

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 22, 2013

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Guthrie, Martin, Lakey, Bock and Schmidt

**ABSENT/  
EXCUSED:**

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Heider** convened the meeting at 3:00 p.m.

**Chairman Heider** started the meeting by saying David Simnett, the deputy administrator of the Idaho Division of Medicaid, has invited a representative from the committee to be on the patient-centered Medical Home Collaborative that Governor Otter established through an executive order. **Chairman Heider** asked if anyone would like to volunteer. **Senator Martin** said he would.

**Chairman Heider** asked Division of Medicaid Administrator Paul Leary to come forward and give a presentation on Medicaid.

**PRESENTATION:** **Mr. Leary** started his presentation by introducing Medicaid management staff: David Simnett, Deputy Administrator; Lisa Hettinger, Bureau Chief for Financial Operations; Natalie Peterson, Bureau Chief for Long-Term Care Services; Matt Wimmer, Bureau Chief for Medical Care; Cathy Libby, who manages the division's systems – such as the MMIS and Molina system; and Art Evans, Bureau Chief of Developmental Disabilities Services. **Chairman Heider** commended the staff and said they are a tremendous resource for the committee.

**Mr. Leary** said Medicaid, as did Medicare, came out of the Social Security Act in 1965 – Medicare is Title 18 and covers the elderly and Medicaid is Title 19 and covers low-income individuals including the disabled. Although state participation is voluntary, all 50 states participate. It's a publicly-funded health insurance program for low-income individuals. **Mr. Leary** said Medicaid is the largest insurer of health services in the country and it's the main payment for long-term care services in the county. In 2009, it covered about one million individuals in nursing homes and paid for 41 percent of all long-term care expenses in the country. **Mr. Leary** said Medicaid is administered via a state plan – a contract between the state government and the federal government on what will be covered in that state's Medicaid program. The Medicaid program is an entitlement plan (you can still be eligible if you have credible insurance). Medicaid is always the payer of last resort and is secondary payer for those with primary health insurance. The Children's Health Insurance Program (CHIP) is an insurance plan for children (you cannot have credible insurance to get on that program).

**Mr. Leary** said a state plan is a funding agreement with the federal government, an agreement that lists what the state is going to pay for and what the federal government is going to pay for. Every time the state amends its plan, it goes through legislature and the amendment(s) have to be approved by the federal government before the state can move forward. **Mr. Leary** said the Secretary of Health and Human Services can waive part of that state plan. Waivers waive portions of the state plan so that states can either provide different services or provide services that otherwise could not be offered through the state. **Mr. Leary** waivers came out of section 1915(c) of the Social Security Act. Examples listed were long-term care balancing – the balancing is keeping people who don't need to be in a facility, in a nursing facility or a long-term care facility in the community so they can get their services in the community; the children's redesign; premium assistance; and a 1915(b) Freedom of Choice Waiver.

**Mr. Leary** gave different percentages of who is eligible for Medicaid and CHIP. Children under the age of six – up to 133 percent of the federal poverty limit and the federal poverty limit for a family of four with an income of just over \$23,000 per year. If a child is between six and eighteen years old, they can be eligible up to 100 percent of the federal poverty limit. Above 133 percent for children six or older, those children in a family can be on CHIP up to 185 percent of the federal poverty limit. **Mr. Leary** said pregnant women are eligible for Medicaid up to 133 percent of the federal poverty limit. About 46 percent to 47 percent of all births in Idaho are covered by Medicaid. **Mr. Leary** said low-income individuals over the age of 65, who are on Medicare, can also be eligible to get Medicaid benefits – those individuals are considered part of the dually-eligible population. **Mr. Leary** said individuals who have a disability – not a severe disability with the need for a nursing facility level of care or intermediate care – can also be eligible for Medicaid. Lastly, adults with children are the only other adults who can be eligible. Those individuals must have an income at 20 percent of the federal poverty limits, about an annual income of \$5,000. **Mr. Leary** said there are three benefit plans in Idaho: the basic health plan for healthy kids and adults; the enhanced plan for individuals with special needs, mental health issues and the need for transplants, etc.; and the coordinated plan for the elderly.

**Mr. Leary** said his department is funded mostly federally via the Federal Medicaid Assistance Program (FMAP) percentage and the percentages change every year. Most of the Medicaid services are reimbursed at 70 percent federal, 30 percent state. The CHIP program is reimbursed about 80 percent federal dollars and 20 percent state. **Mr. Leary** said most of the department's administrative services are 50 percent state, 50 percent federal. Some professional costs are reimbursed at 75 percent federal, 25 percent state. The new management information system – the new claims system – was all done with 90 percent federal funding and 10 percent state funding. **Mr. Leary** said 96.4 percent of the department's funds – \$1.98 billion of the \$2.06 billion – are spent for services for individuals. Only 0.7 percent of those funds go to personnel in Medicaid and 2.9 percent go to operating expenses. **Mr. Leary** said the top six cost drivers in the Medicaid program haven't changed and make up well over 90 percent of the department's costs. Some examples are hospitals, long-term care services, developmental disability services, physician services, drugs and mental health services. **Mr. Leary** said the department put in a new system – the Molina system – in July 2010. That created the "perfect storm," he said due to instability being caused by withholding payments in the old system and starting the new system. The department started seeing stabilization with the system in the summer of 2011. From that point on, the system has been very stable.

**Chairman Heider** asked Mr. Leary to read a quote he had given committee members so that those in the audience could enjoy it. **Mr. Leary** said he had gotten the quote from a sign handed down to him by a thirty-year employee who had retired eight years ago. It read, "Medicaid is not rocket science. It's more complex, more confusing and more expensive."

**PASSED THE  
GAVEL:**

**Chairman Heider** thanked Mr. Leary for his presentation and passed the gavel over to Vice Chairman Nuxoll to handle the rest of the items on the agenda, which consisted of pending rules.

**Vice Chairman Nuxoll** thanked Chairman Heider and introduced Mr. Evans.

**DOCKET NO.  
16-0309-1204**

**Mr. Evans** said **Docket No. 16-0309-1204** is a companion docket to the Children's System Redesign rules and deals with rule changes governing school-based benefits and the infant toddler program. (See attachment 4 for entire presentation speech.)

**Vice Chairman Nuxoll** asked Mr. Evans if he thought he needed to go through anything in the docket with the committee. **Mr. Evans** said the only thing that might be of interest would be two newly-developed services that are exclusive for schools: behavioral consultation and behavioral intervention. Those services were designed specifically for the school setting to allow children to access the educational environment. They are behavioral management types of services – not skill-building services as developmental therapy was – and they are very unique to the school setting. **Mr. Evans** said working with the schools was really important in order to have a service that could be funded by Medicaid and specifically addressed behavioral issues to keep children in the classroom. **Mr. Evans** said he's very proud of the committee and the work they put into that to develop those rules. **Mr. Evans** said they're very good rules going forward with the school-based system. **Vice Chairman Nuxoll** asked if the toddler program got transferred or were there any changes to it. **Mr. Evans** said they are making the infant toddler program into a provider and are defined as a provider. That is the primary change and it allows them to operate and to bill Medicaid for the services they are providing.

**Chairman Heider** asked if there is an increase cost to the school systems when the changes are implemented or if they are all absorbed by the department. **Mr. Evans** said the cost impact is about \$2.6 million in federal funds to the school districts and that the department was not able to create a service that would capture all of the previous funding that they had. But, in the department's research, it was found that there was some risk to the schools because some of the developmental therapy that was being provided was more educational and skill-building that wasn't an appropriately funded Medicaid service. So, when these services were redesigned, the department tried to capture the bulk of what the schools were doing, the services they were providing, but making sure they really fit the Medicaid intent. Going forward, the department is estimating it will impact the schools in federal dollars by about \$2.6 million, but it shouldn't impact the services to the children because of what is required in the Individuals with Disabilities Education Act. **Chairman Heider** asked if the school districts will be funding this or will the federal government fund it for the schools. **Mr. Evans** said it will be federally funded, with a 70/30 match – 30 percent of the funding coming from the school districts. That is the way it has been for a number of years now.

**MOTION:**

**Senator Hagedorn** moved to approve **Docket No. 16-0309-1204**. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

**Mr. Evans** said **Docket No. 16-1310-1203** presents the final step in a four-year process to implement the Children's Developmental Disability System Redesign. (See attachment 5 for entire presentation speech.)

**Chairman Heider** asked if Mr. Evans believed the right care, at the right place, at the right price and with the right outcomes is being administered through this program. **Mr. Evans** said, having been a provider – he has been a certified developmental specialist, a certified Intensive Behavior Intervention (IBI) professional, earned a Master's Degree in Social Work and having worked in the field, he does. **Mr. Evans** said he believes there will be an incredibly positive impact on skill building in children as the program moves forward, but it is not without its challenges because it represents a significant change in how business is done. **Mr. Evans** said, in terms of long term outcome and sustainability, he believes that these are an incredible array of services that have been developed by his team.

**Senator Lodge** said the problems that seem to still exist from last year, are procedural and communication and asked Mr. Evans to explain that better. **Mr. Evans** said the ongoing situations his department has faced have been issues of misunderstanding and miscommunication from a variety of sources. One issue was that staff had not presented some information correctly – particularly in the areas of Habilitative Support. Two years ago, the rules were changed in Habilitative Support in that, initially, it could only be provided in the community. The department worked with the Idaho Association of Developmentally Disability Agencies and some other advocates and struck that part of the rule. In some instances Habilitative Support is appropriate in a center and, in others, it is appropriate in the home. **Senator Lodge** asked if there have also been people not "hearing" what the department is trying to teach them. **Mr. Evans** said he cannot speak definitively, but he believes that to be the case and that the department has had situations where once the staff was able to talk to people, they were able to explain it and get that information out very well. One of the problems the department has faced is when, instead of calling the department staff to ask a question, those individuals will get information from other sources that's not quite accurate. **Mr. Evans** said the department has done over 100 communications in the last couple of years to families and to providers, trying to get them to call. The department also has a web site and has put out letters.

**Senator Lodge** asked Mr. Evans to give a quick overview of services offered. **Mr. Evans** said Habilitative Support is a support service. In this service, for example, if a child with a developmental disability wants to be engaged in Little League and needs support to do that, the department will provide a paraprofessional to go out there with them to make sure the child is interacting correctly, they are not being made fun of and they are not being abused in any way; also encouraging them and helping them to be successful in their world. Habilitative Intervention encompasses what was called, in the past, Developmental Therapy and IBI. It is habilitative, it is skill building and it's teaching children the skills that they've missed in their normal years of development – such as toileting, feeding themselves, brushing their teeth, social interaction, dealing with behaviors that are out of control and teaching them how to redirect and deal with those behaviors. **Mr. Evans** said Respite Care offers mom and dad, who may be tired, someone to take their child for a few hours so they can have some time to themselves.

This is a brand new service to children and is a relief from the day to day things parents deal with. Family Education and Family Training are two elements that **Mr. Evans** – who said he has also worked as a psychotherapist – said he felt were really very important. Oftentimes, when working with children, they are taught things that their parents need some help in learning – such as how to manage behaviors and how to best accommodate a child who has this particular disability. Therapeutic Consultation is used when needing assistance to figure out what direction to go with a program and what kinds of things to address. Crisis Management is a program that, when in a crisis and in need of help, the department will provide funding and individuals for necessary services. **Mr. Evans** said Interdisciplinary Training is a program that can provide two different types of professionals, working with the same child, some interdisciplinary training with both receiving compensation for that at different levels.

**Senator Lakey** said he had something brought to his attention by a constituent. With the redesign, if there is an effective support worker working with a family's child both in the home and out in the community – could that still continue? **Mr. Evans** said it could.

**TESTIMONY:**

**Katherine Hansen** introduced herself and said she is with Community Partnerships of Idaho and also the Idaho Association of Developmental Disabilities Agencies. She said she appreciated discussion so far and the question from Senator Lakey because really addresses some the remarks she would be making. **Ms. Hansen** said as much as there were parts of the Children's Redesign that she supported and had appreciated the hard work, there were some areas her organizations had concerns about. **Ms. Hansen** said she realized the rules were coming before the committee and the opportunity to go in and cut and change things was pretty late in the game. So, her organizations decided to focus on at least one part of the rule that would have the most impact in terms of the concerns that we are hearing in the community and that area was exactly what Senator Lakey had referenced – a concern from one of his constituents.

**Ms. Hansen** referenced Senate Health and Welfare minutes from January 31, 2011 on the interpretation of the rules because of the change in the language. Unfortunately, these services, because a number of reasons, never got rolled out.

**Ms. Hansen** said every child has to be in the system by July 1 and, only recently, have a lot of families started moving into the system. In terms of when the issues came up, it's just recently as families are going in and there is not longer just an isolated case, or just one or two in a community. **Ms. Hansen** said she is not asking for language to be changed, just for clarification and the interpretation of these rules to be corrected based on the committee's decision two years ago. (See attachment 6a for speech and 6b for the January 31, 2011 minutes that are referenced in speech.)

**Senator Martin** said he wanted to make sure Ms. Hansen was okay with the wording of the document and that, if so far, the problem is with the implementation of the rule. **Ms. Hansen** said that is exactly correct.

**Vice Chairman Nuxoll** asked Mr. Evans to come up to address Ms. Hansen's testimony. **Mr. Evans** said the department is aware that there's been communication that has said you can only have Habilitative Support in the community and that is not correct. This came up a couple of weeks ago and the department has been working to try to resolve it with the different groups. **Mr. Evans** said he knows that there has been an issue and the department is working on fixing it.

**Senator Lodge** asked when people started to change over to the program. **Mr. Evans** said the program was implemented in July 2011 and, to this point, there have been about 600 who have come into it. **Senator Lodge** said she recollects there being a time when some providers were possibly encouraging people to hold off on not enrolling right away and as it is already within six months of the final date to move into the system – and it's been since July 2011 – she has a little heartburn over the fact that the State maybe has not had all the cooperation needed from some of the other people working directly with the parents on this program.

**TESTIMONY:**

**Mary Rumple** introduced herself as a parent of a child – son, Kade – with a disability. She said her son has transitioned into the new system and that only a small percentage of families have done so. **Ms. Rumple** said she still has concerns about the redesign system, but wanted to specifically address Habilitative Supports, where that those services can be provided and that's it's a real concern to families. As to maybe why families are not transitioning into the new system, **Ms. Rumple** said when it is found out that other families who have transitioned had met barriers, transitioning does not seem too exciting. **Ms. Rumple** said she, specifically, was told her son could not receive support services anywhere other than in the community unless there were typical peers present 100 percent of the time in-home or in-center. **Ms. Rumple** said based on her son's level of function, his disability being autism, he does not relate to or interact with in any way with his typical peer group. Yet, by making those new rules, there are now appropriate groups her son can be with – through center-based therapies and such – that are not an option for her family to focus on. **Ms. Rumple** said she specifically asked for the best option for her son and was denied. **Ms. Rumple** said it is fantastic to hear Mr. Evans say that this is a communication problem and that we can resolve this because there really are a lot of families to transition into a system and it could become very problematic to have everyone transitioning at the same time. (See attachment 7 for submitted testimony.)

**Chairman Heider** asked if, with what she had heard today, did Ms. Rumple feel comfortable with the approval of this docket and how it applies to her and her son. **Ms. Rumple** said she is still not in favor of the Children's Benefit Redesign and that it has not been particularly favorable for her and her family as they have transitioned to meet her child's needs. But the one particular point about Habilitative Supports would be really beneficial to some families and that is the reason she chose to speak about that today. **Senator Lodge** asked Ms. Rumple if she could tell the committee anything that has been good about the program. **Ms. Rumple** said she thinks the idea behind the Children's Redesign, in an array of services, is actually fantastic. She said she thinks the problem comes is in the budget tiers and this setup is what families are most concerned about. The tiers don't allow you to actually take advantage of enough services to meet your children's needs. **Ms. Rumple** said she does not know how the tiers were specifically designed but it is a significant decrease in services to her child from what he was receiving before and she does not believe it meets his needs. She said she and her husband, to the sacrifice of their future retirement and long-term care of their son, are purchasing as many therapy hours out-of-pocket as their current budget will allow so they can buy services in the redesign system they feel are really necessary to meet their child's needs.

**Senator Lodge** asked Ms. Rumble, without giving up any names, to tell her if it was someone from the department who told her that her son could not receive the Habilitation Supports services. **Ms. Rumble** said yes and that she was surprised to hear that different families were getting very different responses, all still being denied services they wished to have, but given things, such as percentages, that were not given to her. **Senator Schmidt** asked Ms. Rumble for her personal description of her family's transition to the new program as well as her perspective on the value of the benefits as they have changed. **Ms. Rumble** said there is a certain frequency in which services need to be provided in order for them to be effective. Based on the budgets that her family has, they simply cannot do enough, in frequency, to see the benefit. **Ms. Rumble** said she does not feel the services, themselves, are a problem, but rather in the ability to actually purchase enough services to be beneficial to your child. **Ms. Rumble** said her son was receiving twenty hours of therapy and now, with the redesign, he can do six. Just for skill building, that is not enough to really make a difference and it just does not feel like a good spending of the State's money. **Ms. Rumble** said her family transitioned in November, so she has gone through all the process, been told what she could and could not do, and outlined and bought additional services for her son.

**Vice Chairman Nuxoll** asked how old Ms. Rumble's son was and if he went from one tier to another tier. **Ms. Rumble** said her son is 10 years old and he was not in the highest tier. Based on his level, he would meet the institutional level of care burden, so he is in the second highest tier provided within the tier system. **Ms. Rumble** said her son is by no means receiving the least number of services of any child in the system. **Vice Chairman Nuxoll** asked if the services were reduced for that age group. **Ms. Rumble** said no and because the old system was based on hours, her son could do 20 hours of therapy in any week. Now, it is based on what services she can buy from an array of services based on a budget tier of money to spend. And, in her son's budget tier, she can only afford to buy him just over six hours of therapy a week. **Senator Schmidt** asked Mr. Evans if this redesign is a revenue neutral plan. **Mr. Evans** said, yes, in the aggregate, it is.

**Senator Hagedorn** asked Mr. Evans, based on the testimony and other information he had heard, what would tomorrow's plans be to help mitigate some of the concerns. **Mr. Evans** they are setting up meetings with different agencies/association and that the department has committed to continuing to analyzing its budget tiers. He said the department knows, with this change, there are some children who are receiving fewer hours than they received before and there are some that are receiving more. **Mr. Evans** said the department will continue to look at that and continue to evaluate. But with only 600 children through the system at this time, the department does not have enough information to really see how it is doing. **Mr. Evans** said there is also a program Early Periodic Screening Diagnosis and Treatment (EPSDT), which is a safety net. So if a child had medically necessary needs/issues, they can apply through EPSDT and be given additional money for those medically necessary and documented needs that they have.

**MOTION:** **Senator Hagedorn** moved to approve **Docket No. 16-0310-1203**. **Senator Lodge** seconded the motion. **Senator Schmidt** said he would like to comment before the vote, which he planned on doing so in favor – he said there was no testimony received that indicated doing otherwise would be helpful. **Senator Schmidt** said the legislature is not here to manage the department – that is not its job. Legislators set policy and hope that it is carried forward. **Senator Schmidt** said, to him, these rules clearly indicated what the committee wants to have happen – and he hopes that serves our state. **Vice Chairman Nuxoll** agreed and said the people or children receiving services should give this a chance and if it still does not work, then to please come back to the committee. The motion carried by **voice vote**.

**DOCKET NO. 16-0601-1201** **Erika Wainaina** introduced herself and said she is the Foster Care Program Specialist with the Family and Community Services Division of Health and Welfare. **Docket No. 16-0601-1201** makes permanent an increase of foster care reimbursement rates that was directed by the legislature last year in the department's appropriations bill. Following the legislators direction, a temporary rule was written and increased rates went into effect July 1, 2012. **Ms. Wainaina** said she is requesting this pending rule and the increased rates be adopted as permanent. The changes in base rates are as follows: for a child ages 0-5 the rate increased from \$274/month to \$301/month; for a child ages 6-12, the rate increased from \$300/month to \$339/month; and for a child over the age of 12, the rate increased from \$431/month to \$453/month. **Ms. Wainaina** said foster parents have a difficult job and have not seen an increase in reimbursement rates for several years. Idaho has one of the lowest spending rate per foster child in the entire country and the reimbursement rate shows in the decline of the census of Idaho's foster parents. In June 2008, Idaho had roughly 1,440 foster families and in June 2012, there were only 1,246. The increase in rates will enable foster families to better care for Idaho children who come into the child welfare system. **Ms. Wainaina** said this rule change was presented to the House Health and Welfare Committee yesterday and was passed unanimously.

**Senator Schmidt** asked what Idaho's ranking would be with these increased payments. **Ms. Wainaina** said she did not have specific numbers as other states are also constantly readjusting their reimbursement rates. However, she said she would guess that Idaho is still fairly low, even with the increase. **Rob Luce**, administrator of Family and Community Services, approached the podium and said the department asked for \$1 million last year and got half of that. With the half a million dollar increase given, that raised the rate to \$1/day. Idaho is now at \$10/day. **Mr. Luce** said he was before the Joint Finance-Appropriations Committee (JFAC) again this year asking for another half a million. Even if asking for a half a million dollars every year, the department could go a number of years before it would raise Idaho's rates significantly.

**MOTION:** **Senator Lodge** moved to approve **Docket No. 16-0601-1201**. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
16-0501-1201**

**Miren Unsworth**, Child Welfare Program Manager for the Division of Family and Community Services, said **Docket No. 16-0501-1201** contains proposed rule amendments regarding the use and disclosure of child protection case record information. This docket is also associated with **Docket No. 16-0601-1202** which pertains to disclosure of case specific information to foster parents and certain professionals. Public hearings in relation to this docket were held in Boise, Coeur d'Alene and Pocatello in September 2012. No public comment was received. Advanced notice of the proposed rule changes was also sent to representatives from the Governor's Task Force on Children at Risk, the Idaho Children's Trust Fund, Idaho Voices for Children, the Administrative Office of the Courts, Casey Family Programs and they were posted on the department's external web site for access by foster parents. The docket was unanimously approved by the House Health and Welfare Committee on January 21.

**Ms. Unsworth** said the Child Abuse Prevention and Treatment Reauthorization Act of 2010 (CAPTA) requires states to implement provisions which allow for the public disclosure of the findings or information about a case of child abuse or neglect which resulted in a child fatality or near fatality. The Child Welfare policy manual issued by the federal Administration for Children and Families, Children's Bureau, requires the following information be released: the cause of and circumstances regarding the fatality or near fatality; the age and gender of the child; information describing any previous child abuse or neglect investigations that are pertinent to the child abuse or neglect that led to the fatality or near fatality; the result of these investigations; and services provided by and actions of the state on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality.

**Ms. Unsworth** said as her department prepared to assist with the implementation of the new statewide Child Fatality Review Team, established and supported by the Governor's Task Force on Children at Risk per Executive Order No. 2012-03, they became aware that their use and disclosure rules related to child fatalities required revision to meet federal requirements. The revisions regarding use and disclosure of information related to child fatalities allow for the department to disclose to the new statewide Child Fatality Review team non-identifying case summary information as outlined by the federal Child Welfare policy manual. The second revision is related to public disclosure of child protection records. Last year, Idaho Code § 9-340B was modified to allow the department to disclose records of investigations associated with actions pursuant to the Child Protective Act.

**Ms. Unsworth** said the department may disclose those records only for reasons of health and safety, the best interest of the child, or public interest. The proposed rule changes clarify the rule in relation to recent Idaho Code amendments and specify that the department has the discretion to disclose child specific case information when it does not conflict with the child's best interests and one of the following applies: the identifying information has been previously published or released through the media, all or part of the child specific information has been publicly disclosed in a judicial proceeding, or the disclosure clarifies the department's actions on a specific case. The revised language will most likely involve high-profile cases where the local media has made information in a particular case public. Until recently, the department has been unable to release any case specific facts. **Ms. Unsworth** said it should be noted that this rule revision will in no way impede the department's ability to continue to disclose case specific facts to law enforcement and other multi-disciplinary team members in the course of an investigation. The proposed language will assist in compliance with both CAPTA and the records exempt from disclosures section in Idaho Code.

**MOTION:**

**Senator Martin** moved to approve **Docket No. 16-0501-1201**. **Senator Schmidt** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
16-0601-1202**

**Ms. Unsworth** said **Docket No. 16-0601-1202** contains proposed rule amendments clarifying what information can and must be shared with foster parents and other professionals involved in providing care to children in Idaho's Child Welfare system. This docket is also associated with **Docket No. 16-0501-1201** as it pertains to use and disclosure of child protection case record information. Public hearings in relation to this docket were held in Boise, Coeur d'Alene and Pocatello in September 2012. No public comment was received. Advanced notice of the proposed rule changes was also sent to representatives from the Governor's Task Force on Children at Risk, the Idaho Children's Trust Fund, Idaho Voices for Children, the Administrative Office of the Courts, Casey Family Programs and they were posted on the department's external web site for access by foster parents. This docket was approved by the House Health and Welfare Committee on January 21.

**Ms. Unsworth** said foster parents and other professionals who provide ongoing care for children involved with the child welfare system, continue to report to the department that they are not receiving information necessary to carry out their roles and duties in caring for these children. The changes clarify what information must be shared with foster parents; what information can be shared with medical, educational and mental health professionals working with the children who have been the subject of a report of abuse, neglect or abandonment; clarify information to be shared with foster parents and specifically address the child's portion of the service plan, the case history of the child and a history of the child's previous placements including the reasons for any placement changes; address the release of information to professionals providing ongoing care for children who have been the subject of a report of abuse, neglect or abandonment; and allows workers to disclose minimally necessary information to the professionals who are most often involved in the ongoing treatment needs of these children. **Ms. Unsworth** said placing these provisions in rule will allow department workers to make decisions about disclosing confidential information and will also assist foster parents and certain professionals to know what information they have access to.

**MOTION:** **Senator Lodge** moved to approve **Docket No. 16-0601-1202**. **Senator Lakey** seconded the motion. The motion carried by **voice vote**.

**PASSED THE GAVEL:** Vice Chairman Nuxoll passed the gavel back to Chairman Heider.

**ADJOURNMENT:** There being no other business to come before the committee, **Chairman Heider** thanked the committee and adjourned the meeting at 4:47 p.m.

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Senator Heider  
Chairman

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Linda Hamlet  
Secretary