

**Idaho Board of Health and Welfare  
Minutes**

**May 21, 2004**

The Board of Health and Welfare convened at:

Pete T. Cenarrusa Building  
450 W. State Street, 10<sup>th</sup> Floor CR  
Boise, Idaho

**CALL TO ORDER**

Chairman Kenyon called the meeting to order at 8:10 am.

**ROLL CALL**

Janet Penfold, Secretary, called the roll.

**Board Members Present:**

Quane Kenyon, Chairman  
Janet Penfold, Secretary  
Bert Henriksen, Member  
Dr. Richard Roberge, Member  
Stephen Weeg, Member  
Dr. Jack Riggs, Member

**Board Members Excused:**

Dan Fuchs, Member

**Ex-Officio Member Present:**

Senator Dick Compton for Senator Skip Brandt

**Ex-Officio Member Excused:**

Representative Bill Sali

**Department of Health and Welfare Staff Present:**

Joe Brunson, Acting Director  
David Butler, Deputy Director  
Bill Walker, Communications  
Jeanne Goodenough, DAG  
Martha Puett, Director's Office  
Sherri Kovach, Administrative Procedures  
Mike Peterson, FACS  
Dick Schultz, Health  
David Rogers, Medicaid  
Greg Kunz, Welfare  
Dia Gainor, Health  
Dr. Leslie Tengelsen, Health

Cameron Gilliland, FACS  
Mickey Harmer, FACS  
Wes Engel, FACS  
Ken Mordan, Rules Unit

**PUBLIC COMMENT PERIOD**

Chairman Kenyon opened the floor for public comment for 15 minutes on any subject not specifically shown on the agenda. Since no one stepped forward to make any comments, the comment period was closed.

Chairman Kenyon welcomed Senator Compton and thanked him for taking time to meet with the Board of Health & Welfare.

**AGENDA ITEM #1: APPROVAL OF BOARD MINUTES**

Chairman Kenyon presented the minutes of the November 6 & 7, 2003 meeting for adoption.

**Motion:** Stephen Weeg moved for approval of the minutes of the November 6 & 7, 2003 Board Meeting.

**Second:** Dr. Roberge

**Vote:** Motion carried.          6 Ayes          0 Nays          1 Absent (Fuchs)

**AGENDA ITEM #2: DIRECTOR'S REPORT**

Joe Brunson, Acting Director, was requested to respond to a letter sent to Board members from a client regarding "cutbacks in the children's special health program, effective October 1, 2004." Mr. Brunson explained that state and federal funding is not historically what it has been, that there has been no increase or match in funding to cover escalating medical cost, and it was the opinion of the Department to use the dollars to facilitate the development of multi-disciplinary groups and teams out in the communities to work with special health needs clients. Mr. Brunson explained that funding has been stretched so thinly that the Department is not able to provide the depth of services it has previously provided. The dollars will be re-directed to develop multi-disciplinary teams and the Department is proposing to assist communities in developing those specialties.

Discussion ensued and questions entertained regarding if clients are being cared for and treated regardless of the ability to pay or whether insured or not, either by private insurance or Medicaid. Mr. Brunson stated that special clinics in various communities have been developed and gave the example of the clinic developed in Pocatello by Dr. Boe. Clients presenting to the clinic are evaluated by multi-disciplinary staff that make referrals; the clinic picks up a specified amount of costs as there are limited dollars to apply towards each case; families then pick up the rest. Mr. Brunson reported that staff who works with the special health clinic program will present a brief status report after lunch.

Dave Butler, Deputy Director, Management Services, reported there are 40 days left in FY '04, and currently based on 3<sup>rd</sup> quarter results, the Department is running about flush with projection and funding appropriation. This, however, does not include the Medicaid trustee and benefit program, which has seen increased case loads and is running about \$9 – \$10 million dollars above in that category. Mr. Butler commented the Department is working hard to keep on track and get receipts in to cover this, however, will have to wait and see how receipts come in over the next 40 days.

With regards to the FY '05 budget, the Department was appropriated a 10.3% increase, which is helpful; indirect services (Division of Health and Councils) received the Governor's recommendation, as well as the Division of Welfare with the exception of where the Department requested 20 positions to assist with the CHIP B and Access Card programs, which are effective July 1, 2004, the Department was only appropriated five (5) positions. The sheltered workshops program was pulled from the Division of Family and Community Services along with \$3.7 million dollars from its budget, (of that \$75,000 is for inflationary costs and \$125,000 for administrative costs associated with the program); the sheltered workshops now reside in Vocational Rehab. Mr. Butler also reported the Department had a reduction of approximately \$350,000 in endowment funds, which the Legislature gave approval to spend if the money comes through in the endowment fund. To date, the Department of Financial Management is projecting the money will not be available; therefore the Department will have to tighten its belt and work through this. Finally, Medicaid's total appropriations increased by 13.7%; however, the Legislature removed \$8 million dollars worth of funds based on the cost avoidance initiatives that the Department has put through. In replacement of this, the Legislature has given the Department \$7 million more in receipts so the net look at budget dollar wise is about the same; the Legislature has challenged the Department to generate and use those receipts.

Mr. Butler reported the Department will have to tighten the purse strings and carry over as much funds as possible from FY '05 to FY '06 due to a couple of challenges facing every state agency in FY '06: 1) the sunset of the 1% sales tax; and 2) once every five years every state employee receives 27 paychecks instead of 26.

Board members questioned if the Department will be requesting a supplemental at the 2005 Legislature. Mr. Butler responded it will depend on how receipts come through from several of cost avoidance initiatives implemented by the Department, e.g., the supplemental rebates on pharmaceuticals.

Mr. Brunson also gave the following reports:

- Director Kurtz has converted to Leukemia and has been awaiting a donor without a successful match to date; however, he is now looking at a different procedure. Physicians are working to stabilize his current condition and he has been undergoing intensive treatment at Saint Alphonsus over the last several weeks. Once the condition is under control, he will travel back to the University of Minnesota for further treatment and expects to be there until October, 2004. Director Kurtz has continued to work throughout his hospitalization reviewing/sending e-mails via the Internet, conducting meetings in his room and participating on other key meetings via conference calls; Director Kurtz continues to be quite involved in running the Department, in everyday operations and in the rollout of the Any Door Initiative.

- Joyce McRoberts, Deputy Director, retired effective May 7 due to personal and family health issues. Bill Walker will supervise and coordinate the efforts of the Regional Directors, the Rules Unit, and will oversee certain Legislative activities; Dave Butler has been appointed as the liaison to the Board. At this point, a decision has not been made on whether to replace Ms. McRobert's position as Director Kurtz is evaluating needs and resources.
- The CHIP B/Access Card programs are moving along with open enrollment for the CHIP B program starting July 7 and running for a short period of time due to the limited amount of funding available from the state insurance premium tax fund; initially, about 3,500 – 4,000 clients will be able to enroll, and if there is remaining funding available, enrollment in the program will be re-opened. The Department does not have an organized outreach effort as Robert Wood Johnson and others are orchestrating major outreach efforts; however, the Department is coordinating with these organizations to ensure information is accurate.
- DD/Care Management is off and running with independent assessment providers conducting assessments on a timely basis and working well with clients. In the very near future, the Department will be able to see more consistent care plans and show a slower growth in this program. Mr. Brunson commented that mental health services is another component that needs to be managed as costs are running out of control and continue to escalate. Mr. Brunson gave the following example: today, the clinic option for mental health services is about \$100,000 under the dollar growth of hospitals; hospitals are the biggest drivers at a \$17.9 million dollar growth for the year. The mental health clinic option is \$17.8 million for the year, representing a 45% increase over last year.
- Idaho's food stamp error rate has increased over the last couple of years; however, staffing levels continue to decrease and staff is having to deal with a 50% increase in case load. There is a high probability that Idaho will be penalized approximately \$1 million dollars in its food stamp program because of the increased error rate. This is an issue that will continue to be reviewed and discussed with Legislators.

Chairman Kenyon commented that Legislators should be made aware that cutting staff in programs, in this particular case food stamps, does not necessarily equate to a savings for the Department or State, and often times creates a disservice to families, additional work for existing staff, and a potential for financial penalties due to increased errors.

- The performance improvement plan for the child welfare system was conducted earlier in the year; thus far no states have passed completely – some opportunities for improvement to Idaho's welfare system were identified. Mr. Brunson recently attended a Region X Health and Human Services Director's meeting in Seattle and it was reported that Idaho is doing quite well with its performance improvement plan and the feds are satisfied with progress thus far.
- The following are changes in Legislative Services, which affect the Department of Health and Welfare: 1) Cathy Holland-Smith has been appointed as the budget analyst in the Legislative Services Office, taking Dick Burn's place – he was the Department's representative for 17 years; 2) Judie Wright, previously the Department's budget analyst in

the Division of Financial Management, was promoted to Bureau Chief; 3) Sara Nye, previously the constituent liaison in the Governor's Office, was appointed as the Department's budget analyst; and 4) Colby Porter has been hired as the constituent liaison in the Governor's Office.

**AGENDA ITEM #3: RULES GOVERNING EMERGENCY MEDICAL SERVICES  
DOCKET NO. 16-0203-0401 (PENDING)**

Dia Gainor, Bureau Chief, Emergency Medical Services, Division of Health, reported the rule is already in place as a temporary rule and provides details for when to train certification and agency licensure for a new level of EMS provider. The EMS provider is one level below a paramedic and is aimed largely at rural areas that don't have the financial or personnel resources to pursue paramedic level of care. The only change in the language of the current temporary rules is in the personnel section – after the rules went into effect as temporary rules, staff discovered an error in section 324.

**Motion:** Stephen Weeg moved that the Idaho Board of Health & Welfare adopt as pending, and amendment to the temporary rule docket, Rules Governing Emergency Medical Services, presented under Docket No. 16-0203-0401, with the effective date to the temporary rule April 1, 2004, and with the rules becoming final and effective immediately upon the adjournment sine die upon prior review by the 2005 Legislature.

**Second:** Dr. Roberge

**Vote:** Motion carried.          6 Ayes          0 Nays          1 Absent (Fuchs)

**Priest River EMT**

Ms. Gainor requested permission to present an item not previously noted on the agenda; Chairman Kenyon granted the request.

Ms. Gainor presented Priest River EMT's Association (PREMT), 24/7 Coverage Waiver request. Ms. Gainor reported that currently, PREMT is not able to guarantee twenty-four hour a day, seven day a week response capability in accordance with Section 56-1016, Idaho Code. PREMT has worked closely with the Regional EMS office since a major personnel change in February, 2004. The Association has received a training grant from the EMS Bureau to address the EMT training needs identified. That training started April 2004, which was the earliest date they could schedule a class with respect to the new volunteers' schedules and instructor availability. PREMT plans to resume 24/7 coverage by January 2005 at the completion of their current training program.

Discussion ensued and Board members requested they be kept apprised of PREMT's progress as they work through this process. Chairman Kenyon noted that the Board does not wish to be unduly burdened with additional requests for waivers by PREMT, and directed Ms. Gainor and the EMS Bureau to work closely with PREMT and to provide a status report at the November Board meeting.

**Motion:** Dr. Roberge moved that the Idaho Board of Health & Welfare approve Priest River EMT's Association request for a Board waiver of 24/7 coverage in accordance with Section 56-1016, Idaho Code until December 31, 2004, when the twenty-four (24) hour a day, seven (7) day a week response capability is met.

**Second:** Bert Henriksen

**Vote:** Motion carried.          6 Ayes          0 Nays          1 Absent (Fuchs)

**AGENDA ITEM #4:      RULES GOVERNING REPORTABLE DISEASES – DOCKET NO. 16-0210-0401 (PENDING/AMENDMENT TO TEMPORARY)**

Dr. Leslie Tengelsen, Deputy State Epidemiologist, Division of Health, reported that both West Nile Virus and Severe Acute Respiratory Syndrome (SARS) may arrive in Idaho within the next year, yet neither of these diseases is currently reportable under the current rules. The rule is being promulgated in order to have SARS on the list in case it surfaces during the coming flu season, and to have West Nile Virus on the list in case it makes an appearance in the spring of 2004. Definitions for SARS and West Nile Virus will be added to the rule and those sections pertinent to reporting these diseases will be revised to include the two new diseases.

Dr. Tengelsen also requested an amendment to the temporary rule by adding the category of transmissible spongiform encephalopathy; this disease is thought to be contracted in some cases by infectious proteins – a prime example would be mad cow disease that was found in the United States late in 2003. Dr. Tengelsen stated there is an increased desire to do surveillance for the types of illnesses that fall under this category.

**Motion:** Bert Henriksen moved that the Idaho Board of Health and Welfare adopt as pending, and amendment to the temporary rule docket, Rules Governing Idaho Reportable Disease as presented under Docket No.16-0210-0401, with the effective date to the temporary rule July 1, 2004, and with rules becoming final and effective immediately upon the adjournment sine die upon prior review by the 2005 Legislature.

**Second:** Dr. Riggs

**Vote:** Motion carried.          6 Ayes          0 Nays          1 Absent (Fuchs)

**AGENDA ITEM #5:      RULES GOVERNING DEVELOPMENT DISABILITIES AGENCIES (DDA) – DOCKET NO. 16-0411-0401 (TEMPORARY)**

Cameron Gilliland, Manager, Adult Developmental Disabilities Program, Family and Children Services, reported these rule changes are necessary in order to revise two of the definition subsections of this chapter of rules to conform to the new Service Coordinator rule, IDAPA 16.03.17, approved during the 2004 Legislative session. The definitions for “service coordination” and “service coordinator” will be revised to match those in the Service

Coordination rule. The reference to “targeted services coordinators” will be deleted as it is no longer needed.

**Motion:** Dr. Riggs moved that the Idaho Board of Health and Welfare adopt as temporary, Rules Governing Development Disabilities Agencies, presented under Docket No. 16-0411-0401, with the effective date of the temporary March 20, 2004.

**Second:** Dr. Roberge

**Vote:** Motion carried.          6 Ayes          0 Nays          1 Absent (Fuchs)

**AGENDA ITEM #6:      RULES GOVERNING RESIDENTIAL HABILITATION AGENCIES –**  
**DOCKET NO. 16-0417-0401 (PENDING)**

Cameron Gilliland, Manager, Adult Developmental Disabilities Program, Family and Children Services, reported these rule changes are necessary in order to revise two of the definition subsections of this chapter of rules to conform to the new Service Coordinator rule, IDAPA 16.03.17, approved during the 2004 Legislative session. The definitions for “service coordination” and “service coordinator” will be revised to match those in the Service Coordination rule. The reference to “targeted services coordinators” will be deleted as it is no longer needed.

**Motion:** Dr. Roberge moved that the Idaho Board of Health and Welfare adopt as temporary, Rules Governing Residential Habilitation Agencies, as presented under Docket No. 16-0417-0401, with the effective date of the temporary rule March 20, 2004.

**Second:** Janet Penfold

**Vote:** Motion carried.          6 Ayes          0 Nays          1 Absent (Fuchs)

**AGENDA ITEM #7:      RULES GOVERNING FAMILY & CHILDREN SERVICES –**  
**DOCKET NO. 16-0601-0401 (PENDING/AMENDMENT TO TEMPORARY)**

Mickey Harmer, Program Specialist, Children and Family Services, Division of Family and Community Services, reported the 2003 Legislature passed a 4% increase in the 2004 budget for foster care providers in Senate Bill 1206, thus the table in Section 483 is being amended to reflect that increase. Also, the 2004 Legislature passed a 5% increase in the 2005 budget for foster care providers in the Senate Bill 1425, thus the temporary rule is being amended to reflect that increase. Ms. Harmer noted that although financial incentives are not the most important factor in recruiting and keeping foster parents, Idaho’s rates are still below the national average, and efforts at increasing the reimbursement rates are appreciated by foster parents.

Chairman Kenyon questioned if the Department of Health and Welfare could seek an increase in the birthday and Christmas allotment for foster parents. It was recommended that staff follow-up

with the Foster Parent Association to determine how and where they would like to have the increase directed. Ms. Harmer stated that foster parents typically pay “out of pocket” to ensure children have good celebrations, and any increase will be appreciated.

**Motion:** Dr. Roberge moved that the Idaho Board of Health and Welfare adopt as pending rule, and amendment to the temporary rule docket, Rules Governing Family and Children’s Services, as presented under Docket No. 16-0601-0401, with the effective date to the temporary rule July 1, 2004, and with the rules becoming final and effective immediately upon the adjournment sine die upon prior review by the 2005 Legislature.

**Second:** Janet Penfold

**Vote:** Motion carried.          6 Ayes          0 Nays          1 Absent (Fuchs)

**AGENDA ITEM #8:      RULES GOVERNING FAMILY & CHILDREN SERVICES –  
DOCKET NO. 16-0601-0402 (TEMPORARY)**

Wes Engle, Program Manager, Division of Family and Community Services, reported the rule deals with how the Department determines eligibility for federal funding for children in foster care. The federal program is called Title IV-E and has certain criteria that a foster child has to meet in order for the state to consider eligible for the federal funding, and once the child is eligible, the federal government contributes to that child’s cost of care. Mr. Engle stated that a recent court decision on a lawsuit against federal regulations regarding Title IV-E eligibility requires changes be made to the eligibility requirements in IDAPA 16.06.01 in order to be consistent with the federal ruling.

**Motion:** Stephen Weeg moved that the Idaho Board of Health and Welfare adopt as temporary, rules Governing Family and Children’s Services, as presented under Docket No. 16-0601-0402, effective date July 1, 2003.

**Second:** Jack Riggs

**Vote:** Motion carried.          6 Ayes          0 Nays          1 Absent (Fuchs)

**AGENDA ITEM #9:      2004 LEGISLATION**

- Mental Health- Mike Peterson, Deputy Administrator, Division of Family and Children’s Services, reported there was lengthy discussion among legislators, Department staff, community providers and the general public around the issue of children and adult mental health services, especially in the germane committees. Discussions centered on cost issues, and how best to deliver services using a combination of Medicaid and direct services provided by the Department. Mental health issues will continue to be a topic of discussion and an area of concern for the Department, Legislature and communities.

Mr. Peterson also reported the 2004 Legislature passed SB 1293, which deals with mental

health services and the establishment of the regional mental health boards, effective July 1, 2004. The bill essentially replaces the regional mental health advisory boards and is more than just a name change; the current regional mental health advisory boards operate only in an advisory capacity. The new mental health boards have specific responsibilities and involve overall coordination and planning of mental health services in their respective region. Legislation clarifies board membership and includes at least three county commissioners from the region, three consumers or families from consumers, two Department employees, a representative from the children's mental health regional council, a law enforcement officer, a provider of mental health services, a physician or other licensed health practitioner from within the region, a representative of a hospital, and a member of the regional advisory substance abuse authority. The Department is working with the current advisory board to identify current board members who can continue working with the new mental health boards.

Board members noted that mental health services for adopted children need to be improved as there is little to none, and typically adoptees come with "extra baggage." Mr. Peterson noted that adopted children are "high risk kids" with significant problems and acknowledged that the assistance is needed, and that the Department provides assistance as it is able to given its limited resources.

- No Smoking – Elke Shaw-Tulloch, Bureau Chief, Community and Environmental Health, Division of Health, reported the 2004 Legislature passed Senate Bill 1283, Idaho Clean Indoor Air Law, which prohibits smoking in public places and at public meetings. Ms. Shaw-Tulloch distributed a fact sheet on the rule writing process, the clean indoor air rules timeline, the public hearing schedule, the draft rules to date, and gave a brief overview of the law and its impact. The intent of the bill is to protect the public health, comfort and environment, the health of employees who work at public places and the rights of non-smokers to breathe clean air. The statute goes into effect on July 1, 2004, and is enforceable from that point forward. The bill has been met with overwhelming support, as well as great resistance; many Idahoans and business owners have inquired as to how to interpret the statute. Ms. Shaw-Tulloch is the primary point of contact for the majority of calls received from business owners, mostly from owners in smaller communities who have a restaurant/bar/retail store housed in one location; with the main question being how to interpret and comply with the law. At this point, callers are being advised that their own interpretation of the law and/or their legal representative's interpretation of the law is valid as the Department does not yet have the rules written. Business owners need to decide what is most appropriate for them, read the bill carefully and determine how it applies to their establishment, and also determine the level of risk they are willing to take.

Discussion ensued and questions entertained regarding who will be the enforcement agency and how will the law be enforced in the absence of rules, does the law apply to outdoor eating facilities, no smoking signage, and whether the law also applies to bowling alleys. Ms. Shaw-Tulloch stated local law enforcement is the agency responsible for enforcing the law and they have been fairly blunt in stating they are not sure how to enforce this law in the absence of rules. The law applies only to indoor facilities; however, it does not include bowling alleys. Also, signage is addressed in section 200.01, which states "signs shall be

appropriately sized, conspicuous, legible, unobscure, and placed at a height and locations as to be easily seen and read by persons entering or within the posted area.” Owners of establishments are responsible for ensuring appropriate signage and postings.

Members requested they be added to the e-mail list in order to be kept updated as the advisory group meets, and changes and updates to the proposed rules are made. Board members also asked if the rules will come before the Board in November; yes, the proposed rules will be presented for the Board’s review.

- Financial Institution Data Match - Greg Kunz, Acting Administrator, Division of Welfare, reported that the financial institution data match (FIDM), was a process established during welfare reform in 1996, and it mandated states to create a mechanism to have access to accounts in financial institutions for the purpose of meeting uncollected child support; especially in those cases where the individual has the resources and has not been responsive in terms of working with child support organizations. FIDM is used as a last resource when all other mechanisms have failed in working with non-custodial parents. The 2004 Legislature passed SB 1280, which specifically modifies the methodology to be used by the Department to gain access to bank accounts; the current methodology in place since FIDM was established in the state of Idaho is a garnishment process. The garnishment process only operates within the state of Idaho so the child support organization does not have access to other accounts in other states. Nationally, states typically have administrative procedures which allow them to have access to bank accounts and resources in whatever states non-custodial parents may have resources. Many of the non-custodial parents who do have accounts do not have those in the states in which they reside for the primary purpose of avoiding any kind of entanglements that might occur within the state. Most states in the nation do have this administrative procedure in place, and it was recommended that the Department adopt some type of administrative procedure to streamline the process and to allow for a more efficient methodology to access the funds in those accounts. As a result of work that was done with a legislative advisory group, legislation was developed and approved by the 2004 Legislature. The rules are effective July 1, 2004, and Department staff is in the process of developing a policy and structures to allow the new methodology to work. Staff is working closely with the Banker’s Association, Credit Union Association, and other key institutions in order to develop those procedures which are efficient and effective for all parties, and that also allow for the necessary review if there are questions or concerns.

Board members questioned how the privacy of individuals will be protected and what the impact would be should that information be inappropriately used or disclosed. There are a number of restrictions on the process used to transmit data to and from the FIDM and the child support organization; also, whether that data is handled via paper or electronic form is restricted and secured and only a number of individuals have access to the financial information. Mr. Kunz stated Idaho has \$388 million dollars in child support arrears owed to children in the state of Idaho; the current process collected \$1,798 thus far for the year, with an average collection time close to 90 days. With the new FIDM process, estimates indicate close to \$1 million being recoverable for children in the state of Idaho; this represents a significant amount of money in terms of families who are in great need and would have to turn to the Department and other state programs for assistance if those funds

are not accessible.

- Food Code Rules – Patrick Guzzlel, Food Protection Program Manager, Division of Health, reported that in 2002 a food safety advisory group convened to discuss future changes to the food rules in Idaho. The advisory group consisted of various organizations affected by food rules including the Idaho Restaurant and Lodging Association, Department of Education, Department of Health and Welfare, independent restaurant owners, and other organizations. The advisory group recommenced adoption of the 2001 Food Code Model, with some modifications, resulting in the Idaho Food Code. During the 2004 Legislative session, there was opposition in reference to adoption of the Idaho Food Code primarily centered on the associated cost of the new training requirements for food workers and food establishment operators. Ultimately, this resulted in a bill being introduced that would have exempted jails and correctional facilities from the food rules; additionally, there was a lot of misinformation and misunderstanding of the current food rule. Thus the Department recommended that Legislature reject the food rules and allow staff to correct the misinformation being circulated and develop a cleaner document, reconvene the food safety advisory group and present the same basic food code with modifications addressing the concerns that had been expressed. Since that time, the food safety advisory group, which included members of the organizations that were strongly opposed to the food rules, i.e., Idaho Association of Sheriff's and the Department of Corrections, has reconvened and developed an acceptable training option. Members of the advisory group are doing a series of presentations around the state and disseminating the new information.
- Children's Special Health Program – Russ Duke, Bureau Chief, Clinical and Preventive Services, and Brett Harrell, Manager, Children's Special Health, Division of Health, gave a brief overview and status report on the children's special health program (CSHP). Over the last 10 years, the CSHP has sponsored/funded an average of 200 specialty clinics annually across the state for children from birth to 18 years of age; in FY '03 there were 2,445 clinic visits in the following categories: cystic fibrosis, phenylketonuria, plastic/burn, cardiac, craniofacial, orthopedic, neurological and cleft lip/palate. The program contracts with five public health districts and St. Luke's to organize and provide space for clinics, with some 80 physicians and therapist providers to staff them. The CSHP is funded by the Maternal and Child Health block grant administered by the Health Resources and Services Administration. The grant requires 30% of the award be provided to children with special health care needs – this amounts to \$910,000 for the current year's award. Annual CSHP costs have been increasing by about 5% per year and recently exceeded \$1.18 million. Until the current federal fiscal year, federal carry forward funds and available block grant funds have been sufficient for the CHSP to meet the growing costs of providing services for the following year. The federal carry forward funds have been spent down and no additional carry forward has been or is expected to be generated to augment the CSHP beyond FFY '04. In August of 2003 when the Department made the decision to initiate changes to the program, it communicated with physicians and health care professionals serving children through CSHP of those upcoming changes. Currently, strategies are being implemented to ensure children most in need have access to health care while maintaining program expenditures. Some of those strategies include: 1) curtail financial support for clinics, and have patients referred directly to subspecialty physicians and other health care professionals located within their

region or other areas of the state, or out of state as necessary; 2) enroll only uninsured children and implement a case management process to ensure those children have access to health care for diagnosis and treatment as described in administrative code; and 3) state CSHP staff will begin to focus on larger system issues that impact all special needs children in Idaho, not just those within the present, relatively narrow diagnostic guidelines. There will still be clinics, access to physicians, etc., however, those folks who have some type of insurance will no longer be funded by the grant. Mr. Duke reported detailed information on the program will be forwarded to the Board within the next couple of weeks.

**AGENDA ITEM #10: CHIPB/ACCESS CARD**

David Rogers, Administrator, Division of Medicaid, gave a brief overview of the CHIP B program, which was passed by the 2003 Legislature to address the needs of uninsured children in Idaho. Program criteria state that family income must not exceed 185% of the federal poverty level; the current CHIP program, now referred to as CHIP A, is currently limited to 150% of federal poverty level, which equates to about \$2,416 for a family of three per month, or about \$29,000 per year. Enrollment in the CHIP B and Access Card program is limited to the available funding from the insurance premium tax fund; state funding will be matched with federal financial participation. The budget passed in the recent Legislative session places a limit on the program size based on that available funding source. The CHIP B program will provide a limited benefits package, i.e., basic coverage – physician services and hospital inpatient coverage; however, does not include services needed in the long-term care arena, i.e., community mental health benefits, developmental disabilities, durable medical equipment, and dental. A major difference from the current program, CHIP A, is a cost sharing requirements for individuals who participate; as the program is implemented in July, 2004, it will require a \$15 dollar per month per child premium for participation.

Mr. Rogers reported the Access Card program is effective July 1, 2004; in this program, the state will subsidize private insurance up to \$100 per month per child with maximum of \$300 per family per month. Parents may choose to provide coverage through insurance in the private market, which can be done through an individual plan or group plan offered through an employer. Parents will pay for any premium deductibles and co-payments, which are part of that private insurer's benefit plan. Families who qualify for the program will have the option of electing CHIP B or a private plan through the Access Card.

Mr. Rogers stated open enrollment is scheduled July 7 – 16, 2004; staff will process those applications, then re-open enrollment at various times of the year until those dedicated funds are used. The Department is working with folks from the Idaho State Planning Grant and other community partners in terms of outreach efforts. They are targeting folks in the private insurance market as well employers explaining how the Access Card will work to ensure they are ready for the new program. Public service announcements have been developed by the Carpenter's Union and will be running in the very near future. Staff have been gearing up to get ready to do some outreach events and planning for back to school, and have begun presentations to the provider community. Mr. Rogers recently participated in a number of health care conferences highlighting the CHIP B and Access Card programs, and presentations are scheduled for the Primary Care Association. Also, information is being routed in the traditional Medicaid informational

releases, with follow-up through direct contact via the Healthy Connections staff out in the field.

Board members questioned if massive backlogs and delays would occur when the programs are implemented since the Legislature approved less than half of the positions requested to support the new programs. Mr. Rogers responded the Department did request five positions for Medicaid and 20 positions for Self Reliance, with the primary purpose that those positions process the applications for the CHIP B/Access Card programs. The Department was appropriated a total of 10.5 positions, thus the Department has created a consolidated/blended unit that can process and determine the Medicaid work and eligibility component; the Department is using its limited resources in the best way possible.

**AGENDA ITEM #11: ANY DOOR INITIATIVE**

Mr. Brunson reported on service integration and the Any Door project, which will transition from prototype into full operation for all of Region II sometime the middle of June. Mr. Brunson and David Lehman, Policy Advisor, Governor's Office, toured most of the state offices, talking with folks and explaining the status and process of the Any Door Initiative. Staff has been quite supportive of the service integration initiative and has asked many questions. Mr. Brunson stated service integration is what is happening around the country; this is an item on the National Governor's Association agenda, and a major topic of discussion at the American Public Human Services Association summer meeting. Not only is service integration happening at the health and human service level, states are beginning to integrate their departments, e.g., Arizona is integrating state departments such as education, health and human services, labor and commerce. Last year Governor Kempthorne consolidated the Departments of Labor and Commerce to bring together job services and economic development to improve the quality of jobs, benefits, etc.

A Board member commented that he had the impression that when the Department presented information on services integration to the Joint Finance and Appropriations Committee, Committee members did not understand the intent of service integration and the Any Door Initiative. Mr. Brunson stated that the Department will continue its educational process and efforts with the Legislature, communities and key players. Recently, a letter was sent to Senator Brandt to update him on the status of the Any Door Initiative in Region II.

Senator Compton commented that as vice chairman of the Senate Health and Welfare Committee, he appreciated all the efforts and energy of Department staff in providing information and education around various issues, the Any Door Initiative, and of course the rules and bills. Legislators are inundated with a multitude of information for review, especially during the session, and expressed that he personally felt that staff go above and beyond in presenting information in whatever format is needed; there is great dialogue and open lines of communication between staff and Committee members. Senator Compton stated that once members of the Senate and House Health and Welfare Committee understand issues and/or Department needs and philosophies, they can be champions for the Department and can also provide suggestions and/or recommendations for change. Senator Compton urged Legislators from the germane committees and members of the Board to try at every opportunity to communicate the importance of the various Department programs to ensure success. Also, the Director and Deputy Directors need to continue to think about how best to communicate the

needs and priorities of the Department to both the Senate and House.

**AGENDA ITEM #12: FUTURE BOARD MEETINGS:**

The Board is scheduled to meet September 17, and November 4 & 5, 2004; the Board will meet on September 17<sup>th</sup> only if there are dockets to bring forward for review; Martha will keep Board members apprised.

**MISCELLANEOUS:**

- Chairman Kenyon reported he has appointed a Nominating Committee consisting of Stephen Weeg and Dr. Jack Riggs, and has directed them to present recommendations for nomination of new officers at the November Board meeting.
- Senator Compton thanked Chairman Kenyon for allowing him to attend the meeting; he commented the meeting had been quite interesting and educational. Senator Compton added that unfortunately, oftentimes Legislators, general public and others are quick to criticize the Department for perceived inefficiencies; however, he has learned through personal experience that Department staff are dedicated, hard-working, and compassionate individuals. It is easy to criticize from a distance but when personal tragedy strikes and a person works closely with the Department, it is clear that staff works hard to provide assistance to those in need.

Senator Compton encouraged the Department and Board members to continue to be creative in finding long-term solutions to problems and concerns; to continue to be proactive and a leader in the community in providing health related and preventive information to citizens thereby helping them be more responsible for their physical well being, and subsequently reducing the drain of limited Department resources.

Chairman Kenyon noted the Department has been working hard to do things better and more efficiently and that the Any Door Initiative is a prime example.

**AGENDA ITEM #13: ADJOURNMENT:**

**Motion:** Chairman Kenyon moved to adjourn the meeting at 3:35 pm.

**Vote:** Motion carried.          6 Ayes          0 Nays          1 Absent (Fuchs)

**Respectfully signed and submitted by:**

---

Quane Kenyon, Chairman, Health and Welfare Board

---

Janet F. Penfold, Secretary, Health and Welfare Board

---

Martha Puett, Executive Assistant and Recorder