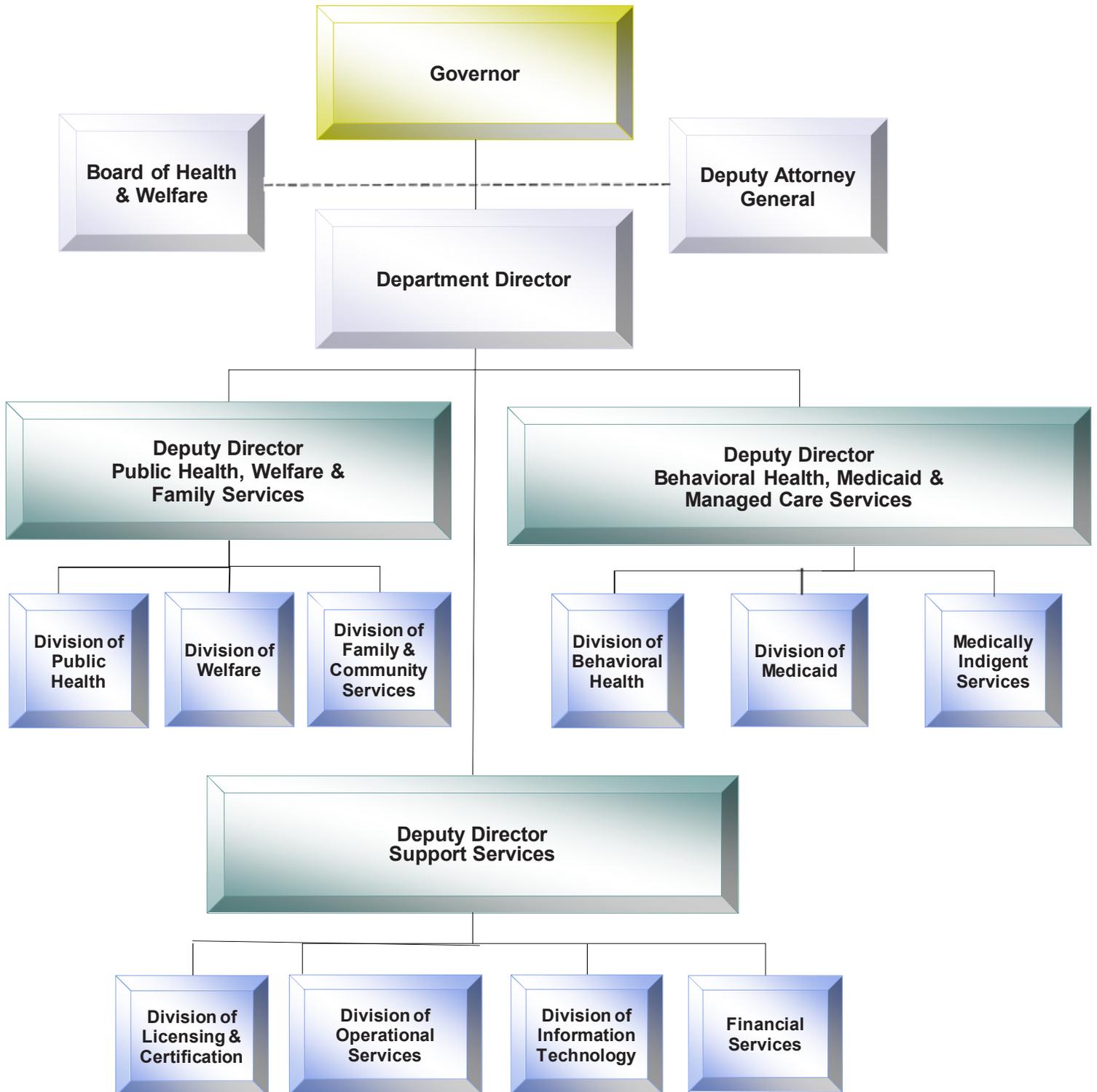
Region 4: Ada, Boise, Elmore and Valley counties, headquartered at Boise

Region 5: Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls counties, headquartered at Twin Falls

Region 6: Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida and Power counties, headquartered at Pocatello

Region 7: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton counties, headquartered at Idaho Falls

Department Overview



Department Overview

Department Divisions

DHW also is divided into divisions, each containing programs and bureaus that provide an administrative structure for the delivery of services and accountability.

PUBLIC HEALTH, WELFARE AND FAMILY SERVICES

Division of Public Health

The Division of Public Health actively promotes healthy lifestyles and prevention activities; monitors and intervenes in disease transmission and health risks; and administers a variety of services that include vaccines, communicable disease testing, food safety regulation, emergency medical personnel certification, maintaining vital records, health statistics compilation, and emergency preparedness. The division contracts with District Health Departments to provide services such as immunizations, epidemiology, prevention of sexually transmitted diseases, nutritional education, food protection, and oral health.

Division of Welfare

The Division of Welfare administers self reliance programs serving low-income individuals and families. These include child support, Food Stamps, child care, and cash assistance programs that consist of Temporary Assistance for Families in Idaho (TAFI), and Aid to the Aged, Blind and Disabled (AABD). Other programs such as food commodities and energy, telephone, or weatherization assistance are handled through contracts with Community Action Agencies.

Division of Family and Community Services (FACS)

FACS directs many of DHW's social and human service programs that focus on the entire family, including child protection, adoptions, foster care, children and adult developmental disabilities, and screening and early intervention for infants and toddlers. This division also includes the Southwest Idaho Treatment Center at Nampa, which provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications.

BEHAVIORAL HEALTH, MEDICAID AND MANAGED CARE SERVICES

Division of Medicaid

The Division of Medicaid administers a comprehensive medical coverage program for low-income pregnant women, people with disabilities, the elderly, and children from low-income families. It also licenses and inspects health facilities such as nursing homes, hospitals, and residential and assisted living facilities. Going forward, the division is working on exploring managed care options and separating out Licensing and Certification into its own division.

Department Overview

Division of Behavioral Health

The Division of Behavioral Health administers Adult and Children's Mental Health and Substance Use Disorder programs. It also administers the state's two mental health hospitals for people with serious and persistent mental illnesses, State Hospital North at Orofino and State Hospital South at Blackfoot. The division's services are consumer driven, prevention oriented, and are focused on helping children, adults, and families address and manage personal challenges that result from mental illnesses and/or substance use disorders.

Medically Indigent Services

Medically Indigent Services works with the counties, other state agencies and stakeholders to develop solutions to the healthcare costs for Idaho's medically indigent citizens.

SUPPORT SERVICES

Division of Operational Services

This internal division oversees contract management and purchasing; building maintenance for DHW hospitals and offices; strategic planning and business support; and human resource management of the department's 2,800 workers.

Division of Information and Technology Services

The Division of Information and Technology Services provides support to the agency by maintaining all DHW information technology resources. It ensures that all DHW information technology meets state, federal, and local requirements and policies to maintain client confidentiality and protect sensitive information. It also manages development, maintenance, and enhancement of application systems and programs for all computer, network, and data communication services.

Financial Services

Financial Services consists of Financial Management, Financial Systems & Operations, Accounts Payable, Accounts Receivable, Employee Services and Electronic Benefits.

Division of Licensing and Certification

Licensing and Certification was separated from the Division of Medicaid on July 1, 2012, to make the regulatory enforcement functions independent of Medicaid's benefit management. The new division conducts licensing and certification requirements for hospitals, nursing homes, developmental disability agencies, certified family homes, ambulatory surgery centers and other agencies and institutions that require federal and/or state certification or licensure.

Department Overview

Administrative Staff

Director.....	Richard M. Armstrong
Deputy Director, Public Health, Welfare and Family Services.....	Drew Hall
Deputy Director, Behavioral Health, Medicaid and Managed Care Services.....	Denise Chuckovich
Deputy Director, Support Services.....	David Taylor
Behavioral Health Division.....	Ross Edmunds, Administrator
Family and Community Services Division.....	Rob Luce, Administrator
Information and Technology Services Division.....	Michael Farley, Administrator
Licensing & Certification Division.....	Tamara Prisock, Administrator
Medicaid Division.....	Paul Leary, Administrator
Operational Services Division.....	Paul Spannkebel, Administrator
Public Health Division.....	Elke Shaw-Tulloch, Administrator
Welfare Division.....	Russ Barron, Administrator
Region 1, 2, Coeur d'Alene, Lewiston.....	Joyce Broadsword, Regional Director
Region 3, 4 Caldwell, Boise.....	Ross Mason, Regional Director
Region 5, 6, 7 Twin Falls, Pocatello, Idaho Falls.....	John Hathaway, Regional Director
Southwest Idaho Treatment Center.....	Susan Broetje, Administrator
State Hospital North, Orofino.....	Ken Kraft, Administrator
State Hospital South, Blackfoot.....	Tracey Sessions, Administrator
Legal Services.....	Peg Dougherty, Lead Deputy



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