

Health and Welfare Testimonies

1. NEMT/Veyo/Liberty Healthcare
 - a. Browning, Teresa
 - b. Johnson, Vanessa
 - c. Loertscher, Doug
 - d. Newby, Kleeta
 - e. Osborn, Pat
 - f. Romeo, Frank
 - g. Talley, Darren
2. Provider Compensation
 - a. Benkula, Bill
 - b. Sherwood, Nicole
3. Healthcare Coverage
 - a. Allen, Emily
 - b. Chilcott, Jessica
 - c. Cross, Judy
 - d. Gehrke, Robert (Bob)
 - e. Gittins, Thomas
 - f. Gold, Deborah
 - g. Haley, Kathryn
 - h. Kuntz, Kara
 - i. Necochea, Lauren
 - j. Parodi, Bonita
4. Faith Healing
 - a. Charles, Valerie
 - b. Glass, Marci
 - c. Health Freedom Idaho
 - d. Hoy, April
 - e. Peterson, Jinny
 - f. Sherman, Roger
 - g.
5. Misc. (CMV, Medical Startup, Optum)
 - a. Dulaney, Veronica
 - b. Kole, Maureen
 - c. Rachels, Jessica and Patrick

Members of the committee, thank you

Teresa Browning - En Route Transportation

I would like the record to show that I'm not only representing myself but Eric and Alan Boyce with ABC Transportation.

It's my understanding there was a submission of documents from Veyo that I'd like to address
I have worked in the Medicaid transportation industry since 2006. First as a driver, then company manager until my husband and I started our company in 2013.

When Health and Welfare decided to implement a brokage to mange Medicaid transportation providers were hesitant. However, we all merged together with a few complications but it was a much needed implantation to filter out the waste, fraud and abuse of the system by those providers who were taking advantage of it. American Medical Response came in and set the standards and we have looked for those standards with Veyo. Most of us felt and still feel Veyo was dishonest from the beginning and continue to be dishonest. They have painted a pretty picture.

We work, drive and deal with situations in real time. I have called into the call center and been placed on hold, once for 43 minutes, 43 minutes, been told to email provider support and wait for a response. With AMR I could get a response in minutes, not being put on hold for extended periods of time, or receiving a response the next day or 2 days later. I currently have an open ticket with Veyo going on 3 days with no response.

I receive trips and phone calls about trips out of my service area. Boise, Twin Falls, Salmon. I serve the Idaho falls area. I received a call on January 24th from a customer service representative because we were delayed several hours digging ourselves out so we could get running, and I quote " I don't even know what snow is." Josh Komada sat in my dining room in my home and told me I could call him anytime and he would get back to me as soon as possible, I haven't received a return call from him since the middle of July. Jamie Deal, our regional contact I have spoke to her one time on the phone for 3 minutes in the last 6 months.

They don't know our area or the providers, and we receive no support, NEMT Providers carry the burden alone, yet make the least.
If I may submit a recording of a phone call, or the typed out conversation I had with a Customer service Representative just this Wednesday January 25th and an email communication I had with Sara Stith regarding Veyo scheduled pick up times, and a spreadsheet with PHI removed but does include trip numbers for the

I have I've had to start recording my phone calls to protect myself

participants- the purpose is to show the communication that actually occurs with the call center staff, and this type of occurrence happens on a daily basis. The information they provide is false or misleading. CSR stated that participants with multiple legs on their trips are not given appointment times, you'll see on my spreadsheet several participants with multiple legs each with specific appointment times. CSR stated I am supposed to follow pick up times, even though this issue has been addressed multiple times, including with Sara Stith as you'll see in the email correspondence. CSR said appointment times are for informational purposes only, shouldn't I be informed of the correct information since I'm carry the responsibility of completing the trip?

Veyo Stated Provider Challenges-

If I may submit an email correspondence between myself Luke Bouland and William Brown.

In the email correspondence, you'll read Luke confirmed with David he had all 238 pages of documentation and my records were updated on June 17th. On October 18th William Brown sent me an email that he only had credentialing for 3 drivers, almost 4 months later I was contacted that most of my 238 was gone.

Declining trips-

There becomes a point when we cannot accommodate a schedule therefore must decline a ride, or clients who chronically no show, we aren't going to continue to waste our resources to go be no showed for the 3rd or 4th time.

Not accepting trips 48 hours in advance-

I am contacted daily
~~If I may submit screen shots~~ from Veyo CSR's and myself in regards to trips being added to my port daily, with less than 24 hours' notice.

Providers earn more with Veyo

Regions 3-7 make more starting at mile 6. I am region 7

Out of the last 15,922 trips I have completed my average mileage is 4.13

Provider Challenges



- Not providing all required credentialing documents within a timely manner
 - Our Provider Network Coordinator had to follow-up with providers multiple times to get them to provide their insurance and other required credentialing documents



- Not accepting assigned trips on-time
 - Providers need to accept trips no later than 48 hours before the pick-up time



- Declining trips they are listed as the preferred provider for



- Not responding to all complaints within 72 hours

Providers Earn More with Veyo in Every Region

- In Regions 1-2, Providers make more starting at mile 3
- In Regions 3-7, Providers make more starting at mile 6
- Veyo rounds up all mileage while the previous broker rounded to the nearest mile, e.g., Veyo pays 4 miles for a trip that was only 3.1 miles whereas the previous broker only paid for 3 miles
- Providers had the option to choose the previous broker's legacy rates or the new Veyo rates

Region	Average Mileage per Trip
1	11.8
2	17.5
3	8.9
4	9.3
5	12.7
6	15.8
7	8.1

Regions 1-2		Mile																			
VEYO	Base Per Mile	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
VEYO	\$1.54	\$3.54	\$5.08	\$6.62	\$8.16	\$9.70	\$11.24	\$12.78	\$14.32	\$15.86	\$17.40	\$18.94	\$20.48	\$22.02	\$23.56	\$25.10	\$26.64	\$28.18	\$29.72	\$31.26	\$32.80
Previous Broker	Base (Includes 1st Mile)	\$4.20																			
Previous Broker	Per Mile	\$1.17	\$5.37	\$6.54	\$7.71	\$8.88	\$10.05	\$11.22	\$12.39	\$13.56	\$14.73	\$15.90	\$17.07	\$18.24	\$19.41	\$20.58	\$21.75	\$22.92	\$24.09	\$25.26	\$26.43
Regions 3-7		Mile																			
VEYO	Base Per Mile	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
VEYO	\$1.26	\$3.78	\$5.02	\$6.28	\$7.54	\$8.80	\$10.06	\$11.32	\$12.58	\$13.84	\$15.10	\$16.36	\$17.62	\$18.88	\$20.14	\$21.40	\$22.66	\$23.92	\$25.18	\$26.44	\$27.70
Previous Broker	Base (Includes 1st Mile)	\$4.20																			
Previous Broker	Per Mile	\$1.17	\$5.37	\$6.54	\$7.71	\$8.88	\$10.05	\$11.22	\$12.39	\$13.56	\$14.73	\$15.90	\$17.07	\$18.24	\$19.41	\$20.58	\$21.75	\$22.92	\$24.09	\$25.26	\$26.43

LEGEND

Veyo Rates
Where providers make more money with Veyo.

Average trip
4.13 miles

I had to accept the legacy rates because 97% percent of my trips are less than 6 miles. An issue that was addressed early on with Veyo, I have a zero increase on profits.

Average mile per trip in region 3-7 is 8.1 miles, I have google map screen shots of city limits from North, East, West, South from one side to the other in Idaho Falls biggest distance is 7.0 miles. Anyone familiar with Idaho Falls knows we are a very centralized area.

IDP results-

Medicaid transportation was set up to be a ride sharing system, not a single rider system. Trandional providers can put 5-14 passengers in the vehicles which saves recources and is far more efficient.

I can put 4 riders in my van and have them dropped before Veyo's stated 32 mintutes.

Of course IDP's can accept trips faster than trandional providers, how many of them are doing a schedule with 35 people already on it?

Provider rewards-

Between July 1st-Dec 31st average reward payment was 5,924 per provider.

I would love to documentation that I received that amount of trip rewards because that is a lie.

Automatic trip acceptance-

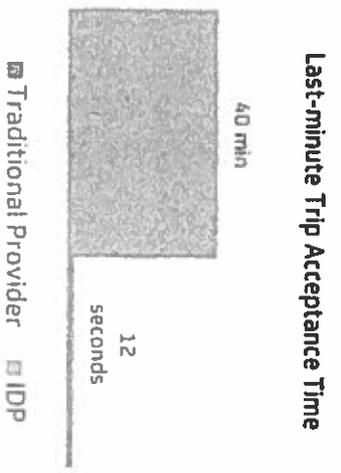
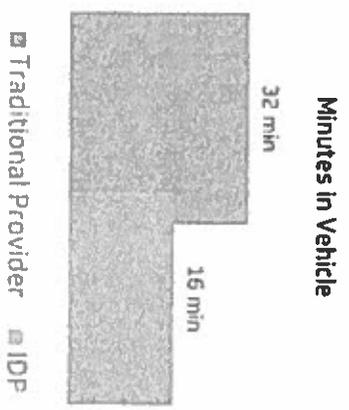
A feature I have refused to use but am still affected by it. CSR's automatically accept trips for me, as you can see from the email from Karla @ Veyo. I have automatically accepted trips all the time, trips I didn't even know about but am on the hook for.

~~I really hope you'll verify everything it's said but~~
~~Before I close, I challenge each of you to~~
~~Call Veyo and set up a ride ^{for a} anonymously~~
~~and to experience what parents and case managers~~
~~have to go through.~~

~~Thank you~~

IDP Results

- 1. Less time in the vehicle
 - Participants only spend an average of 16 minutes from pick-up to drop-off
- 2. Less time to dispatch trips
 - For last-minute, urgent trips, on average, Veyo can get an IDP to take the trip within 12 seconds vs. 40 minutes for traditional providers



Provider Rewards

- Between July 1 and December 31, 2016, average reward payment was \$5,924 per provider
- White Tail has been paid the most rewards out of all the providers with over \$100K in rewards

Top 10 Providers with the Highest Reward Payout

Rank	Operator Name	Reward Total
1	White Tail Transportation, Inc.	\$104.2k
2	Sprinter Shuttle Service, Inc.	\$30.8k
3	Round-Up Transportation	\$29.1k
4	A to B Services	\$26.5k
5	AJ Transport	\$18.9k
6	Victory Medical Transport (Gurney)	\$17.7k
7	Wildwood Transportation	\$16.3k
8	Idaho Transportation Company, Inc.	\$15.2k
9	KDN Transportation LLC	\$13.0k
10	Green Zone	\$9.6k

~~Ally~~

~~Ally~~ I truly hope you will verify everything I've said but more importantly hold Veyo accountable for everything they have said.

~~Before I close I challenge each of you~~
~~anonymously to call Veyo and schedule~~
~~a ride for a minor child, or special needs.~~
~~to experience what parents and case managers~~
~~experience when setting up transportation.~~

Thank you

Trip #	Member Name	Scheduled Pickup Date	Appointment Date
4305538	RICHARD T	1/25/17 9:30 AM	1/25/17 10:00 AM
4305555	RICHARD T	1/25/17 12:20 PM	1/25/17 12:20 PM
4305570	RICHARD T	1/25/17 2:00 PM	1/25/17 2:00 PM
4305571	RICHARD T	1/25/17 4:00 PM	1/25/17 4:00 PM
4158211	ALEX G	1/26/17 9:15 AM	1/26/17 9:45 AM
4158598	ALEX G	1/26/17 10:30 AM	
4159137	ALEX G	1/26/17 12:00 PM	1/26/17 12:30 PM
4161751	ALEX G	1/26/17 3:30 PM	
4160419	BLAKE P	1/26/17 2:45 PM	1/26/17 3:30 PM
4162166	BLAKE P	1/26/17 4:00 PM	1/26/17 4:15 PM
4162642	BLAKE P	1/26/17 5:00 PM	1/26/17 5:00 PM
4158057	DALON P	1/26/17 7:30 AM	1/26/17 8:30 AM
4291763	DALON P	1/26/17 9:30 AM	1/26/17 10:00 AM
4161600	DALON P	1/26/17 11:00 AM	1/26/17 11:00 AM
4291834	DALON P	1/26/17 3:30 PM	1/26/17 3:30 PM
4157744	DESARAY G	1/26/17 8:30 AM	1/26/17 9:30 AM
4158569	DESARAY G	1/26/17 10:30 AM	1/26/17 11:30 AM
4159621	DESARAY G	1/26/17 1:30 PM	1/26/17 2:30 PM
4161988	DESARAY G	1/26/17 4:00 PM	1/26/17 5:00 PM
4161414	FAITH M	1/26/17 3:15 PM	1/26/17 3:30 PM
4162217	FAITH M	1/26/17 4:15 PM	1/26/17 4:30 PM
4162765	FAITH M	1/26/17 5:30 PM	1/26/17 6:30 PM
4159646	GUILLERMO A	1/26/17 1:30 PM	1/26/17 2:00 PM
4161677	GUILLERMO A	1/26/17 3:30 PM	1/26/17 3:30 PM
4246221	GUILLERMO A	1/26/17 6:00 PM	1/26/17 6:00 PM
4439632	JOE R	1/26/17 8:15 AM	1/26/17 9:00 AM
4439704	JOE R	1/26/17 9:45 AM	1/26/17 9:45 AM
4439746	JOE R	1/26/17 12:15 PM	1/26/17 12:15 PM
4156720	MAX C	1/26/17 7:30 AM	1/26/17 8:00 AM
4157978	MAX C	1/26/17 8:45 AM	
4277007	MAX C	1/26/17 10:00 AM	1/26/17 10:45 AM
4277008	MAX C	1/26/17 11:30 AM	
4161217	MAX C	1/26/17 3:00 PM	1/26/17 3:30 PM
4162219	MAX C	1/26/17 4:15 PM	
4156863	MIGUEL G	1/26/17 8:00 AM	1/26/17 9:00 AM
4158729	MIGUEL G	1/26/17 11:00 AM	
4159295	MIGUEL G	1/26/17 12:30 PM	1/26/17 1:15 PM
4159944	MIGUEL G	1/26/17 2:00 PM	
4156634	TYLER N	1/26/17 7:30 AM	1/26/17 8:30 AM
4157959	TYLER N	1/26/17 8:45 AM	1/26/17 9:45 AM
4161621	TYLER N	1/26/17 3:30 PM	



Teresa Brasure <terebras@gmail.com>

Pick up times per Veyo

4 messages

Teresa Brasure <terebras@gmail.com>

Tue, Jul 26, 2016 at 8:08 PM

To: Sara - Medicaid Stith <stiths@dhw.idaho.gov>, "Boyle, Dori - Medicaid" <BoyleD@dhw.idaho.gov>

I am really having issue's with Veyo's CSR's who call and dictate pick up times for participants. Participants are told to be ready 60 minutes prior to their appointments and pick up times are designated in the dashboard anywhere from 1 hour before before the appointment to 30 minutes, as well as actual appointment times. My schedules are set up per appointments times, not Veyo pick up times, Idaho Falls is not Tuscon, Arizona or even Boise, Idaho traffic. You can pretty much get anywhere in this town in 20 minutes. I know almost every participant we drive and can most often confirm every appointment. I have built my reputation with facilities and participants in regards to this exact scenario, I only schedule reasonable transportation time for participants, and I don't drop off anyone earlier than 15 minutes before their appointments, 90% are usually only 5 to 10 minutes early. I have never scheduled any participants 59 minutes early for pick up in the last 5 years of doing transportation in Idaho Falls and I run anywhere from 150-180 trips per day. As you can see from my attachment, majority of trips I have confirmed are under 6 miles, it's an unreasonable expectation that I would pick any participant up 59 minutes before their appointment for a 4 to 5 miles trip, even 45 minutes early, a 2 mile trip doesn't need 30 minutes transportation time etc etc. I also don't recall designated pick up times per the agreement I signed with Veyo, and when previous questions to pick up times were brought up (see attachment, Question 12) with Veyo their answer has been completely opposite. Several CSR's have stated they're "going to report me to the supervisor" upon calling and me reaffirming to them I am not going to pick up said participant 1 hour, 45 minutes, even 30 minutes prior if it's not necessary. For example today this situation happened, appointment was at 3:30 and I scheduled participant at 3:10 per attachment the trip would take approximately 13 minutes to complete for an almost 6 mile trip, driver had no other pick up in between and was instructed to not pick up until 3:10 giving the driver 20 minutes to get the participant on time to his appointment, traffic is slower at this this time of day and US 20 BUS is a direct connector to Lincoln Rd which is the route the driver took. I stated multiple times to the CSR that it would not take 45 minutes, even 30 minutes to get the participant there, on time. Participant was signed in at 3:26 pm, hardly any wait time for the minor child or facility we're leaving participant at. I take into consideration every day, peak traffic times, dead times, current construction in our area, the participant needs even the particular driver before assigning trips, I don't accept rides I can't deliver on time with a reasonable expectation of transportation time with all variables considered, I also know where every driver is at any given time and match routes if there should happen to be a deviation I didn't fore see, a special needs client who is having a rough day for example, that I cannot divert said driver. My driver's are also not amateurs, many have been in this field for over 5 years, and I have built my team very meticulously and all can deliver to my company standards. I also drive, 3 quarters of the day so I know whats going on in the area at all times, meet all new participants that I accept blanket rides for so I can schedule them accordingly. The CSR's in California and Arizona are not familiar with this area, they are basing everything off what a computer tells them.

Teresa Browning
En Route Transportation, Owner
(208) 227-6329
enrouteidahofalls@gmail.com

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3 attachments

 **Google map.docx**
193K

 **Q and A from Veyo.docx**
113K

 **ConfirmedTrips_2016-07-26.xlsx**
13K

Stith, Sara - Medicaid <StithS@dhw.idaho.gov>

Wed, Aug 3, 2016 at 10:26 AM

To: Teresa Brasure <terebras@gmail.com>, "Boyle, Dori - Medicaid" <BoyleD@dhw.idaho.gov>

Teresa,

Our understanding from Veyo is they encourage providers to build their manifests based on the appointment times rather than the suggested pick up times generated in the provider portal. The Veyo system does add a suggested pick up time to ensure participants are ready when the provider arrives however you are not required to build your manifest around these suggested times.

Veyo is working with the call center agents to ensure consistent communication is occurring. Please let us know if you have additional questions.

Sara Stith

Grants/Contracts Management Supervisor

Medical Care Bureau

Division of Medicaid

Idaho Dept of Health & Welfare

P:208.287.1173

F:208.332.7280

From: Teresa Brasure [mailto:terebras@gmail.com]

Sent: Tuesday, July 26, 2016 8:09 PM

To: Stith, Sara - Medicaid; Boyle, Dori - Medicaid

Subject: Pick up times per Veyo

[Quoted text hidden]

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Teresa Brasure <terebras@gmail.com>

Veyo Portal Admin

5 messages

Luke Boehland <lboehland@veyo.com>
Bcc: terebras@gmail.com

Fri, Jun 17, 2016 at 8:52 AM

Good morning,

We are almost ready to activate your Veyo Portal account!

Please provide the name of the person that will be the Portal Administrator for your company ASAP.

Thanks,

Luke Boehland

Idaho Regional Manager

—
8150 W. Emerald St.

Suite 170 & 180

Boise, ID 83704

208.996.0178

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Teresa Brasure <terebras@gmail.com>
To: Luke Boehland <lboehland@veyo.com>

Fri, Jun 17, 2016 at 9:04 AM

Good morning. I will be the admin, Teresa Browning, but will I be able to add user's? Also, I've had several calls about credentialing, I spent 3.5 hours with David at the Hilton last Saturday the 11th doing vehicles and copying 238 pages of required documents, policies and procedures, business documents, employee files to be told yesterday they don't have

1/24/2017

Gmail - Veyo Portal Admin

any of it. Emailed my W-9 and National Provider ID # on Tuesday which they also have not received. This contains personal information including all my drivers personal info. Can I get confirmation it was received?

[Quoted text hidden]

Luke Boehland <lboehland@veyo.com>
To: Teresa Brasure <terebras@gmail.com>

Fri, Jun 17, 2016 at 9:13 AM

Hi Teresa,

My understanding is that the admin will use the email address listed as the login, and you can setup a password. I'm not sure on the additional users at this point.

I will check with David and what email address did you send the other information into?

Luke Boehland

Idaho Regional Manager

8150 W. Emerald St.

Suite 170 & 180

Boise, ID 83704

208.996.0178

 veyo

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From: Teresa Brasure [mailto:terebras@gmail.com]
Sent: Friday, June 17, 2016 9:05 AM
To: Luke Boehland <lboehland@veyo.com>
Subject: Re: Veyo Portal Admin

[Quoted text hidden]

Teresa Brasure <terebras@gmail.com>
To: Luke Boehland <lboehland@veyo.com>

Fri, Jun 17, 2016 at 9:18 AM

1/24/2017

Gmail - Veyo Portal Admin

Providersupport@Veyo.com

[Quoted text hidden]

Luke Boehland <lboehland@veyo.com>
To: Teresa Brasure <terebras@gmail.com>

Fri, Jun 17, 2016 at 1:40 PM

Hi Teresa,

I checked with David and he has all your documents you provided to him and we have updated our records accordingly.

We do still need a copy of your Insurance Acord. Do you have that available?

Thanks,

Luke Boehland

Idaho Regional Manager

■

8150 W. Emerald St.

Suite 170 & 180

Boise, ID 83704

208.996.0178

The logo for Veyo, featuring the word "veyo" in a lowercase, sans-serif font. A stylized, handwritten-style letter "b" is positioned above the "o" and extends to the right.

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From: Teresa Brasure [mailto:terebras@gmail.com]
Sent: Friday, June 17, 2016 9:18 AM
To: Luke Boehland <lboehland@veyo.com>
Subject: RE: Veyo Portal Admin

[Quoted text hidden]



Teresa Brasure <terebras@gmail.com>

Fwd: Drivers

7 messages

William Brown <wbrown@veyo.com>

Fri, Oct 14, 2016 at 3:08 PM

To: terebras@gmail.com

----- Forwarded message -----

From: William Brown <wbrown@veyo.com>**Date:** Fri, Oct 14, 2016 at 1:11 PM**Subject:** Re: Drivers**To:** Teresa Brasure <enrouteidahofalls@gmail.com>**Cc:** Jaime Deal <jdeal@veyo.com>

I apologize for both my initial email and the delayed response. I was able to find a significant portion of the rest of your driver documents. They just weren't where I was expecting them to be.

That said, we are still missing various documentation for all your drivers. Also, the driver roster we have on file currently lists 7 active drivers. Who is the 8th? I have credentialing paperwork for a Jared Taylor and Tonya Sistruck. Is one of them the 8th?

Here is a list of what we are currently missing for each driver as of now:

Elmo Allen: Background check, CPR/First Aid.

Lori Bateman: CPR/First Aid, Veyo Compliance letter

Mark Browning: Veyo Compliance letter, Defensive Driving Certificate, Motor-vehicle report.

Phillip Howard: Motor-Vehicle Report, Veyo Compliance letter.

Rick Castro: Motor-Vehicle Report, Veyo Compliance letter.

Sally Cherry: Motor-Vehicle Report, Veyo Compliance letter.

Teresa Browning: Defensive driving cert, Motor-vehicle report, Veyo-Compliance letter.

We also need En Route's Disclosure of Ownership form filled out. I have attached that form as well as a blank Veyo Compliance letter to this email.

Please respond with all missing items included.

Feel free to reach out with any questions you may have.

Thanks!

On Thu, Oct 6, 2016 at 3:08 PM, Teresa Brasure <enrouteidahofalls@gmail.com> wrote:

All of my drivers are active, 8 of us. I spent almost 4 hours on a Saturday with David at the Hilton Garden Inn and received an email 2 months ago confirming all documents for Rick, Sally, Phil, Lori, Mark and myself Teresa had all been uploaded, all of it. The other 2 Butch and Sioux was sent into provider support which I also still have those emails.

On Oct 6, 2016 2:43 PM, "William Brown" <wbrown@veyo.com> wrote:

Hello!

I am just looking for some clarification as to how many drivers you have.

I see that you have sent in a driver roster with 7 people on it. Are they all still active because we only have credentialing paperwork for three of them.

Thanks in advance for the help.

—

Wil Brown
Provider Network Specialist
208-985-8810

 veyo

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—

Wil Brown
Provider Network Specialist
208-985-8810

 veyo

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—

Wil Brown
Provider Network Specialist
208-985-8810

 veyo

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2 attachments

 **Disclosure_of_Ownership.pdf**
442K

 **Driver_Compliance_Communication_Veyo_2016.docx**
42K

To: William Brown <wbrown@veyo.com>

1 of 2 emails.. attached are copies of what I've currently gathered for you. Let me know you received both emails with a total of 11 attachments. Thanks

Teresa Browning
En Route Transportation, Owner
(208) 227-6329
enrouteidahofalls@gmail.com

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6 attachments



Disclosure of ownership p.1.jpg
469K



Disclosure of ownership p.2.jpg
307K



Elmo's CPR-First Aid.jpg
162K

Lori's Compliance.jpg

444K



Lori's CPR-First Aid.jpg
159K



Mark's Compliance.jpg
424K



Teresa Brasure <terebras@gmail.com>
To: William Brown <wbrown@veyo.com>

Sat, Oct 15, 2016 at 1:18 PM

[Quoted text hidden]

5 attachments



Mark's Defensive Driving.jpg
404K

Rick's Compliance.jpg



437K



Sally's Compliance.jpg
431K



Teresa's Compliance.jpg
433K



Teresa's Defensive Driving.jpg
399K

William Brown <wbrown@veyo.com>
To: Teresa Brasure <terebras@gmail.com>

Mon, Oct 17, 2016 at 9:57 AM

Thanks, Teresa!

Received and processed all 11 of those attachments.

Looks like the only thing we are still missing is a Background check for Elmo.

[Quoted text hidden]

—
Wil Brown
Provider Network Specialist
208-985-8810



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Teresa Brasure <terebras@gmail.com>
To: William Brown <wbrown@veyo.com>

Tue, Oct 18, 2016 at 10:51 AM

1 attachment- insurance accord
Teresa Browning
En Route Transportation, Owner
(208) 227-6329
enrouteidahofalls@gmail.com

DISCLOSURE:

This message is intended only for the use of the individual(s) to whom it is addressed and contains information that is privileged, confidential, and exempt from disclosure under applicable law. Any further dissemination or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone or email as listed in our signature above. This message is provided in accordance with HIPAA Omnibus Rule of 2013.

16-17 GL.pdf
35K

William Brown <wbrown@veyo.com>
To: Teresa Brasure <terebras@gmail.com>
Cc: Jaime Deal <jdeal@veyo.com>

Tue, Oct 18, 2016 at 10:58 AM

Excellent! do you have the one for the auto liability policy?

How about Elmo's background check?

Both those items should get you up to date.

[Quoted text hidden]

—

Wil Brown
Provider Network Specialist
208-985-8810



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Teresa Brasure <terebras@gmail.com>
To: William Brown <wbrown@veyo.com>

Tue, Oct 18, 2016 at 11:08 AM

1/24/2017

Gmail - Fwd: Drivers

I emailed our agent because she said she sent the accord for auto on Sept 26th. Idaho criminal history unit is closed this week for training so I won't be able to speak with our contact Susan because I can't log in and she's the only one who can reset my password.

[Quoted text hidden]



(619) 241-4445

1/14/17 10:31 AM

Good Morning. It appears that there were a few trips added into the portal for Monday whenever you have a chance to take a look.



(619) 241-4445

Mobile



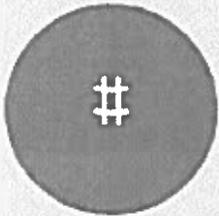
MESSAGES

PHOTOS & VIDEOS

eGIFT

CONTACTS

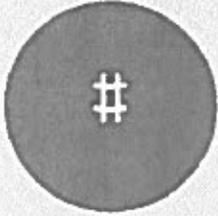
Good evening! Do you have any more availability for tomorrow?



(619) 241-4445

10/19/16 6:26 PM

Somebody said you had some vehicles down so I wasn't sure. Sorry about the late text as well.



(619) 241-4445

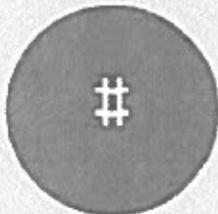
12/19/16 7:52 AM

Good Morning! I am adding a bunch of trips into the portal for tomorrow if you can plz take a look.

Me

12/19/16 8:21 AM

Ok thanks, currently driving but as soon as I'm done.



(619) 241-4445

12/19/16 8:21 AM

Alrighty, thank you 😊

(no subject) | [Teresa Brouse <terab@gnail.com>](#)

- 17 Attachments
- (619) 778-6986** | **Good Evening!** It looks like there were a few more trips added into the portal for Monday whenever you have a chance to take a look.
 - (619) 778-6986** | **Good Morning!** It appears that there were a few trips added into the portal for Monday whenever you have a chance to take a look.
 - (619) 778-6986** | **Hello,** I added a few more trips for tomorrow.
 - (619) 778-6986** | **Good Morning!** It looks like there were a few more trips added into the portal for Monday whenever you have a chance to take a look.
 - (619) 778-6986** | **Good Afternoon!** I added a few more trips into the portal for tomorrow.
 - (619) 778-6986** | **Hi!** I added a few more trips for tomorrow. Let me know when you can get a chance to take a look. Thank you!
 - (619) 778-6986** | **Hi!** I added a few more trips for tomorrow. Can we take a look please? Thank you!
 - (619) 778-6986** | **Hi!** I added a few more trips for tomorrow. Can we take a look please? Thank you!
 - (619) 778-6986** | **Hi!** I added a few more trips for tomorrow. Can we take a look please? Thank you!
 - (619) 778-6986** | **Hi!** I added a few more trips for tomorrow. Can we take a look please? Thank you!
 - (619) 778-6986** | **Hi!** I added a few more trips for tomorrow. Can we take a look please? Thank you!
 - (619) 778-6986** | **Hi!** I added a few more trips for tomorrow. Can we take a look please? Thank you!
 - (619) 778-6986** | **Hi!** I added a few more trips for tomorrow. Can we take a look please? Thank you!
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 - (619) 778-6986** | **Hi!** I added a few more trips for tomorrow. Can we take a look please? Thank you!

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1/24/2017

Gmail - Trips being confirmed without my confirmation.... STILL

Reply-To: Provider Support <providersupport@veyo.com>

To: terebras <terebras@gmail.com>

##- Please type your reply above this line -##



Aaron A. (Veyo)

Nov 16, 11:38 MST

Hello,

After looking into these trips, I can see that they were auto-confirmed by the system after being assigned to you.

This generally happens for two reasons. This can occur when "Auto-Accept" is enabled for a specific member on the provider's portal, or it can occur when trips are confirmed by a provider and then revised.

In order to prevent this from happening with future trips you must verify that member JACQUELYNN MARTINEZ does not have "Auto-Accept" enabled. If "Auto-Accept" is not enabled for this member then this issue might be due to a revision to an accepted trip. If this was the case you should have received a call from either our call center or command center about the revision.

Please let me know if there is anything else I can help you with.

Thank you,

Aaron Anderson

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terebras

Nov 16, 11:14 MST

[Quoted text hidden]

Attachment(s)

ConfirmedTrips_ConsolidatedAddresses-2016-11-16-012721.xlsx

Excel Document 012721.docx

RE: Health and Welfare Programs

Chairman Heider, Vice Chair Souza, and Esteemed members of the health and welfare committee.

Good Morning and Thank you for giving me the opportunity to speak today.

My name is Vanessa Johnson, I have worked in our community serving our citizens who have been diagnosed with a severe mental illness for the past 10 years, currently I am the director of community based services at Access Behavioral Health and I am a graduate student at Simmons College.

I come to you today due to concerns regarding individuals accessing needed treatment and the barriers in place that place those in need at risk. I have obtained consent to share a few stories.

Veyo is the contracted nonemergency transport

- 1. Veyo driver drove by their home 3-4 times not stopping, individual called driver to tell them they were ready for pick up, veyo driver told the individual they had cancelled transportation and argues to pick them up. Veyo driver finally agrees to pick individual up with their small child. Individual witnesses veyo driver participating in a drug deal over the phone on the way.**
- 2. Veyo driver picks up individual from an appointment, veyo driver speeds through traffic while texting on cell phone. Again a small child is also in the car.**
- 3. Individual calls veyo the day before to confirm transportation to a doctor appointment for an injury from falling on the ice. Veyo never arrives for appointment, individual calls to find out**

why, individual is told she has no ride and is scheduled to take the bus, individual was injured from fall and never received a bus pass.

4. Individual missed 3 medication management appointments in a row, veyo drivers either did not arrive at all, or individual was told there were no driver to get them despite confirming transportation.
5. Veyo driver arrived over 1 hour early, individual asked driver to wait while they gather their belongings not expecting them that early, individual took less than 5 minutes, when they went back out veyo was gone, individual called veyo and was told the driver waited 45 minutes so they left.

I witness individuals every day waiting for hours in my lobby, a 15 minute appointment can easily become an all-day event, if they ever make it to their appointment. Missed appointments have resulted in preventable crisis, emergency room visits, hospitalizations, police involvement, relapse, and delayed recovery. Individuals actively participating in treatment is known to decrease the impact of mental illness and our current transportation system is a barrier. It is under staffed, uneducated on mental health, and underfunded.

The impact on this does not just effect the individuals in need of treatment , but effects local businesses. My office receives 16-20 calls from veyo every hour, asking individuals to come out for their ride. You may ask why the individuals were not outside waiting, please remember they have been waiting for hours for someone to arrive. This increases the need of administrative staff to simply answer the phones.

Transportation is one piece of a larger puzzle that is placing our citizens who live with a mental illness at an even greater disadvantage to receive the needed treatment, at the needed intensity and level of care.

Cuts from mental health treatment, the closures of group homes due to funding limitation, and transportation combined has resulted in a surplus of hospitalizations. When a serious mental health crisis occurs individuals are waiting in the hospitals for a bed in the psychiatric hospital, once there, if needed, they wait even longer for a bed at one of our state hospitals. The state hospitals are so full their stays are short and individuals are prematurely discharged back to the community. The same community that was unable to meet their needs in the first place. This is a revolving door which needs to end.

Please be consciousness in your decisions that cutting costs to services and programs that support recovery costs our citizens, not just in quality of life, but monetarily with higher cost emergent care.

Thank you for your time,

Vanessa Johnson

vanessa@accessbhs.com

608-0237

Testimony to Joint Health and Welfare Committee on January 27, 2017

Subject: Transition to new service providers for Adults with Developmental Disabilities

Submitted by: Doug Loertscher, 10270 W. La Hontan Dr., Boise ID 83709

Home: 658-1707, Cell: 250-4561, Email: Doug.L@starrfbh.com

I would like to thank you for the opportunity to share some experiences and give feedback on the transition to two new service providers that serve the adults with developmental disabilities population. The two new service providers are: Liberty Healthcare Corporation – provides developmental disability assessments and Veyo- provides non-emergency medical transportation. I own a company called unBefuddled. unBefuddled provides Targeted Service Coordination for adults that have a developmental disability. We provide these services to adults throughout the Treasure Valley and have experienced some very concerning things recently with these two companies. I have had private conversations with many of you and I know you have a sincere desire to make this work for all of the parties involved. I appreciate your service and also look forward to the day when we can simply go about the business of helping those at risk. I will begin by explaining some of the processes and then address my ongoing concerns.

Liberty Healthcare Corporation

The process of seeking services and determining eligibility can be somewhat daunting, especially for those that have been diagnosed with a developmental disability and/or their guardian. I will attempt to simplify these steps in order for you to better understand the process.

Step 1 – Complete an *Eligibility Application for Adults with Developmental Disabilities* and gather all supporting documents that “prove” your disability. Submit this packet to DHW.

Step 2 – Application gets reviewed by Department to determine Medicaid eligibility. If applicant is actively on Medicaid, then the application gets forwarded to Liberty Healthcare for an assessment.

Step 3 – Liberty does a prescreening of application to determine if all paper work is included in application. If not, the individual is contacted to request missing paperwork and resubmit. If all is in place, the application gets moved forward to a scheduler.

Step 4 – The scheduler will contact the applicant and schedule an assessment with an assessor.

Step 5 – The applicant, and usually their guardian or caregiver, will meet with the assessor for 1-2 hours.

Step 6 – Assessor has 30 days to write the assessment. Based on the finding of the assessment, a level of service eligibility will be determined: State Plan or DD Waiver. This will also determine the amount of the applicant’s annual budget. Once it is complete they will send it to the applicant or to the plan developer if one has been identified.

Step 7 – Applicant must find and identify a plan developer if they have not done so already.

Step 8 – Plan developer coordinates all the service providers that will be providing services for the applicant. A meeting is held and the team develops the plan for the upcoming year. As part of the plan they will determine how the annual budget will be spent.

Step 9 – Plan developer writes up the plan. Once completed they forward it to DHW for approval.

Step 10 – An assigned Care Manager has 30 days to approve the plan. Once the plan is approved it is returned to the plan developer.

Step 11 – Upon receiving an approved plan the plan developer becomes the “case manager” to oversee the implementation of the plan for the year. They then communicate back to all of the service providers and the applicant the approval.

Step 12 – Services begin!

In this process, there have been two potential points of “bottle necking”, steps 3-5 when an assessment is completed and step 10 when the care manager approves the plan. At step 10, while the department has 30 days to approve, they rarely take that long and this historically has not been a problem. And, until about six (6) months ago, a company called the Idaho Center for Disabilities Evaluation (ICDE) completed the assessments. While this still took some time, it was not stopping the process. On approximately July 27, 2016 Liberty Healthcare Corporation (Liberty) took over as the contracted assessors and that is when the problems began.

The Concern

Prior to Liberty, the process would take about two (2) months from beginning to end. **Since Liberty took over the process has expanded to about six (6) months.** For some it has been even longer.

There are four (4) situations when an assessment is required:

1. When a child is moving from children’s services to adult services,
2. When an adult is requesting services for the first time,
3. When an adult has been receiving services and their annual plan is expiring, and
4. When an adult has been receiving services, and is requesting to receive higher intensity services (move from the State Plan to the DD Waiver).

Liberty has no internal process to prioritize these requests or to send them down different tracks. It is as if the applicants must all wait in a line and if any questions come up you go to the back of the line and must wait until you reach the front again.

Currently in Region 3 Liberty has only recently begun the step 3 process for individuals that submitted their application at the end of October. This means these individuals may not finally start receiving their services until sometime at the end of March, April, or possibly May.

The Result

Individuals with disabilities are losing their services. In some cases, **this is putting some of our most vulnerable citizens at risk.**

Some real cases from my Agency.

Jon is an individual that moved to Idaho from another State so is requesting services for the first time. He submitted his application on July 27, 2016, the first day for Liberty. Liberty was already behind when they started because ICDE had not been processing new applicants for the last month of their contract, instead they were focused on completing annual assessments to ensure individuals were able to continue receiving services. As a result, Liberty did not review Jon’s application until September. At this time, they requested additional documents from Jon. When he went to submit these requested documents, they could not find his application and so he had to submit another one. Instead of moving him to the front of the line he went to the end and so stands on October 24, 2017, the day the sent the new application. As of Today, January 26, 2017 Jon still has not been assessed. It has been six (6) months and Jon has only completed Step 3 of the process.

Steve is an individual that has been receiving services in Idaho and within the last month completed his annual assessment. This assessment determined that he qualified for the DD Waiver services (higher intensity, larger budget). However, at the plan meeting Steve and his parents declined to receive the increased services and higher budget because he lives with them and they feel like they are able to meet his needs with the lower level of support. The only thing Steve wants to do is get a job. That plan was developed and submitted to DHW. They moved him back to State Services and approved the plan. Well, less than a week ago, Steve found a job at Uhaul cleaning the returned trucks. Steve and his parents are now requesting he receive a DD Waiver, in order to receive community supported employment. Even though he was just assessed and approved for these services within the past month, since he technically is on the State Plan, this would be a step up. Because of this, he will go to the end of the line and wait to be reassessed. In the meantime, he will likely lose his job because he will not have the job support.

When these cases and these types of concerns are brought to the attention of Liberty they pass blame to ICDE saying that because of their practices, Liberty began the process behind. They also blame the Department saying they are not funded sufficiently to staff what would be necessary to process the number of applications they receive.

The bottom line is that Liberty is getting further and further behind and the adults in Idaho that need these services are losing out!

Request

What can you do as Legislators? Put pressure on the Department's contract managers to do their job and oversee this contract. Have them review Liberty's practices, audit their time lines, hold them accountable. And, if they truly are not funded sufficiently, grant emergency funding to contract other assessors to get the back log cleaned out.

Veyo

Currently is the contracted service provider to provide non-emergency medical transportation. This simply means they drive those that are on Medicaid and do not have their own transportation to and from their medical appointments. These trips can be set up by the individual themselves or they can be set up on their behalf by one of their medical providers. These trips can also be scheduled in advance and be reoccurring – such as transportation to a psychotherapy appointment every Thurs and 2pm. Veyo has elected to use a business model similar to Uber. That is any individual can sign up to be a driver for Veyo and then decide when, where, and how often to pick up a trip. Since Veyo took over the contract there are significantly glaring problems. Most of these problems stem from the lack of consistency – since the drivers can elect when to take a trip sometimes they will take the drop off and someone else will take the pick up. The driver may drive this week but someone else will do next weeks. There may even be trips that are not pick up. These are the problems we have seen in our Agency:

1. Transportation scheduled in advance but no one picks up the trip so they miss their appointment. This may impact eligibility for others services as well, such as, no assessment means they don't get the services. Many of our clients have missed psychotherapy or medication management appointments due to not being picked up. This in turn impacts their eligibility for CBRS.
2. Only half of the trip performed. Last week we had a 10-year-old boy dropped off for his appointment by nobody came back to pick him up. He waited in our lobby for over 3 hours until his Mom could get off work and come and get him.
3. Dropped off at wrong locations. Another younger teen was picked up after his appointment and instead of taken to his home he was taken back to his school and dropped off. This was after school hours and after some time his mom was calling us to find out where her son was and why he wasn't home yet.
4. Another time a developmentally delayed adult was dropped off at a closed agency. They were left standing outside a locked door.
5. More and more agency time is spent trying to problem solve transportation problems and it usually means trying to find where the client ended up or trying to find a driver.

This is not working! There has got to be more oversight for this contract. These problems have been reported to both Veyo and the Department and things are not improving, in fact, since the beginning of the year things seem to have gotten worse. This is becoming dangerous and with the weather we have been having, potentially life threatening.

EMT Providers of Idaho

Hello, my name is Kleeta Newby, the owner of KDN Transportaion. I started my transportation from the ground up nearly 14 years ago and am truly proud with my success. I am the most requested company with the least amount of complaints. My staff and I transport a large amount of the D.D population and a large amount of the refugee population. My first concern with these two populations is they all have a story or they would not need our services. They are fragile. They do not readily trust. You must earn their trust. Friendship and trust is not based on language but kindness and consistency. When veyo took over, I lost many of my refugee clients to veyos independent drivers. The odd thing is those clients still show up on my auto accept list as I am requested as the preferred provider. But when my clients call and request KDN they are often told that I am full. This however is not the case as I am sending home my employees because there is not enough work to go around, and yet I see Veyo Independent drivers taking the clients I used to have, and should have. It pains me greatly to see my previous clients left behind for hours waiting for a ride or not ~~being~~ willing to be transported by a complete stranger. One instance in particular stands out to me in which a previous client was left waiting for hours, elderly, and did not have enough oxygen left in her tank. Because she had ridden with KDN in the past, she begged me to take her home, and I did even though she was not on my list. Its awful to pick up the clients on my list at a facility when I see my past clients sitting there waiting so long for their designated transportation, and knowing that I could provide a timely ride but they are not on my list. Another frustration I have is that Veyo calls me daily for an ETA on a client that I have had previously but is not on my list for the day. They insist that I am the preferred provider but the trips did not come to me on the portal. Another issue that has arisen is Veyo says that only the clients or providers can call in for transportation services. The Refugee population has interpreters that translate for them, however Veyo is not accepting their requests, and yet Veyo does not have interpreters on staff? My Second major concern is with the D.D population and the Independent drivers for Veyo. No Mom or Dad or CFH provider wants a new stranger showing up everyday. Change is difficult for most of the DD population. The previous transportation system worked, with no independent drivers. Why fix something that wasn't broken. The new system has forced many Transportation

have been from Idaho

no

had

such as counseling
A veyo driver

companies to go out of business. My hope is that we can adjust things so everyone's needs are met. THANK YOU!!

January 25, 2017

To: Idaho Legislators and the Department of Health and Welfare, Division of Medicaid

My name is Pat Osborn.

I have a 46 year old developmentally disabled daughter who receives transportation services through Idaho Medicaid. I am 81 years old and my husband is 84 and has health issues where he is not to be left alone. Our daughter has been disabled since birth. We have provided her transportation to have access to her services and work until the last few years. She has a set schedule 5 days a week, 52 weeks a year. She is to be picked up at 8:15 every morning and taken to the ARC where she is employed. She is to be picked up at the ARC at 3:30 on Monday, Tuesday, Thursday and Friday and at 4:30 on Wednesday and returned home.

Transportation has been a constant problem since Veyo took over the contract, but, I will summarize only what has happened in the last 9 weeks.

I have called Veyo 15 times in the mornings because no one had arrived or called by the scheduled pick up time.

Seven times, she was picked up around 9:00 or later which made her late for work.

Four times, she was not picked up in the afternoon.

Two times she was pick up before the scheduled time in the afternoon, requiring her to leave work early.

Five times she did not receive transportation because of weather.

Ten times she arrived home more than 30 minutes after the scheduled pick up time. (She arrived home after 4:00 on Monday, Tuesday, Thursday, or Friday or after 5:00 on Wednesday). It is less than 3 miles and 8 minutes from the ARC to our house.

Transportation was denied on 12-1-16 because Veyo said she had a vehicle registered in her name. They had only checked for first and last names and hadn't bothered to use middle names, initials, addresses or birth dates. I don't understand why a check was required in the first place because she is evaluated every year by Idaho Medicaid and they are very aware of her condition and abilities. After I was told it was an error and the issue was settled, I received 4 letters which denied her transportation on December 1st, 2nd, 6th, and 9th. The letters said transportation was denied because she "refused appropriate mode" which I don't understand. She did not refuse any mode of transportation.

JILL OSBORN

JILL IS 46 YEARS OLD, MENTALLY & PHYSICALLY HANDICAPPED. SHE HAS HYDROCEPHALUS & HAS A SHUNT IMPLANTED. SHE IS A RIGHT HEMI-PLEGIA & HAS VERY LITTLE USE OF HER RIGHT ARM. SHE WEARS AN AFO SPLINT ON HER RIGHT LEG & IS AMBULATORY. SHE USES A CANE FOR STABILITY WHICH SHE HAS TO USE WITH HER LEFT ARM & HAND. SHE IS VERY VERBAL & SOCIAL. SHE HAS BEEN GOING TO THE ARC (WHERE SHE IS EMPLOYED) SINCE SHE GRADUATED FROM SCHOOL IN MAY 1991. UNTIL JUNE 2015 (24 YRS) WE TRANSPORTED HER OURSELVES & NEVER ASKED FOR REIMBURSEMENT.

IN NOV 2012 MY HUSBAND'S COPD & ASTHMA WORSENERED TO THE DEGREE THAT HE HAD TO GO ON OXYGEN FULLTIME. IN JUNE 2015 HE WAS DIAGNOSED WITH ALZHEIMER'S & WAS NO LONGER ABLE TO DRIVE. AT THIS TIME IT WAS DIFFICULT FOR ME TO CARE FOR HIM & ALSO TRANSPORT JILL TWICE A DAY, 5 DAYS A WEEK, 52 WEEKS A YEAR, SO WE REQUESTED TRANSPORTATION WITH IDAHO MEDICAID WHICH SHE QUALIFIES FOR. MY HUSBAND, GLENN, IS 84 YEARS OLD & IN 2 WKS I WILL BE 82.

THERE HAVE BEEN MANY PROBLEMS WITH HER TRANSPORTATION SINCE THE BEGINNING BUT THE PROBLEMS REALLY ESCALATED WHEN THE CONTRACT WAS CHANGED TO VEYO ON 1 JULY 2016.

I DREAD CALLING VEYO IN THE MORNINGS WHEN SHE DOESN'T RECEIVE TRANSPORTATION BECAUSE IT IS SUCH AN UNPLEASANT & TIME CONSUMING EXPERIENCE. FIRST YOU ARE TOLD TO PRESS ONE FOR ENGLISH, THEN YOU ARE TOLD THIS IS BEING RECORDED & IF YOU WANT TO CHECK ON YOUR PRIVACY RIGHTS YOU CAN GO TO THEIR WEBSITE FOR FURTHER INFORMATION. THEN YOU ARE TOLD TO PRESS ONE TO RECEIVE A CALL BACK FROM AN AGENT OR REMAIN ON THE LINE TO SPEAK TO AN AGENT. THEN IMMEDIATELY YOU ARE TOLD TO PRESS ONE TO RECEIVE A CALL BACK FROM AN AGENT OR PRESS TWO TO REMAIN ON THE LINE TO SPEAK TO AN AGENT WHEN IT'S YOUR TURN. IF YOU REMAIN ON THE LINE YOU ARE SUBJECTED TO A MESSAGE FOR IDAHO SMILES THAT PROVIDES DENTAL CARE FOR YOUNG CHILDREN. THIS IS TOTALLY IRRELEVANT TO ME & MOST OF THE PEOPLE WHO ARE RECEIVING TRANSPORTATION. NONE OF US HAVE SMALL CHILDREN. I KEPT A TALLY ON ONE CALL & LISTENED TO THE RECORDING 17 TIMES. WHEN YOU FINALLY GET TO SPEAK TO AN AGENT YOU ARE ASKED FOR THE REASON FOR THE

CALL, THEN FOR HER MEDICAID NUMBER OR BIRTHDATE, PICK UP TIME & ADDRESS. THEN YOU ARE PUT ON HOLD WHILE THEY TRY TO DECIDE WHO IS SUPPOSED TO BE THE COMPANY PICKING HER UP THAT MORNING. I'VE BEEN ON HOLD AS LONG AS 14 MINUTES. THEN THEY TELL YOU WHO THE COMPANY IS & YOU ARE PUT ON HOLD AGAIN WHILE THEY TRY TO CONTACT THE COMPANY TO SEE WHAT TIME THEY WILL ARRIVE OR IF THEY ARE GOING TO ARRIVE AT ALL. SOME AGENTS ARE NICE & TRY TO HELP BUT SOME ARE VERY RUDE. EVERY TIME YOU CALL YOU GET A DIFFERENT AGENT SO YOU HAVE TO EXPLAIN EVERYTHING EVERY TIME. IT WOULD BE HELPFUL IF YOU COULD JUST IDENTIFY YOURSELF & THEY COULD LOOK UP YOUR INFORMATION.

I AM TOLD BY IDAHO MEDICAID & VEYD THAT THE DRIVER IS SUPPOSED TO CALL IN THE MORNING & LET US KNOW WHEN THEY WILL ARRIVE. THEN WHEN THEY ARRIVE THEY ARE SUPPOSED TO COME TO THE DOOR. THIS RARELY EVER HAPPENS. WE RARELY RECEIVE CALLS & MOST OF THE DRIVERS DON'T EVEN GET OUT OF THE VEHICLE LET ALONE COME TO THE DOOR. SEEMS THERE IS A BREAK DOWN IN TRAINING SOMEWHERE.

I RECEIVED A CALL ON 12/6/16 FROM HUNTER WITH VEYD, THE QUALITY ASSURANCE DIRECTOR FOR IDAHO, WHO TOLD ME SHE WOULD TRY TO HELP WITH MY PROBLEMS. SHE GAVE ME HER NUMBER & TOLD ME TO CALL HER ANY TIME. I TALKED TO HER TWICE AFTER THAT. I LEFT A MESSAGE FOR HER ON 12/20/16 ABOUT 4:50 PM, & HAVE NEVER RECEIVED A RETURN CALL.

I RECEIVED A CALL ON 12/29/16 FROM WBS WITH VEYD WHO IS ON THE QUALITY MANAGEMENT TEAM. HE WAS CALLING ABOUT MY REQUEST TO HAVE GREEN ZONE AS OUR PREFERRED COMPANY. HE SAID HE WOULD CONTACT GEORGE, THE OWNER OF GREEN ZONE, & HAVE HIM CALL ME. I RECEIVED A CALL FROM GEORGE & HE TOLD ME HE WAS MEETING WITH HIS DRIVER IN 3D MIN & THEY WOULD SEE IF THEY COULD FIT JILL INTO THEIR SCHEDULE. HE SAID HE WOULD CALL ME BACK IN AN HOUR. I NEVER DID GET A RETURN CALL. IN THE 4 WKS THAT GREEN ZONE HAS BEEN OUR PREFERRED COMPANY THEY HAVE PICKED HER UP 3 TIMES IN THE MORNINGS; ONE TIME THEY PICKED HER UP 45 MINUTES EARLY IN THE AFTERNOON; ONE TIME THEY DIDN'T PICK HER UP AT ALL IN THE AFTERNOON, & 4 DAYS THEY DIDN'T WORK BECAUSE OF THE WEATHER.

NOTICE OF DENIAL DECISION

JILL OSBORN
6401 GRANDVIEW DR, BOISE, ID 83709

12/1/2016

Dear JILL OSBORN

(302657)

A transportation request was made for a trip on 12/1/2016 8:15:00 AM for the above named individual.

The transportation request has been denied for the following reason:

Refused Appropriate Mode

If you disagree with the decision on this notice you may request a DHW appeal. Your request for an appeal must be received in writing by DHW within 28 days from the date this letter was mailed. To appeal this decision, please include a copy of this notice and a written statement of why you disagree with the decision. You may submit the appeal request by mailing, faxing, or emailing to the contact below:

Hearings Coordinator
Department of Health and Welfare
Administrative Procedures Section
PO box 83720
Boise, Idaho 83720-0036
Phone: 208-334-5564 FAX: 208-639-5741
E-Mail: APS@dhw.idaho.gov

Once received, DHW will review the documentation sent in with your appeal. If DHW still feels the denial was appropriate, you will be able to have a fair hearing regarding your case.

If previously approved transportation is being terminated or reduced and you request a hearing within ten (10) days of the postmark of this notice, you may continue receiving benefits until the fair hearing is held and a decision is mailed to you. If the hearing office decides that the DHW's action was correct, the transportation broker may take action to collect the cost of those benefits from you, as allowed by 42 CFR 431.230(b).

At the hearing you may represent yourself, choose a friend, relative or advocate to represent you or you may be represented by an attorney. You may contact Idaho Legal Aid at 208-336-8980 or Disability Rights Idaho at 1-866-262-3462 if you need help finding an attorney.

NOTICE OF DENIAL DECISION

You are welcome to contact Medicaid's central office at 208-334-5747 or 877-200-5441 if you want to discuss this matter, ask any questions about the appeal process or to find out how to contact an attorney. You may also contact the office by email at MedicaidTransport@dhw.idaho.gov

Remember your fair hearing request *must* be filed by: _____

If you wish to continue your services, your request must be postmarked within ten (10) days of this letter.

Sincerely,

Rosalind Weekly
Call Center Manager

If you need help with this notice, please call 1-877-503-1261
Si usted necesita ayuda con este aviso, por favor llame al 1-877-503-1261

I RECEIVED THIS NOTICE ON 12/6/16

*I THEN RECEIVED 3 MORE OF THESE LETTERS ON 12/6/16 - 12/9/16 -
12/12/16 WHICH DENIED HER TRANSPORTATION ON 12/2/16 - 12/6/16 - 12/9/16*

*ALL OF THESE NOTICES WERE RECEIVED AFTER I WAS TOLD THE SITUATION
WAS SETTLED.*

NOTES ON TRANSPORTATION FOR JILL OSBORN

PAT OSBORN (MOTHER + LEGAL GUARDIAN)

6401 GRANDVIEW DR

BOISE, IDAHO 83709

208-375-8459

JILL OSBORN
TRANSPORTATION

AM PICK UP AT 4401 GRANDVIEW DR MON - FRI 8:10

PM PICK UP AT 4402 ALBION MON - TUES - THUR - FRI 3:30
WED 4:30

AM PICK UP CHANGED ON NOV 18 TO 8:15

TSC - ISSABELL SMITH 908-9456

ARC - 343-5583

DORI BOYLE - IDAHO MEDICAID - QUALITY MANAGEMENT TEAM 364-1835

HUNTER - VEYO - QUALITY ASSURANCE DIRECTOR FOR IDAHO 1-858-225-8482

CHRISTINE PISANI 334-2178

EXECUTIVE DIRECTOR IDAHO COUNCIL ON DEVELOPMENT DISABILITIES

AM TIMES ARE WHEN SHE WAS PICKED UP AT HOME IN THE MORNINGS
PM TIMES ARE WHEN SHE ARRIVED HOME IN THE AFTERNOON

DAY	DATE	TIME	TRANS CO.	NOTES
MON	OCT 31	8:20A	EXTRAMILE	
		4:20P	EXTRAMILE	
TUE	NOV 1	8:33A	TRINITY	
		3:50P	"	
WED	NOV 2	8:20A	TRINITY	
		4:40P	"	
THU	NOV 3	8:20A	ALL CITY	
		3:40P	" "	
FRI	NOV 4	8:30A	ALL CITY	
		3:45P	" "	
MON	NOV 7	8:30A	TRINITY	
		3:50P	"	
TUE	NOV 8	8:40A	TRINITY	
		3:45P	"	
WED	NOV 9	8:52A	TRINITY	
		4:50P	"	
THU	NOV 10	8:13A	ALL CITY	
		3:40P	" "	
FRI	NOV 11	8:23A	ALL CITY	
		3:43P	" "	

DAY	DATE	TIME	TRANS CO.	NOTES
MON	NOV 14	NO ARRIVAL	ITOOK HER	<p> CALLED VEYO AT 8:45 TO SEE WHERE TRANS WAS. ON HOLD FOR 10 MIN, THEN TOLD JILL NOT SCHEDULED FOR TODAY. (SUN EVE, NOV 14, AT 5:25 I RECEIVED A CALL CONFIRMING HER TRANS FOR MON MORN) THEY ASKED IF IT WAS OK IF SHE WAS LATE FOR WORK, THEY WOULD TRY TO FIND TRANS. IT WAS NOW 9:00 AM, SHE WAS ALREADY LATE FOR WORK SO I TOLD THEM TO FORGET IT, I WOULD GET HER THERE. I ASKED IF THEY WOULD ASSURE ME THAT SHE WOULD BE PICKED UP IN THE AFTERNOON, THEY SAID YES. ABOUT 1:00 PM I RECEIVED A CALL FROM TRINITY WANTING TO KNOW IF JILL HAD BEEN PICKED UP THAT MORN. THEY SAID THEY DIDN'T RECEIVE THEIR SCHEDULE UNTIL 11:30 AM, I TOLD THEM SHE WAS AT THE ARC, THEY SAID THEY WOULD PICK HER UP IN THE AFT. </p>
		3:40 P	TRINITY	
TUE	NOV 15	9:00 A	TRINITY	<p> CALLED VEYO AT 8:30 TO SEE WHERE TRANS WAS. ON HOLD 10 MIN WHILE THEY CONTACTED DRIVER, WAS TOLD THEY WERE ON THE WAY. TRINITY ARRIVED AT 9:00 WHICH MEANT JILL WAS LATE FOR WORK A 2ND DAY. CALLED JILL'S TSC TO LET HER KNOW, SEE WHAT SHE COULD DO. </p>
		4:00 P	TRINITY	
WED	NOV 16	8:30 A	IND VEYO	<p> REC CALL FROM VEYO AT 8:07 WANTING TO KNOW IF IT WAS OK TO HAVE JILL TRANSPORTED BY AN INDEPENDANT VEYO DRIVER. I SAID YES AS LONG AS SHE GOT TO WORK ON TIME, SAFELY. THEY SAID A CAR WOULD ARRIVE IN 10 MIN. AT </p>

8:18 I REC CALL FROM DRIVER SAYING SHE WOULD BE HERE IN 10 MIN. ARRIVED 8:30

4:40P IND VEYO

THU NOV 17 8:00A IND VEYO CALL FROM DRIVER AT 7:49 SAYING WOULD ARRIVE IN 10 MIN

4:45P IND VEYO

FRI NOV 18 8:00A IND VEYO CALL FROM DRIVER AT 7:49 SAYING WOULD ARRIVE IN 10 MIN. I CALLED VEYO TO SEE IF WE COULD GET TIME WORKED OUT. TARGET PICK UP IS 8:10 & WE HAVE NOW GONE FROM ALWAYS BEING LATE TO NOW BEING TOO EARLY. JILL STARTS WORK AT 9:00 SO SHOULD ARRIVE ABOUT 8:50 TO BE PREPARED TO START AT 9:00. FROM HOME TO ARC IS ABOUT AN 8 MIN TRIP. IF SHE IS PICKED UP AT 8:00 SHE HAS TO SIT AT ARC ABT 50 MIN BEF WORK. DON'T UNDERSTAND WHY AN INDEPENDANT DRIVER CANT SCHEDULE THEIR TIME BETTER. VEYO SAID THEY WOULD CHANGE PICK UP TIME TO 8:15. I ASKED THEM TO PLEASE NOT CALL ME BEF 8:00 AM BECAUSE I'M BUSY DOING BREATHING TREATMENTS FOR MY HUSBAND AT THAT TIME.

3:27P IND VEYO JILL ARRIVED HOME AT 3:27 & SHE IS NOT SUPPOSED TO BE OFF WORK UNTIL 3:30. JILL TOLD ME THAT TIFFANY CAME IN & TOLD HER THE VAN WAS THERE & SHE SHOULD LEAVE. I CALLED ARC & LEFT MESSAGE FOR TIFFANY TO CALL ME. TRIED TO REACH IAN & WAS TOLD HE WASN'T THERE. CALLED TSC & ASKED HER TO CALL VEYO & ARC & TRY TO RESOLVE THIS.

MON NOV 21 8:08A IND VEYO CALL FROM DRIVER 7:58. ETA UNKNOWN
WAS BY BORAH HIGH SCHOOL AT THE TIME.
ARRIVED 8:08 IN UNMARKED CAR.
NO RETURN CALL FROM ARC OR TSC

3:36P IND VEYO

TUE NOV 22 8:15A IND VEYO CALL FROM DRIVER (DALE) 7:59. ETA 8:15
3:40P IND VEYO

WED NOV 23 8:09A IND VEYO CALL FROM DRIVER 7:58. ARRIVED IN
UNMARKED WHITE SEDAN.
ISSABELL (TSC) CALLED AT 1:32 PM TO SEE
HOW THINGS ARE GOING. SHE TALKED TO
ARC & VEYO ABOUT PICK UP TIMES. TOLD
ARC NOT TO RELEASE JILL BEF TIME SHE IS
SCHEDULED TO BE RELEASED.

4:40P IND VEYO

MON NOV 28 8:25A IND VEYO CALL FROM DRIVER (DALE) 8:02 ETA 8:20
3:38P IND VEYO

TUE NOV 29 8:19A IND VEYO CALL 8:01. ETA 15MIN. ARRIVED 8:19 IN
WHITE UNMARKED TOYOTA SEDAN

3:48P IND VEYO

WED NOV 30 8:11A IND VEYO CALL 8:08. ETA 5MIN
4:45P IND VEYO

THU DEC 1 9:10A IND VEYO CALLED VEYO 8:30. TALKED TO SHEINA, WAS
TOLD JILL'S TRANS WAS DENIED BECAUSE THERE
IS A VEHICLE REGISTERED IN HER NAME. I
ASKED WHERE THIS INED CAME FROM. I WAS

TOLD THIS IS A NEW REQUIREMENT BY THE STATE OF IDAHO. VEYD IS REQUIRED TO CHECK EVERYONE TO SEE IF THEY HAVE A VEHICLE REGIS TO THEM. I WAS THEN GIVEN A LECTURE ON PEOPLE WHO CHEAT THE SYSTEM. I EXPLAINED JILL'S CONDITION & EXPLAINED THAT SHE NEVER OWNED A VEHICLE OR HAD A DRIVERS LISCENSE, & THAT IDAHO MEDICAID SHOULD HAVE ALL THAT INFO. I WAS THEN TOLD I WOULD NEED TO CONTACT JILL'S DOCTOR & HAVE HER WRITE A LETTER SAYING JILL COULDN'T DRIVE. I WAS THEN TOLD SHE WOULD TRY TO FIND TRANS FOR JILL. (ON PHONE WITH SHEINA 25min) AT 8:49 (WHILE I WAS ON THE PHONE WITH SHEINA) A VOICE MAIL WAS LEFT WANTING TO KNOW IF JILL NEEDED TRANS & TO CALL BACK BUT NO # WAS GIVEN. I CALLED SHEINA BACK TO REPORT THIS & SHE CONTACTED THE DRIVER. CAR ARRIVED AT 9:10. LATE FOR WORK AGAIN! TRIED TO CONTACT TSC. ANS MACH. DIDN'T LEAVE MESSAGE. CALLED SARA STITH (ID MED) AT 9:12 & LEFT MESSAGE. CALLED TSC 9:23 & LEFT MESSAGE TO CALL ME. LEFT ANOTHER MESSAGE FOR SARA STITH AT 1:08. LEFT ANOTHER MESSAGE FOR ISSABELL AT 1:14. CALLED BOTH ASPIRE & BARBIE AT 1:20 & ONLY GOT ANS MACH. LEFT MESSAGE FOR BARBIE AT 1:26. REC CALL FROM TSC AT 1:32.

3:44 IND VEYD

FRI DEC 2 8:05 VEYO

CALL 7:59 ETA 5 MIN

LEFT MESSAGE FOR SARA STITH 8:55
REC CALL FROM DORI BOYLE (ID MED) 10:52
CALL ENDED 11:17. SHE WAS RETURNING
CALL I MADE TO SARA STITH. SHE IS ON
QUALITY MANAGEMENT TERM FOR THE TRANS.
WE DISCUSSED THE VEHICLE'S ^{REGIS} SITUATION &
OTHER PROBLEMS & SHE SAID SHE WOULD
LOOK INTO ALL MY PROBLEMS.

LEFT MESSAGE FOR ISSABELL AT 11:28

CALL FROM ISSABELL AT 12:39

3:42 VEYO

MON DEC 5 8:06 VEYO

CALL 7:59 - DIDN'T KNOW WHEN HE
WOULD BE HERE BECAUSE HE "DIDN'T KNOW
WHERE WE BE LIVING" MAYBE TAKE APT
10 MIN

3:47 VEYO

TUE DEC 6 8:30 VEYO

CALL 8:00 (DALE) ETA 8:30

REC CALL FROM HUNTER AT VEYO AT 12:48
ABT MY COMPLAINT. I EXPLAINED ALL MY
CONCERNS. SHE TOLD ME THE VEHICLE PROBLEM
WAS AN ERROR ON THEIR PART. THE PERSON WHO
DID THE CHECKING ONLY USED FIRST & LAST
NAMES & DIDN'T USE MIDDLE NAMES, INITIALS
ADDRESS OR BIRTHDATE. TOTAL INCOMPETENCE!
SHE TOLD ME SHE WOULD MAKE A NOTE THAT
JILL QUALIFIES FOR TRANS & I WOULDN'T HAVE
TO SUBMIT ANY PAPER WORK. BIG OF THEM!
CALL LASTED 27 MIN 52 SEC. LOTS OF BACKGROUND
NOISE & DIFFICULT TO HEAR HER. (SHE HAD

ASKED IF SHE COULD TAPE THE CONVERSATION
& I AGREED SO THERE SHOULD BE A RECORD)
I RECEIVED 2 LETTERS FROM VEYO ON
"NOTICE OF DENIAL DECISION" SAYING SHE
WAS DENIED TRANS ON 12-1 & 12-2 & THE
REASON WAS "REFUSED APPROPRIATE MODE".
I DIDN'T UNDERSTAND THE LETTERS SO TRIED
TO CONTACT HUNTER. GOT ANSWERING MACH
& LEFT MESSAGE ABT 2:00.
CALLED ID MED AT 3:05 & LEFT MESSAGE.

3:38 VEYO

WED DEC 7 8:33 VEYO CALL 8:00 (DALE) ETA 8:25-8:30
4:47 VEYO ← UNMARKED WHITE CAR

THU DEC 8 8:12 VEYO CALL 7:59 ETA 10 MIN - UNMARKED WHITE
OR SILVER TOYOTA - I ASKED HIM WHY HIS CAR
WAS NOT MARKED & HE GOT OUT THE SIGN &
PUT IT ON
MESSAGE LEFT BY DORI BOYLE 9:11. CALLED
HER BACK & LEFT MESSAGE ABT 2:30.
CALLED ARC AT 4:15 & JILL STILL THERE.
CALLED VEYO 4:16 - ON HOLD 8 MIN THEN
TOLD DRIVER EN ROUTE. THEY SAID THEY HAD
A PICK UP TIME OF 4:17 BUT COULDN'T
EXPLAIN WHY.
I REC VOICEMAIL FROM ARC AT 4:17 WHILE
I WAS ON PHONE WITH VEYO. I RETURNED
CALL AT 4:30 & TALKED TO TIFFANY. SHE
SAID SHE HAD CALLED VEYO A LITTLE AFTER
4:00 & WAS TOLD THEY COULDN'T GET SOME-
ONE THERE FOR AN HOUR SO IAN WOULD

				BRING JILL HOME. REC CALL FROM JAN AT 4:42 SAYING HE WAS BRINGING JILL HOME
		5:15	ARC STAFF	ARRIVED 5:15 REC CALL AT 7:38 PM FROM HUNTER AT VEYO SAID I CAN DISREGARD LETTERS FROM VEYO. DISCUSSED NO ONE ARRIVING FOR PICKUP THIS AFTERNOON & SHE BLAMED IT ON THE WEATHER. TOLD HER NOT A GOOD EXCUSE. THEY SHOULD HAVE DRIVERS WHO CAN DRIVE IN THIS WEATHER BECAUSE WINTER IS JUST STARTING & WE HAVE ANOTHER 2 OR 3 MONTHS OF THIS. BESIDES ARC STAFF WAS ABLE TO GET HER HOME & THEY'RE NOT PAID FOR IT. TOLD HER ABT UNMARKED CARS. CALL ENDED ABT 8:13 (36 MIN 13 SEC)
FRI	DEC 9	8:16	VEYO	CALL 7:59 - NO ETA - JUST COMING REC. CALL FROM DORI BOYLE 10:36. I EXPLAINED MY PROBLEMS & SHE SAID SHE WOULD SEE IF THE MANAGEMENT TEAM COULD RESOLVE THEM. (CALL ENDED 10:55)
		4:12	VEYO	DIDN'T GET HOME UNTIL 4:12 BUT DRIVER JAIMIE WALKED HER TO THE DOOR. REC ANOTHER LETTER FROM VEYO SAYING SHE WAS DENIED TRANS ON 12/6 BUT SHE RECEIVED TRANS THAT DAY
MON	DEC 12	8:05	VEYO	CALL 7:55 WHEN I ASK FOR ETA HE SAID HE DIDN'T KNOW - HE WAS BY BERAN HS & DIDN'T KNOW HOW LONG IT WOULD TAKE
		4:12	ARC STAFF	CALLED ARC AT 4:15 & WAS TOLD THEY CONTACTED VEYO & WAS TOLD THAT VEYO TRIED

TO CALL THE ARC I WAS NOT ABLE TO TALK TO
JILL TO VERIFY SHE WAS THERE SO THEY TOOK
HER NAME OFF THE LIST.

I CALLED HUNTER AT 4:25. SHE DIDN'T KNOW
WHAT HAPPENED BUT SAID SHE WOULD INVESTIGATE
IT. SHE SUGGESTED I CALL THE CALL CENTER
TO SEE IF THEY COULD TELL ME WHAT HAPPENED
(CALL ENDED 4:41)

TALKED TO LAURIE AT CALL CENTER AT 4:42.
SHE SAID JILL WAS SUPPOSED TO BE PICKED
UP AT 3:30 BUT FOR SOME REASON THE
TRIP WAS CANCELLED. SHE DIDN'T KNOW WHY.

I EXPLAINED THAT THINGS WERE GETTING
WORSE INSTEAD OF BETTER BUT SHE DIDN'T
HAVE ANY ANSWERS. (CALL ENDED 5:04 (220/73))

REC ANOTHER LETTER FROM VEYO SAYING SHE
WAS DENIED TRANS ON 12/9 BUT SHE RECEIVED
TRANS THAT DAY.

TUE DEC 13 8:10 VEYO

CALL 8:00 ETA 5MIN

LEFT MESSAGE FOR DORI BOYLE ABT 9:15

LEFT MESSAGE FOR ISSABELL ABT 9:16

I PICKED UP JILL AT 3:30 FOR APPT WITH
TONI SPARKS

NO RETURN CALLS FROM DORI OR ISSABELL

WED DEC 14 8:10 VEYO

CALL 8:00 COULDN'T UNDERSTAND ETA

LEFT MESSAGE FOR DORI BOYLE 9:13

CALLED ISSABELL AT 9:15. SHE WAS OUT
OF TOWN. EXPLAINED WHAT WAS GOING ON,
SHE SAID SHE'D CALL ME NEXT WEEK.

DORI BOYLE LEFT VOICE MAIL WHILE I WAS ON

				PHONE WITH ISSABELL. CALLED DORI AT 9:28 I EXPLAINED WHAT WAS GOING ON. WE TALKED ABOUT TRYING TO GET A PREFERRED DRIVER I SHE SAID SHE WOULD SEE WHAT SHE COULD DO. SAID SHE WOULD DISCUSS MY PROBLEMS WITH MANAGEMENT TEAM. CALL ENDED 9:53 (25 MIN 51 SEC)
		4:43	VEYO	NICE DRIVER - WALKED HER TO THE DOOR
THU	DEC 15	8:25	VEYO	CALL 8:01 (DALE) ETA 8:25 I PICKED HER UP AT 3:30 FOR DENTIST APPT
FRI	DEC 16	8:06	VEYO	CALL 7:55 ETA 9 MIN - CALL 8:04 SAYING HE WAS OUT FRONT BUT I LOOKED OUT I DIDNT SEE HIM. I TOLD HIM HE WASNT OUT FRONT I HE ARGUED HE WAS. I WENT OUT FRONT I TOLD HIM I WAS STANDING THERE I HE WASNT THERE. I THEN WALKED OUT TO THE STREET I NOTICED A CAR IN FRONT OF A HOUSE ABT 1 1/2 BLKS TO THE WEST. I WAVED MY ARMS TO GET HIS ATTENTION I TOLD HIM HE WAS AT THE WRONG HOUSE. HE WAS IN A GOLD UNMARKED NISSAN. I PICKED HER UP AT 3:30 FOR DR APPT
MON	DEC 19	8:14	VEYO	NO CALL - ARRIVED 8:14 - I WAS ON PHONE WITH VEYO AT THE TIME. I HUNG UP I WENT OUT TO TALK TO DRIVER. HE TRIED TO AVOID ME I WOULDN'T MAKE EYE CONTACT. I ASKED WHY HE DIDN'T CALL TO SAY HE WAS COMING I HE SAID WHEN HE GOT HERE IF SHE DIDN'T COME BUT THEN HE WOULD CALL. I TOLD HIM HE WAS

SUPPOSED TO CALL TO LET US KNOW HE WAS COMING. CALLED VEYO AT 8:16 & FILED A COMPLAINT WITH BECKY.

3:40 VEYO

NICE & HELPFUL DRIVER

TUE DEC 20 8:35 VEYO

CALL 8:04 COULDN'T UNDERSTAND ETA. ASKED HIM 3 TIMES & NEVER COULD UNDERSTAND HIM. ARRIVED 8:35 UNMARKED SILVER KIA. DIDN'T STOP AT DRIVEWAY BUT STOPPED FARTHER DOWN. DIDN'T GET OUT OF CAR. RUDE WHEN I CONFRONTED HIM. CALLED VEYO TO REPORT HIM. TALKED TO SHEINA & THEN TO ESMERALDA ON THE ESCALATION TEAM.

CALLED & LEFT MESSAGE FOR DORI BOYLE. SHE RETURNED CALL AT 10:27. SAID SHE WOULD SEND COMPLAINT TO HUNTER & TRY TO GET IT RESOLVED.

I RECEIVED A CALL FROM JILL AT 4:12 & SHE WAS STILL AT THE ARC. TALKED TO SARAH & SHE SAID THEY CALLED VEYO & VEYO DIDN'T KNOW WHEN THEY COULD GET SOMEONE THERE. NO ONE HAD BEEN DISPATCHED YET. I TOLD SARAH I WOULD COME & GET HER MYSELF. WHILE I WAS AT THE ARC AT 4:30 A BLACK UNMARKED CHEVIE ARRIVED & SAID HE WAS THERE FOR JILL OSADRN. SARAH TOLD HIM I WAS PICKING HER UP. I ASKED HIM WHERE HE HAD BEEN THAT SHE WAS SUPPOSED TO BE PICKED UP AT 3:30. HE SAID IT WASN'T HIS FAULT & ASKED IF I KNEW THE COMPANY. I TOLD HIM I KNOW THE COMPANY

ALL TOO WELL. HE LEFT. I CAME HOME & LEFT A MESSAGE FOR DORI BOYLE & ONE FOR HUNTER. AT 4:55 I TALKED TO TRACY AT VEYO CALL CENTER & SHE TRANSFERRED ME TO A MAN NAMED DAP. AS USUAL HE APOLOGIZED & TRIED TO BLAME IT ON THE WEATHER. I TOLD HIM THAT WASN'T A VERY GOOD EXCUSE BECAUSE VEYO IS IN THE TRANSPORTATION BUSINESS & THIS IS NORMAL WINTER WEATHER HERE. THEY SHOULD BE ABLE TO PLAN FOR THE WEATHER. I TOLD HIM WEATHER ISN'T RESPONSIBLE FOR UNMARKED CARS & RUDE DRIVERS. ONCE AGAIN HE STARTED IN ON THE REIMBURSEMENT ISSUE. THIS IS SOMETHING THEY HAVE BROUGHT UP SEVERAL TIMES. I EXPLAINED ONCE AGAIN THAT I AM NOT ABLE TO TRANSPORT HER TWICE A DAY MYSELF & I DON'T HAVE ANYONE WHO CAN. SHE QUALIFIES FOR TRANSPORTATION & I'M GOING TO INSIST SHE GET IT. HE TOLD ME THAT INDEPENDANT DRIVERS ARE NOT ABLE TO ASSIST HER BECAUSE OF LIABILITY. I WAS TOLD BY DORI BOYLE THAT THE DRIVER IS SUPPOSED TO COME TO THE DOOR. IT WAS APPARENT I WAS NOT GETTING ANYWHERE WITH DAP SO I TOLD HIM THAT & HUNG UP.

WED DEC 21 8:37 VEYO

CALLED VEYO AT 8:18 TO SEE WHERE TRANS WAS. TOLD THEY DIDN'T HAVE ANYONE YET & ONCE AGAIN TRIED TO BLAME THE WEATHER. TOLD HIM IT WAS MORE LIKE POOR ORGANIZATION.

HE ASKED IF I WANTED TO SPEAK TO A SUPERVISOR, I SAID YES. I WAS PUT ON HOLD THEN HE CAME BACK ON SAID THERE WAS A DRIVER EN ROUTE. HE CALLED THE DRIVER THEN TOLD ME HE WOULD ARRIVE IN 7 OR 8 MIN. CALL ENDED 8:26 AT 8:26 I RECEIVED A VOICE MAIL FROM THE DRIVER SAYING HE WOULD ARRIVE IN 9 OR 10 MIN. ARRIVED 8:37 LEFT MESSAGE FOR ISSABELL AT 9:05. REC CALL FROM DORI BOYLE 9:08. I EXPLAINED YESTERDAY AFTERNOON PICKUP PROBLEMS THIS MORN PROBLEMS. SAID SHE WOULD CONTACT HUNTER SEE WHAT THEY COULD DO. SHE SAID HUNTER IS THE QUALITY ASSURANCE DIRECTOR FOR IDAHO. CALL ENDED 9:25 (16 MIN 59 SEC) REC CALL FROM ISSABELL 10:21. SAID SHE WOULD CALL VEYO SEE WHAT SHE COULD DO. (CALL ENDED 10:38) REC CALL FROM ISSABELL AT 12:53. SHE TALKED TO ESMERALDA ON THE ESCALATION TEAM AT VEYO REGISTERED A COMPLAINT. SHE WAS TOLD A CALL IS ONLY PUT OUT 15 MIN BEF A PICKUP TIME THEN THEY WAIT FOR A DRIVER TO RESPOND. SHE WAS TOLD THAT WE CAN CHOOSE A TRANS COMPANY BUT CANNOT CHOOSE AN INDEPENDANT DRIVER. THEY AGAIN BLAMED THEIR PROBLEMS ON THE WEATHER. WE DECIDED TO WAIT UNTIL AFTER THE HOLIDAYS THEN TRY TO DECIDE WHAT TO DO. CALL ENDED 1:18

4:40 VEYO

THU DEC 22 8:08 TRINITY

CALL AT 7:21 FROM TRINITY TRANS SAYING THEY WOULD PICK JILL UP AT 8:15.

CALL AT 1:30 FROM ARC SAYING JILL WASN'T FEELING WELL SO I WENT & PICKED HER UP

FRI DEC 23

HOME SICK

TUE DEC 27 9:08 GREENZONE

CALLED VEYO AT 8:15 TO SEE WHERE TRANS WAS ON HOLD FOR 9 MIN THEN TOLD THEY THOUGHT AT WAS GOING TO PICK HER UP BUT FOR SOME REASON THEY (AT) HAD REJECTED THE TRIP. I WAS TOLD THEY WOULD TRY TO FIND SOMEONE. CALL AT 8:34 FROM AARON AT VEYO. SAID JILL HAD BEEN EXCLUDED FROM INDEPENDANT DRIVERS BUT COULDN'T TELL ME WHY. SAID GREENZONE WOULD PICK HER UP ABT 9:00. CALLED 8:41. GREENZONE ARRIVED AT 9:08. I EXPRESSED MY FRUSTRATION TO THE DRIVER. SHE WAS LATE FOR WORK AGAIN.

LEFT MESSAGES FOR DORI BOYLE & ISSABELL AT 9:15

3:50 GREENZONE

VERY NICE & HELPFUL DRIVER. BROUGHT JILL TO DOOR. TOLD ME IF WE WERE HAVING PROBLEMS I COULD REQUEST HIS COMPANY & THEY WOULD PICK JILL UP.

RECEIVED AUTOMATED CALL FROM VEYO AT 7:35 PM (855-611-0119) REMINDING US TO BE SURE & SCHEDULE OUR "THANKSGIVING" WEEK TRIPS! TOTAL INCOMPETENCE!

WED DEC 28 9:00 TRINITY

Called VEYD AT 8:17 TO CHECK ON TRANS. ON HOLD FOR 8 MIN. FINALLY TOLD TRINITY WOULD ARRIVE IN 10 MIN. I ASKED IF I COULD CHANGE OUR PREFERRED COMPANY & SHE ASKED IF I WAS SCHEDULING TRANS. I TOLD HER NO JILL WAS ALREADY SCHEDULED. & SHE SAID THAT NO I COULDN'T CHANGE OUR PREFERRED COMPANY. CALL ENDED 8:28 (11 MIN)
CALL AT 8:44 FROM TRINITY DRIVER SAYING SHE WAS SORRY BUT SHE WAS RUNNING LATE. SHE DIDN'T HEAR HER ALARM THIS MORNING. SHE HAD TO WORK LATE AT HER OTHER JOB & DIDN'T GET HOME UNTIL 1:00 AM. WOULD ARRIVE IN ABT 15 MIN. SHE ARRIVED AT 9:00. I WALKED JILL OUT & PUT HER IN THE VAN. DRIVER NEVER GOT OUT & NEVER SPOKE TO OR ACKNOWLEDGED ME. SHE WAS ON THE PHONE THE WHOLE TIME.
LEFT MESSAGE FOR DORI BOYLE AT 9:14.
LEFT MESSAGE FOR ISSABELL AT 9:17.
CALL FROM DORI BOYLE AT 9:22. I TOLD HER I WOULD LIKE TO REQUEST GREEN ZONE AS OUR PREFERRED TRANS & SHE SAID SHE WOULD PUT IN THE REQUEST. CALL END 9:39
CALL FROM ISSABELL 12:46. SHE WILL ALSO CALL VEYD & REQUEST GREEN ZONE.
CALL FROM ISSABELL 3:18. SHE CALLED VEYD & REQUESTED GREEN ZONE. NOT SURE THEY CAN GET IT DONE THIS WEEK BUT WILL TRY FOR NEXT WEEK.

4:56 TRINITY

THU	DEC 29	8:10	ALL CITY	ARRIVED 8:20-NO CALL - DRIVER NEVER GOT OUT CALL FROM WES (SAN DIEGO) AT VEYO AT 3:35. HE WOULD TRY TO HELP WITH OUR PROBLEMS. HE WOULD CHECK WITH GREEN ZONE TO SEE IF THEY COULD FIT HER INTO THEIR SCHEDULE. CALL ENDED 3:56 CALL FROM ALL CITY AT 4:00 SAYING THEY WOULD BE PICKING JILL UP IN A FEW MINUTES & SHE SHOULD BE HOME IN APT 15 MIN. ARRIVED HOME 4:10. JUST DUMPED OFF. NO ASSISTANCE. CALL AT 4:08 FROM GEORGE, OWNER OF GREEN ZONE. THEY HAVE A CONFLICT IN THE AM BUT WOULD SEE IF THEY CAN FIT HER INTO THEIR SCHEDULE. SAID HE WAS MEETING WITH THE DRIVER IN 30 MIN & WOULD CALL ME BACK IN ABOUT AN HOUR. NO RETURN CALL.
		4:10	ALL CITY	
FRI	DEC 30	8:30	ALL CITY	CALLED VEYO AT 8:12 TO CHECK ON TRANS. PUT ON HOLD 3 MIN. TOLD DRIVER SHOULD BE HERE IN LESS THAN 10 MIN. CALLED 8:26
		4:08	ALL CITY	
MON	JAN 2		HOLIDAY	REC CALL FROM TRINITY AT 8:19 TO CONFIRM JILL'S PICK UP. I HAD NOTIFIED VEYO OF ARC'S CLOSURES ON DEC 26 & JAN 2 & WAS TOLD THEY WERE AWARE OF THEM. THEY EVIDENTLY DIDN'T LET THEIR COMPANIES KNOW.
TUE	JAN 3	8:36	GREEN ZONE	CALLED VEYO AT 8:20 TO CHECK ON TRANS. ON HOLD FOR 6 MIN & THEN CUT OFF. CALLED

				BACK, MADE IT THROUGH MESSAGES & THEN NOTHING. CALLED BACK 3RD TIME, PUT ON HOLD & THEN TOLD DRIVER WOULD ARRIVE IN ABT 5 MIN. ARRIVED 8:36.
		3:50	GREEN ZONE	
WED	JAN 4	MISSED WORK		CALL AT 7:02 FROM TRINITY SAYING SHE WOULD BE HERE AT 8:00. CALL FROM TRINITY AT 7:54 SAYING SHE COULDN'T MAKE IT BECAUSE OF THE ROADS.
THU	JAN 5	MISSED WORK		CALLED VEYO AT 8:15 & WAS TOLD THEY DIDN'T HAVE ANY TRANS BECAUSE OF WEATHER
FRI	JAN 6	8:20 TRINITY 3:45 TRINITY		NO CALL - ARRIVED 8:20
MON	JAN 9	8:41 GREEN ZONE		CALLED VEYO 8:20 TO CHECK ON TRANS. ON HOLD 9 MIN. TOLD DRIVER EN ROUTE SHOULD ARRIVE ABT 5 TO 10 MIN (CALL LASTED 10 MIN 37 SEC).
		3:50	GREEN ZONE	DRIVER JEREMY ASKED IF I WOULD CALL THEM INSTEAD OF VEYO. I TOLD HIM I DIDN'T HAVE THEIR NUMBER & THAT I HAD BEEN TOLD IN THE PAST THAT I SHOULD CALL VEYO & NOT THE TRANS COMPANY. HE GAVE ME HIS NO. & A NO FOR GEORGE. I GAVE HIM MY NO. & TOLD HIM IT WOULD BE BEST IF HE CALLED ME TO LET ME KNOW WHEN THEY ARE COMING.
TUE	JAN 10	MISSED WORK		CALLED JEREMY AT GREEN ZONE AT 8:30. HE TOLD ME HE COULDN'T GET HERE BECAUSE

OF THE ROADS. I ASKED IF VEYO WAS AWARE OF THIS & DID THEY HAVE ANYONE ELSE. HE DIDN'T KNOW. CALLED VEYO, WAS PUT ON HOLD & THEN TOLD THE DRIVER SAID HE HAD TALKED TO ME. I SAID YES HE DID BUT I WAS CHECKING TO SEE IF THEY HAD ANYONE ELSE. THEY DIDN'T.

WED JAN 11 No pickup I TOOK HER

Called JEREMY (GZ) AT 8:15. SAID IT WAS HIS DAY OFF & TO CALL GEORGE. CALLED GEORGE & GOT VOICEMAIL. DIDN'T LEAVE MESSAGE. CALLED VEYO, ON HOLD & THEN TOLD GREEN ZONE'S CAR BROKE DOWN & THEY WOULD HAVE TO GET ONE OUT OF NAMPA & IT WOULD BE 30 MIN OR MORE. I CALLED VEYO BACK AT 8:50 & TOLD THEM TO JUST CANCEL THE AM PICKUP & I'D GET HER THERE. I ASKED IF THEY COULD ASSURE ME THAT SHE WOULD BE PICKED UP IN THE AFTERNOON. THEY CHECKED WITH GREEN ZONE & CONFIRMED AN AFTERNOON PICKUP AT 4:30

4:05 GREEN ZONE

JILL ARRIVED HOME AT 4:05 BUT WAS NOT SUPPOSED TO BE PICKED UP UNTIL 4:30. JILL TOLD ME IAN CAME INTO GROUP & TOLD HER THE VAN WAS THERE & SHE SHOULD LEAVE. I CALLED THE ARC AT 4:07 TO SPEAK TO IAN BUT HE WAS NOT THERE. TALKED TO LISA CAHILL. TIFFANY OR ROB WERE NOT AVAILABLE EITHER. EXPLAINED SITUATION TO LISA & TOLD HER THIS HAD HAPPENED BEFORE & THOUGHT WE HAD IT SETTLED. JILL IS NOT TO LEAVE UNTIL SHE IS SCHEDULED

TO LEAVE. LISA SAID SHE WOULD HAVE SOME-
ONE CALL ME TOMORROW.

CALLED VEYO & THEY CONFIRMED SHE WAS
SUPPOSED TO BE PICKED UP AT 4:30 & DIDN'T
KNOW WHAT HAPPENED. TALKED TO FERNANDA
& REGISTERED A COMPLAINT. EXPLAINED THAT
I DIDN'T WANT HER PICKED UP BEFORE THE
SCHEDULED TIME. SHE ASKED IF I WANTED
TO CHOOSE ANOTHER COMPANY AS OUR
PREFERRED ONE & I TOLD HER NOT AT THIS
TIME. I DON'T HAVE A LIST OF COMPANIES
& DON'T KNOW WHO IS AVAILABLE.

CALLED ISSABELL TO INFORM HER OF WHAT
IS HAPPENING. SHE SAID SHE WOULD CALL
ARC & VEYO TOMORROW TO SEE WHAT
SHE CAN DO.

THU JAN 12 8:27 TRINITY

CALL AT 7:17 FROM TRINITY TO SEE IF JILL IS
GOING TO WORK TODAY. ETA APT 8:30.

LEFT MESSAGE FOR DORI BOYLE.

NO RETURN CALL FROM ARC OR ISSABELL.

3:45 TRINITY

FRI JAN 13 8:17 TRINITY

CALL AT 8:04 ETA 10 MIN

RETURNED CALL FROM DORI BOYLE AT 9:59.

SAID SHE WOULD TAKE MY COMPLAINTS TO THE
MANAGEMENT TEAM. TOLD ME THEY ARE
WORKING ON AMENDING THE CONTRACT & TRYING
TO SOLVE SOME OF THE PROBLEMS REPORTED
TO THEM.

NO RETURN CALL FROM ARC SO LEFT MESSAGE
FOR ROB AT 11:30. HE RETURNED CALL AT

9:36. HE WAS NOT AWARE OF PROBLEMS ON WED BUT SAID HE WOULD CHECK IT OUT, TRY TO GET IT RESOLVED.

NO RETURN CALL FROM ISSABELL.

4:00 TRINITY

MON JAN 16 8:36 TRINITY

CALLED VEYO AT 8:16 TO SEE WHERE TRANS IS. ON HOLD THEN TOLD THEY COULDN'T REACH DRIVER. ASKED IF I WANTED HER TO TRY AGAIN I SAID YES. STILL NO ANSWER. SHE SAID TODAY IS A HOLIDAY SO MAYBE THE TRANS CO. WASN'T WORKING. WANTED TO GIVE ME THE NUMBER I HAVE ME KEEP TRYING TO REACH THEM. I TOLD HER NO, THAT'S THEIR JOB.

CALL ENDED AT 8:24.
REC CALL AT 8:33 FROM TRINITY (JEREMY) SAID HE'D BE HERE IN ONE MINUTE. ARRIVED 8:36.

REC CALL FROM ROB AT ARC 9:39 AM. DISCUSSED JILL BEING PICKED UP EARLY WITH ARC STAFF. WILL TELL DRIVER TO WAIT OR COME BACK AT SCHEDULED TIME. IF DRIVER WOEN'T DO THIS THEN ARC WILL CALL ME TO COME PICK HER UP. CALL ENDED 9:48 (9 MIN 30 SEC)

3:53 TRINITY

DRIVER CASEY - HELPED JILL OUT OF THE CAR PART WAY UP THE DRIVEWAY - HE TOLD HER THEY ARE NOT SUPPOSED TO HELP BUT HE WOULD HELP HER BECAUSE HE WOULDN'T WANT TO SEE ANYONE FALL

NO RETURN CALL FROM ISSABELL.

TUE JAN 17 8:54 TRINITY

CALLED VEYO AT 8:18 TO CHECK ON TRANS TOLD TRANS WOULD ARRIVE IN 5 MIN. CALL

ENDED 8:23. NO ONE ARRIVED. CALLED VEYO AT 8:53 TO SEE WHERE TRANS WAS WHILE ON THE PHONE I LOOKED OUT & DRIVER WAS OUT FRONT. ^{SO I HUNG UP} I WAS TAKING JILL OUT & CAR STARTED TO LEAVE. WHEN HE SAW US HE PULLED BACK INTO DRIVEWAY. I TOOK HER OUT & PUT HER IN THE CAR. DRIVER, CASEY, NEVER OFFERED TO HELP. I TOLD HIM HE WAS LATE & HE SAID HE'D BEEN OUT THERE 10 MIN. THAT WAS A LIE. I TOLD HIM I LOOKED OUT AT 8:53 & HE WASN'T THERE & IT WAS NOW 8:55. SHE WAS NOW GOING TO BE LATE FOR WORK. CALLED TRINITY TO COMPLAIN. LEFT MESSAGE FOR DORI BOYLE. CALLED VEYO AT 9:18 TO REGISTER COMPLAINT. CALL ENDED 9:28.

3:45 TRINITY

STILL NO RETURN CALL FROM TSC. NO RETURN CALL FROM DORI BOYLE.

WED JAN 18 8:13

GREEN ZONE

CAR ARRIVED 8:13. NO CALL AHEAD OF TIME. NO CALL WHEN HE GOT HERE. DIDN'T COME TO DOOR. I TOOK HER OUT. ASK WHO HE WAS & HE SAID GEORGE WITH GREEN ZONE. I HAD TO TAKE GLENN TO 2 DOCTORS APPTS & GOT HOME AT 2:30. HAD A MESSAGE FROM GEORGE AT GREEN ZONE THAT WAS LEFT AT 12:12. IT ONLY SAID TO CALL HIM. I RETURNED THE CALL AT 12:44. GOT HIS VOICEMAIL & LEFT A MESSAGE THAT I WAS RETURNING HIS CALL. AT 4:21 I RECEIVED A CALL FROM JANN AT THE ARC SAYING THAT THEY HAD RECEIVED A CALL FROM VEYO SAYING THAT THEY WOULD HAVE TO PICK

JILL UP AT 2:30 OR THEY COULDN'T PICK HER UP AT ALL. THEY ^(ARC)TOLD VEYD THAT JILL DIDN'T GET THROUGH UNTIL 4:30. I TOLD IAN THAT I WOULD COME & GET HER MYSELF. AT 4:26 I CALLED VEYD TO SEE WHAT WAS GOING ON. ~~TH~~ BECKY SAID JILL WAS SUPPOSED TO BE PICKED UP BY GREEN ZONE AT 4:30 & SHE WOULD CONTACT GEORGE TO SEE WHAT HAPPENED. I WAS THEN TOLD THAT GREEN ZONE HAD ONE VAN STUCK IN THE SNOW & THE OTHER ONE WAS BUSY. THEY ONLY HAVE 2 VANS. SHE (BECKY) SAID SHE WOULD SEND OUT AN EMAIL & SEE IF THEY COULD FIND SOMEONE TO PICK JILL UP. I TOLD HER TO JUST FORGET IT BECAUSE IT WAS NOW 4:30 & SHE NEEDED TO BE PICKED UP & THEY COULDN'T GUARANTEE ME THEY COULD FIND SOMEONE. I TOLD HER I WOULD GO GET HER MYSELF. I ARRIVED AT THE ARC AT 4:44 & WAS MET BY BOB WHO TOLD ME THAT SOMEONE HAD JUST PICKED UP JILL. HE WAS ON THE PHONE TRYING TO SOLVE TRANS PROBLEMS FOR ANOTHER CLIENT & ANOTHER STAFF PERSON ALLOWED JILL TO GO WITH THE VAN DRIVER WHO I FOUND OUT LATER WAS WITH IMPERIAL TRANSPORT. I DON'T KNOW WHAT TIME SHE GOT HOME BECAUSE I GOT CAUGHT IN THE TRAFFIC &

IMPERIAL TRANS DIDN'T GET HOME UNTIL 5:40.

NO RETURN CALL FROM GEORGE.

THU JAN 19

I TOOK HER CALLED VEYD AT 8:20 TO CHECK ON TRANS. THEY SAID GREEN ZONE WAS SUPPOSED TO PICK HER UP. THEY CONTACTED GREEN ZONE

(GREEN ZONE)
I THEN TOLD ME THAT THEY WEREN'T
WORKING TODAY BECAUSE OF THE WEATHER
I WAS TOLD THAT A DISPATCHER WAS SUPPOSED
TO HAVE LEFT A MESSAGE LAST NIGHT BUT
I NEVER RECEIVED ANY MESSAGE.
I TOOK SILL TO WORK I TALKED TO IAN &
ROB TO TRY TO FIND OUT WHAT HAPPENED
YESTERDAY AFTERNOON I WHY I WASN'T
NOTIFIED SOONER ABOUT THE PROBLEM. AS
USUAL THERE ARE NO ANSWERS.
CALLED DORI BOYLE AT 2:11 TO REGISTER A
COMPLAINT. CALL LASTED 17 MIN 39 SEC.
EXPLAINED TO HER WHAT HAD HAPPENED
THIS WEEK.
I PICKED HER UP IN THE AFTERNOON.

FRI JAN 20 9:05 GREEN ZONE REC CALL AT 8:09 FROM GEORGE WITH GREEN
ZONE. HE FELL ON THE ICE I HURT HIS ELBOW
SO HAS TO GO TO WALGREEN'S TO GET AN ICE
PACK. WON'T BE ABLE TO GET HERE UNTIL APT
9:00. ARRIVED 9:05. LATE FOR WORK
AGAIN.

CALLED TSC TO LET HER KNOW WHAT IS
GOING ON. SAID SHE WOULD CALL ME BACK.

3:38 GREEN ZONE NO RETURN CALL FROM TSC

MON JAN 23

I TOOK HER CALLED VEYD AT 8:21 ON HOLD 3 MIN. THEN TOLD
GREEN ZONE WAS SUPPOSED TO PICK HER UP. ON
HOLD ANOTHER 3 MIN I THEN TOLD GREEN ZONE
DIDN'T PICK UP THE TRIP SO THEY WOULD TRY TO
FIND SOMEONE ELSE. ASKED ME IF SHE COULD
SEE HER DOCTOR AT A LATER TIME. I TOLD HIM

IT WASN'T FOR A DOCTOR'S APPT, IT'S A STANDARD PICK UP 5 DAYS A WEEK FOR WORK. HE SAID THEY'D TRY TO FIND SOMEONE I WOULD CALL ME WHEN THEY HAD SOMEONE. 9 MIN CALL. NO WORD FROM VEYO SO CALLED AGAIN AT 8:52. ON HOLD FOR 2 MIN THEN GOT AGENT, AS I STARTED TO EXPLAIN THE SITUATION, I GOT CUT OFF. CALLED BACK, ON HOLD FOR 2 MIN. GOT AGENT I EXPLAINED WHAT WAS HAPPENING, THEN PUT ON HOLD FOR 3 MIN WHILE HE TRIED TO FIND OUT WHAT'S GOING ON. THEN I WAS TOLD THEY DIDN'T HAVE ANYONE BUT WOULD SEE IF THEY COULD FIND SOMEONE. I TOLD THEM TO JUST FORGET IT, SHE'S ALREADY LATE FOR WORK NOW I'LL JUST TAKE HER MYSELF. LATE FOR WORK AGAIN!! LEFT MESSAGE FOR CHRISTINE PISANI, IDA COUNCIL ON DEV DIS AT 9:55. REC CALL FROM TONI (ICDD) AT 3:04. EXPLAINED WHAT HAD BEEN GOING ON, SHE TOLD ME WHAT THEY WERE TRYING TO DO OR TO GET DONE. SHE DOESN'T THINK ANYTHING WILL BE RESOLVED VERY SOON BECAUSE IT'S A 3 YR CONTRACT. I PICKED HER UP IN THE AFTERNOON.

TUE JAN 24 8:30 TRINITY
4:05 TRINITY

CALLED VEYO AT 8:20 ON HOLD THEN TOLD DRIVER WOULD ARRIVE APT 8:30

WED JAN 25 HOME SICK

CALLED VEYO AT 8:00 TO CANCEL TRANS BECAUSE JILL IS SICK THIS MORN. ON

HOLD FOR 3 MIN. TOLD THEY COULDN'T RECALL THE
COMPANY BUT THEY LEFT A MESSAGE TO
CANCEL FOR TODAY.

ALL CITY SHOWED UP AT 8:20.

THU JAN 26 HOME SICK

CALLED VEYO AT 7:45 TO CANCEL TRANS.
THEY TOLD ME IT WAS CANCELED. AT 8:40
TRINITY TRANSPORT ARRIVED & SAID THEY
HAD NOT BEEN NOTIFIED.

IN THE LAST 45 DAY PERIOD (11-14-16 THRU 1-19-17)

I'VE HAD TO CALL VEYO 15 TIMES IN THE MORNINGS BECAUSE NO ONE HAD ARRIVED OR CALLED BY THE SCHEDULED PICKUP TIME

~~SIX~~^{SIX} TIMES SHE WAS PICKED UP AT 9:00 OR ABOUT THEN WHICH MADE HER LATE FOR WORK

FOUR TIMES SHE WAS NOT PICKED UP IN THE AFTERNOON

TWO TIMES SHE WAS PICKED UP BEFORE THE SCHEDULED TIME IN THE AFTERNOON

FOUR TIMES SHE DID NOT RECEIVE TRANSPORTATION BECAUSE OF WEATHER
NINE TIMES SHE ARRIVED HOME MORE THAN 30 MIN AFTER SCHEDULED PICKUP TIME (ARRIVED HOME AFTER 4:00 ON MON-TUE-THU-FRI OR AFTER 5:00 ON WED)

TRANSPORTATION WAS DENIED ON 12/1/16 BECAUSE THEY SAID SHE HAD A VEHICLE REGISTERED IN HER NAME. THEY HAD ONLY CHECKED FOR FIRST & LAST NAME & HADN'T BOTHERED TO USE MIDDLE NAME, INITIAL, ADDRESS OR BIRTHDATE. AFTER I WAS TOLD IT WAS AN ERROR & THE ISSUE WAS SETTLED I RECEIVED 4 LETTERS (2 ON 12/6/16 - 1 ON 12/9/16 - 1 ON 12/16/16 WHICH DENIED HER TRANS ON 12/1 - 12/2 - 12/6 - 12/9). THE LETTERS SAID THE TRANS WAS DENIED BECAUSE SHE "REFUSED APPROPRIATE MODE" WHICH I DON'T UNDERSTAND. SHE DIDN'T REFUSE ANYTHING.

I'VE SPENT NUMEROUS HOURS ON THE PHONE WITH VEYO, IDAMO MEDICAID, ARC & TSC & NOTHING IS IMPROVING. ALL I EVER GET IS APOLOGIES & EXCUSES

CALLING VEYO IS NOT A PLEASANT EXPERIENCE. AFTER ALL THE INITIAL INSTRUCTIONS & PUSHING BUTTONS YOU GET A DIFFERENT PERSON EVERY TIME. & YOU HAVE TO EXPLAIN THE SITUATION OVER & OVER AGAIN. IT IS VERY FRUSTRATING & EXHAUSTING.

VEYO KEEPS ASKING US TO CHOOSE A PREFERRED COMPANY BUT THAT IS HARD TO DO SINCE WE DON'T KNOW THE NAMES OF THE COMPANIES. IT WOULD BE HELPFUL IF VEYO PROVIDED US WITH A LIST OF ALL THE COMPANIES & MAYBE ASKED US TO CHOOSE A 1ST, 2ND & 3RD CHOICE. THEY NEED TO CHANGE THEIR METHOD OF DOING THINGS.

Frank Romeo, Pocatello, a previous certified medical driver in San Jose, CA

Some of the recommendations I would make are for the Idaho House and Senate to send representatives to investigate the method of operations of a program called Outreach in San Jose, California. The program in San Jose includes Medicare and Medicaid patients. I would recommend that these representatives look into the program with the mindset to get a program based on Outreach in the works in Idaho that would be efficient.

My second recommendation is that instead of having brokers have a program that handles Medicaid patients on a statewide basis, to do it on a regional basis. The dispatchers do not have a concept of the geography of Idaho.

The insurance required by the Health and Welfare Department on this year's program is \$2 million. No one required the cab companies in Pocatello to have more than the standard \$100,000 insurance required by the city of Pocatello to operate a cab company; I am unaware of the amount of insurance the transportation companies have. These cab companies do not have proper insurance; if they were in an accident where the passengers received severe bodily injury, then Idaho would be at risk for liability. Compounding the problem of potential liability is that the city of Pocatello does not require transport or cab companies to have a yearly safety inspection.

The present method of operations used by Veyo does not take into consideration or provide accountability for people not being picked up at all, or picked up late, or picked up early. Plus, the order takers do not update the information on the orders in such instances as when a wrong vehicle is sent to pick up people with specific needs: for example, a sedan was sent to pick up a woman in an electric wheelchair instead of sending a van with a lift.

Also, there is no accountability on the billing. A driver can put in erroneous information to the company—or the company can put in erroneous information on the billing with Veyo—and yet the ride has not been provided for the client: either in picking the client up or in the return trip. (I have documents attested to this situation). Overall, the system is very inefficient. I feel that the government is obligated to better the quality of life for citizens, and when a person becomes of an age when they cannot drive or they cannot drive because of a disability, their quality of life diminishes.

Thank you,

Frank Romeo

Thank you Senators and Representatives

My name is Darren Talley with White Tail Transportation in Priest River, Idaho

I represent the NEMT Providers who transport Idaho residents many with disabilities and special needs to their non-emergency medical appointments.

The NEMT Providers of the State of Idaho request that you legislators restore our funding back to 2009 levels.

In 2009 prior to the brokerage model being adopted NEMT Providers funding was \$7.67 PPPM (Per Participant Per Month).

In 2009 during the "Great Recession" Idaho State adopted the brokerage model and awarded AMR the brokerage contract at AMR's bid of \$7.04 PPPM.

AMR's contract allowed AMR to keep up to 25% of the PPPM and to try and run all the NEMT Providers on the remaining 75%.

This meant NEMT Providers went from \$7.67 across Idaho State to \$5.28 a 31% cut in revenue overnight.

In 2014 the NEMT Brokerage contract was again bid on and AMR was selected as the winning broker at \$7.00 PPPM.

Another cut in total finances.

NEMT Providers 75% of \$7.00 would mean we are now operating on \$5.25.

In 2016 the NEMT Brokerage contract was again bid on and VEYO was selected as the winning broker at \$6.59 PPPM.

Another cut in total finances.

One change in this contract states that the struggling NEMT Providers must receive 80% of the \$6.59 up from 75%.

NEMT Providers would now be operating on \$5.27 PPPM a 2 cent increase the first since 2009.

This is still 31% below our 2009 NEMT Provider funding.

Most businesses in Idaho could not withstand a 31% cut in revenue.

When the brokerage system was implemented many NEMT Providers immediately went out of business and many more struggled using all their life savings and retirement assets until they had to close down.

Have costs gone up for all businesses since 2009 – YES!

One example is our White Tail Transportation insurance has gone up 83% in just the past two years.

That is with a clean record and no insurance claims. It is just the insurance industry we are part of.

Have fuel prices fluctuated since 2009? Have vehicle purchase costs and maintenance gone up since 2009?

We are not asking for any inflation adjustment since 2009 unless you want to add that.

We are asking that you restore the NEMT Provider funding to \$7.67 that NEMT Providers received in 2009 prior to the brokerage system implementation.

Thank you.

Darren J. Talley
White Tail Transportation, Inc.

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NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES RRF1505 / IPRO RFP16000278 IDAHO

Pricing

Access2Care has a well-documented history of saving money in the NEMT program for the State of Idaho. Prior to Access2Care's award in 2010, Idaho reported NEMT cost in SFY 2009 of \$17,675,587 for an average of 191,960 monthly participants. This calculates to a PPM of \$7.67. Our initial PPM of \$7.04 was regarded as nonviable by our competitors, yet we were successful in providing the state \$6.3M in estimated savings from September 2010 through March 2014 when compared to the \$7.67 rate. In April 2014, we reduced our rate even further to \$7.00 PPM expanding our total savings to Idaho to total over \$10M before our contract ends in March 2016. We continue this tradition by further reducing our current rate by \$0.05 to \$6.95. This rate reduction coupled with our proposed rate increase to providers, all while continuing to operate a large call center operation in the State keeps more money in the State of Idaho and helps boost Idaho's economy. No broker is better positioned to partner with the State of Idaho than Access2Care.

Presented by:

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January 27, 2017

Chairs of the House and Senate Health and Welfare and JFAC Committees:

My name is Bill Benkula I am here representing the Idaho Association of Community Providers. This association represents community based Mental Health, Substance Abuse, Developmental Disabilities Agencies, Residential Habilitation providers and Targeted Service Coordinators.

In 2012 we worked both with the House Health and Welfare committee on HB260, and the Senate on changes that the department of Health and Welfare wanted to IDAPA 16.03.10.706.05. This is the code relating to paying the fee for service rates for the business entities. Various representatives of DD services now represented by this association and Vocational Service Providers worked with The department and Senator Heider to reach agreement between the Department and the community based service agencies affected by this change to IDAPA. These service agencies, agreed to support these changes if the Department agreed to some sideboards to the change in rule. These sideboards included 1. paying a fair livable wage to Direct Support staff and 2. using the approved reimbursement methodology for setting any new rates in the future commonly know nationwide as the "Brick Method".

During the last year, Supported Living Providers participated in the first rate study since 2007. From the beginning of this study we continued to insist that the approved method to set rates be used. It was not until the results were shared with us did the department acknowledge that they did not follow the approved "Brick Method" to establish these rates. We have several concerns with the way that the study was done and do not believe that it accurately represents the costs of offering these services and most certainly did not follow the approved "Brick Method". While these concerns must be addressed, our most prevalent concern is the proposed average wage for our Direct Support staff. The department has proposed that these critical employees be paid an average wage of \$10.19 per hour. To pay that as an average wage, this means we must either start someone less than \$10.19 to allow for some ability to pay someone else a little higher than the \$10.19 per hour or simply start folks at that wage and let them know that there is no option for wage increases. Agencies are reporting unprecedented staff turnover, and staff vacancies that remain unfilled. This proposed wage will simply not allow us to compete on the open market to hire and retain staff. It should be noted that the study did even identify the vacancies which results in not building in the rate the necessary overtime costs that we incur to fill these vacancies.

When this issue was brought to the department's attention in industry wide numbers, Director Armstrong asked to meet with us. I have provided each of you a letter we send to Director Armstrong earlier this month summarizing the discussion we had with him in person. In it we outlined the wages we are having to compete with to hire and retain direct support staff, turnover that average industry wide

at over 100% annually as well as supporting documentation from Theresa Cosca from National BLS and what BLS categories should be used.

The department finished receiving public comments on the State Plan Amendment that would allow the Division of Medicaid to change the rates based on this study and these wages if the Centers of Medicaid and Medicare Services approves the reduction. They received 40 sets of comments during the comments period. We sincerely hope that based on these comments the Division of Medicaid decide to hold off submitting the amendment until these flaws can be identified and rectified and that these rates include a reasonable Direct Support staff wage that will allow us as an industry to hire and retain staff.

We ask you to urge the division of Medicaid to hire a professional who is skilled in developing fee for services rates to validate their numbers prior to implementing the new rates. The Idaho Association of Community Providers are currently waiting to hear back from Director Armstrong as we offered solutions in our letter to current situation we find ourselves in. Depending upon his response we may be asking for some of Germaine Committee Chairs time to develop a more equitable rate setting process to be put into IDAPA. Thank you for your time and I stand for any questions.

Bill Benkula Past President, Legislative Chair IACP



January 12, 2017

Director Richard Armstrong
Deputy Director Lisa Hettinger
Idaho Department of Health and Welfare
PO Box 83720
450 W. State Street, 10th floor
Boise, ID 83720-0036

Dear Director Armstrong and Deputy Director Hettinger:

On behalf of the Idaho Association of Community Providers (IACP), we want to thank you for meeting with us last week to discuss the current challenges the home and community based services industry as a whole faces in hiring and retaining Direct Support Professionals. I hope you found the information we shared helpful. As an Association, we share your goal of continuing to partner in completing the cost study and in all efforts to ensure the best possible service provision and outcomes for Idaho's most vulnerable citizens.

In follow-up, we want to summarize for you the issues from our perspective. The primary issue impacting the future sustainability of Residential Habilitation service provision is the inability to hire and retain staff in a fashion that lends itself to high quality, safe and consistent supports for the people we serve. Workforce data for ten Residential Habilitation agencies was submitted to you and your staff during our meeting that demonstrated the alarming levels of staff turnover and employee vacancy rates within our industry.

- Turnover ranging 65% to 206% with an average of over 100% turnover for the reporting agencies.
- Direct Support Professional position vacancy rates consistently running 20 and 30%.

These levels are unprecedented in our history of service provision and require immediate action to address as the levels continue to rise year over year.

As shared in our meeting, we are competing for the same employee base with other industries such as retail, food service, and production. Below are BLS average wages for these occupational categories based on May 2015 data for Idaho:

- Waitresses \$9.48/hour
- Retail sales \$13.01/hour
- Production workers \$13.19/hour



We appreciated Ms. Hettinger's question as to why she is not hearing from skilled nursing facilities about similar staffing issues. It may be helpful to gather workforce data from those facilities to gain a better understanding of whether they have similar challenges. The Idaho Division of Human Services facilities providing the same services and support as Residential Habilitation agencies have the following pay rates based on June 2016 data:

- Therapy Tech \$13.66-24.40/hour
- Developmental Disabilities Technician \$11.70-20.89/hour

Based on BLS data for May 2015, skilled nursing and similar facilities pay the following average wages for Idaho:

- Nursing Assistant \$11.70/hour
- Psychiatric Technician \$15.11/hour

Based on the above wage data in addition to the agency workforce data, it is clear the Department proposed occupational category of Personal Care Aid and associated wage of \$10.19/hour used in the current study is insufficient to compete with the market and to begin to positively impact turnover and vacancy rates. From the beginning of the study, providers have consistently messaged that **the most important thing that we absolutely must get right in this study is the direct care staff wage**. Given the Department's continued pushback, IACP reached out directly to BLS representatives to seek clarity on the occupational category(s) most closely aligned with the duties and activities of Residential Habilitation Direct Support Professionals. IACP also formally requested that the Department meet with BLS and to share the specific IDAPA rules governing Residential Habilitation services. Following their review of IDAPA, BLS Lead Economist Theresa Cosca stated the BLS position in an email to Art Evans dated December 9, 2016. Please Reference Exhibit A for the specific BLS response. It should be noted that the BLS response aligns with what providers were messaging to the Department and Myers and Stauffer from the beginning of the study.

Following the response and guidance from BLS, IACP representatives put together a formal request to Matt Wimmer with supporting documentation comparing the duties and responsibilities of Residential Habilitation Direct Support Professionals, Personal Care Aides, Home Health Aides, and Psychiatric Aides. Please reference the letter dated December 21, 2016 included herein as Exhibit B.

While arguments can be made for which occupational category most closely aligns with the role of a DSP, **what is most important is not the occupational category itself but that we are able to agree on a wage for use in setting rates that will allow providers to hire and retain a stable and consistent workforce**. The current Department proposed wage does not meet that criteria as evidenced by the information submitted. Additionally, some providers are already paying average wages well in excess of \$10.19/hour.

We also have significant outstanding concerns about the validity of the overall cost study. The specifics of those concerns are outlined in the IACP public comments submitted in response to the draft Waiver



Amendment so we will not reiterate them here. A comparison of the results of the last rate study versus the currently proposed rates do not even make sense from a logical or common sense approach:

	<u>2007 Study</u>	<u>2017 Proposed</u>	<u>% Change</u>
Hourly Res Hab			
Group	\$8.28/hr	\$7.88/hr	-4.8%
Individual	\$20.68/hr	\$19.68/hr	-4.8%
High Support (24 hr)	\$248.40/day	\$236.16/day	-4.9%
Intense Support (24 hr 1:1)	\$496.56/day	\$472.32/day	-4.9%

No business from McDonalds to St. Lukes Hospital that was in operation in 2007 has **decreased** their costs or what they charge for goods and services ten years later. Across the board decreases in proposed Residential Habilitation reimbursement rates becomes even more illogical when one considers the significant additional costs incurred as a result of new federal mandates and changes in the market/economy that we have seen in that same timeframe. These changes include the Affordable Care Act, requirement to pay overtime per changes in DOL rules, and the continued increases in wages in order to attract employees in a market where unemployment rates continue to decline. Our Association and individual provider comments to the draft Waiver Amendment give the specific details around the significant flaws identified in the current cost study. Even in the absence of the obvious flaws as captured in the public comments, any logical individual, particularly any business person, would question the results based on the outcomes comparing 2007 to 2017.

In light of the highly questionable results of the current cost study, the Idaho Association of Community Providers cannot in good conscience agree with or accept the study as a valid representation of the costs of our services nor do we support the proposed rates. We are formally requesting that the Department go forward with one of the following two options:

Option 1: Contract with a third party independent consultant experienced in rate setting in a fee for service home and community based services system to review the process, methodology, and results utilized in the current study and provide consultation to the Department and Myers and Stauffer on needed changes to ensure validity of the study as well as adequacy of proposed rates. This will ensure that the identified concerns and known flaws in the current study are corrected.

Option 2: Start over with another cost study as soon as possible ensuring that the study is completed in alignment with a valid rate methodology as evidenced by use in multiple states and approved by CMS. Ensure all provider costs are vetted by independent review of provider Profit and Loss statements to ensure accuracy of cost data. It should be noted that this step was not completed by Myers and Stauffer.

In our discussion last week, we briefly touched on circumstances that should trigger another cost study. In follow-up, we wanted to share the same triggers and timelines that we suggested in prior correspondence with Department representatives. Per Mr. Wimmer's request, the IACP submitted a letter to Mr. Wimmer, dated September 19, 2016, with the following proposed list of triggers and timelines for revisiting the cost study and rates:



We recommend the following items as triggers:

- *Any regulatory federal or state changes/mandates including, but not limited to:*
 - *Minimum wage increases*
 - *Department of Labor regulations*
 - *ACA compliance*
 - *IDAPA*
 - *Medicaid*
 - *3% increase from the direct care staff wage basis used in the most recent cost study. This could be triggered by changes in minimum wage or changes in the competitive environment.*

We recommend the rate study be completed upon each trigger and no less than every 5 years.

Based on the above recommended triggers, we are due to complete another study as a minimum of two significant changes have occurred that were not fully captured or accounted for in the data collected by Myers and Stauffer as follows: (1) Change in Department of Labor regulations requiring providers to pay overtime effective January 1, 2016, (2) Wage increases implemented by multiples agencies throughout 2016 in an effort to combat staffing shortages. For this reason, we would request that the Department proceed with Option 2 as outlined earlier in this letter. Despite which option is chosen, we would request that the current rates continue until either the current study is corrected and validated by an outside entity or a new rate study is completed entirely. Providers are appreciative of the Department's decision to not go forward with recoupment for any rates that are 5% or more below prior rates. In the same token, as a provider group, we are open to the Department not having to provide any back pay to providers should proposed future rates come out 5% or higher than prior rates.

As you know, JVGA was the third party consultant selected for the 2007 Idaho rate study. JVGA had completed rate work in Delaware, Florida, California and Montana prior to doing the work for Idaho. During the last 10 years, JVGA has also done rate work in Oregon, New York, New Jersey and North Dakota and is currently working in Maryland. JVGA has a solid history and experience in developing rates for home and community based services for individuals with developmental disabilities. For this reason, the Provider Association is formally requesting that JVGA be utilized in either of the two options suggested earlier in this letter. Based on prior work in Idaho, JVGA knows our services and can educate the provider industry, the Department, and Meyers and Stauffer on the specifics of doing a fee for services cost study. Of note, JVGA has worked under contract with Meyers and Stauffer in the State of New Jersey. Doing the same here would alleviate Ms. Hettinger's concern about having to offer a Request for Proposals and perhaps ending up with an unknown entity. We know that this has been done in other circumstances within the state of Idaho as evidenced by the Attorney General's office subcontracting with Bracke and Associates to facilitate the issues associated with the K.W. versus Armstrong case.

In closing, representatives of the Association look forward to your response to our concerns and the two options offered as solutions. We would request your formal written response no later than the end of



January 2017. As evidenced by our actions to date, we are committed to partnering with the Department in our united efforts to ensure quality, accessible, and sustainable services to individuals with developmental disabilities across Idaho.

Respectfully Submitted on Behalf of the IACP,

Becky Novak

Becky Novak
IACP Vice-President

Bill Benkula

Bill Benkula
Immediate Past President

Teronda Robinson

Teronda Robinson
IACP Secretary

Cc: Jim Baugh, Disability Right Idaho
Christine Pisani, DD Council
Angela Lindig, Idaho Parents Unlimited
Sen. Lee Heider
Rep. Fred Wood
Sen. Shawn Keough
Rep. Maxine Bell
Mike Skelton, Consortium for Idahoans with Disabilities

Exhibit A

From: "Cosca, Theresa - BLS" <Cosca.Theresa@bls.gov>
Date: December 9, 2016 at 5:11:56 AM PST
To: "kelly@westcaremgmt.com" <kelly@westcaremgmt.com>
Cc: "Rust, Rebecca - BLS" <Rust.Rebecca@bls.gov>, "Salmon, Laurie - BLS" <Salmon.Laurie@bls.gov>, SOC <SOC@bls.gov>, "Arthur.Evans@dhw.idaho.gov" <Arthur.Evans@dhw.idaho.gov>
Subject: RE: Direct Support Professional Classification Question

Dear Kelly Head,

The Standard Occupational Classification (SOC) information desk at the Bureau of Labor Statistics (BLS) received some feedback regarding the recommendation we previously provided to you in response to your email below to the BLS Commissioner.

On October 5, 2016, I responded to your inquiry and stated that "based on the duties you describe, these workers would be classified in SOC 31-1011 Home Health Aides." At this time, I would like to reiterate that the response provided was based solely on the information contained in the email and is in accordance with the 2010 SOC Classification Principles and Coding Guidelines. The Classification Principles form the basis on which the SOC system is structured. The Coding Guidelines are intended to assist users in the federal statistical agencies in consistently assigning SOC codes and titles to survey responses and in other coding activities.

Warranting specific mention in this case are Classification Principles 1 and 2 as well as Coding Guideline 2. Classification Principle 1 states that "Each occupation is assigned to only one occupational category at the lowest level of the classification." Classification Principle 2 states that "Occupations are classified based on work performed and, in some cases, on the skills, education, and/or training needed to perform the work at a competent level." Coding Guideline 2 states that "When workers in a single job could be coded in more than one occupation, they should be coded in the occupation that requires the highest level of skill. If there is no measurable difference in skill requirements, workers should be coded in the occupation in which they spend the most time." The full list of 2010 SOC classification principles and coding guidelines are available on the SOC website at: <http://www.bls.gov/soc/home.htm>.

With that being said, given additional information regarding specific activities of workers with a job title such as 'direct support professionals' it is possible that these workers could be coded elsewhere including **31-1013 Psychiatric Aides** and **39-9021 Personal Care Aides**, in addition to **31-1011 Home Health Aides**. It is up to customers using the SOC for non-statistical purposes, who will have considerably more information than was provided to BLS, to review the various detailed definitions for the SOC codes and determine which best matches the work being performed by the individual being coded, in light of their own program and policy purposes. Such users are not limited to following the above classification principles and coding guidelines used by federal statistical agencies. For example, users may develop their own policies concerning workers that meet the definition of two or more occupations.

Please also keep in mind that the SOC was not designed for non-statistical purposes. Frequently Asked Question (FAQ) number 13 found within the 2010 SOC User Guide states the following:

The 2010 SOC was designed solely for statistical purposes. Although it is likely that the 2010 SOC also will be used for various non-statistical purposes (e.g., for administrative, regulatory, or taxation functions), the requirements of government agencies or private users that choose to use the 2010 SOC for non-

statistical purposes have played no role in its development, nor will OMB modify the classification to meet the requirements of any non-statistical program. Consequently, the 2010 SOC is not to be used in any administrative, regulatory, or tax program unless the head of the agency administering that program has first determined that the use of such occupational definitions is appropriate to the implementation of the program's objectives.

The 2010 SOC is used by various federal statistical agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data. Therefore, recommendations on classification provided by the SOC information desk are not to be interpreted as policy directives, but rather guidance on where statistical data collectors and users of statistical data can find workers who perform a specific set of work activities. Please contact us again if you have any additional questions regarding the SOC.

Sincerely,

Theresa Cosca, Lead Economist
Bureau of Labor Statistics
SOC Information Desk

Exhibit B



December 21, 2016

Matt Wimmer
Deputy Administrator
Division of Medicaid
Idaho Department of Health and Welfare
3232 Elder Street
Boise, ID 83705

Re: Comparison of IDAPA requirements of multiple potential BLS Occupational Categories

Dear Mr. Wimmer,

In several meetings that have occurred since December 2015, the Department has insisted that the BLS Occupational Category of Personal Care Aide most clearly represents the rule required services and expected outcomes of supported living. The Idaho Association of Community Providers (IACP) has consistently refuted this assertion and finds that there are no grounds founded in rule to conclusively support this category. The Department has conceded that there is not one occupational category that conclusively meets all the requirements of the services in question. The IACP similarly agrees that there is not one BLS Occupational Category that accurately summarizes all the requirements put forth in IDAPA.

Per request of the Department and IACP, representatives of the Bureau of Labor Statistics reviewed the IDAPA rules that outline the responsibilities of direct care staff delivering Supported Living services and made a recommendation on the BLS occupational category(s) which most closely align with the duties and activities of Supported Living direct care staff (i.e. Direct Support Professional). In an email dated December 9, 2016 BLS Lead Economist Theresa Cosca stated the following regarding the duties and activities of Supported Living direct care staff (i.e. Direct Support Professionals) and the BLS occupational categories that align with the staff role:

“given additional information regarding specific activities of workers with a job title such as ‘direct support professionals’ it is possible that these workers could be coded elsewhere including 31-1013 Psychiatric Aides and 39-9021 Personal Care Aides, in addition to 31-1011 Home Health Aides. It is up to customers using the SOC for non-statistical purposes, who will have considerably more information than was provided to BLS, to review the various detailed definitions for the SOC codes and determine which best matches the work being performed by the individual being coded, in light of their own program and policy purposes.”

Bureau of Labor Statistics Classification Principles and Coding Guidelines, 2010 SOC state, and Theresa Cosca confirms in the above stated email, the following:

- 1) BLS Classification Principle 1 states that “Each occupation is assigned to only one occupational category at the lowest level of the classification.”
- 2) BLS Classification Principle 2 states that “Occupations are classified based on work performed and, in some cases, on the skills, education, and/or training needed to perform the work at a competent level.”
- 3) BLS Coding Guideline 2 states that “When workers in a single job could be coded in more than one occupation, they should be coded in the occupation that requires the highest level of skill. If there is no measurable difference in skill requirements, workers should be coded in the occupation in which they spend the most time.”

The attached table captures the differences between the BLS recommended occupations of Home Health Aide, Personal Care Aide, Psychiatric Aide, and Supported Living Services direct care staff. As noted in the attached table, while all three categories capture elements of the Supported Living direct care staff role, the occupation which most closely aligns with the responsibilities of direct care staff is Psychiatric Aide. In keeping with BLS Principle #2, this category should be chosen as the basis for determining the direct care staff wage in the rate calculation. IACP is formally requesting use of the category in determining future reimbursement rates for Supported Living services.

If the Department finds this recommendation unsatisfactory, IACP would be open to considering a blend of the 3 occupations at the following weights based on match to responsibilities as captured in the table:

- Psychiatric Aide 43%
- Home Health Aide 28.5%
- Personal Care Aid 28.5%

The resultant wage based on this weighting is \$11.57 prior to inflation.

In addition to those responsibilities that align with Psychiatric Aide, Home Health Aide, and Personal Care Aide, Supported Living direct care staff are required to provide skills training and behavior management/shaping, which is a duty above and beyond any of the other categories and should serve as the impetus for a wage basis at or above these three categories.

As a provider association, we continue to urge the Department to take into account the consistent input and feedback providers have given regarding the wage basis throughout the rate study process that to date has been ignored. As providers, we are intimately familiar with the day to day duties of providing supported living services. Our recommendations are now also supported by the response from the Bureau of Labor Statistics following their review of IDAPA rules for Supported Living services.

We formally request that the Department’s basis for direct care wages accurately capture the responsibilities of the position as well as lead to a wage rate that will allow providers to recruit and retain adequate staff who can carry out the required responsibilities of the job.

On behalf of Idaho Association of Community Providers,

Shaun Bills
IACP President

Becky Novak
IACP Vice-President

Bill Benkula
Immediate Past President

BLS Occupational Category Skills and Outcomes Weighting

Category	IDAPA Requirements for Supported Living	Home Health Aide	Personal Care Aide	Psychiatric Aide
BLS Wage (based on 2015 BLS data)	** \$11.57 recommended wage before inflation.	\$10.44	\$9.73	\$13.55
Weighting*		28.5%	28.5%	43%
Description	01. Residential Habilitation. Residential habilitation services consist of an integrated array of individually tailored services and supports furnished to eligible participants. These services and supports are designed to assist the participants to reside successfully in their own homes, with their families, or in certified family homes. The services and supports that may be furnished consist of the following.	24. Homemaker/Home Health Aide. A person who has successfully completed a basic prescribed course or its equivalent and has been placed on the Home Health Aide Registry by the state of Idaho, Board of Nursing. (IDAPA 16.03.07.002.24)	03. Personal Care Services (PCS). A range of medically-oriented care services related to a participant's physical or functional requirements. These services are provided in the participant's home or personal residence, but do not include housekeeping or skilled nursing care. (IDAPA 16.03.10.301.03)	Assist mentally impaired or emotionally disturbed patients, working under direction of nursing and medical staff. May assist with daily living activities, lead patients in educational and recreational activities, or accompany patients to and from examinations and treatments. May restrain violent patients.
BLS Description	a. Habilitation services aimed at assisting the individual to acquire, retain, or improve his ability to reside as independently as possible in the community or maintain family unity. (IDAPA)	Home health aides help people with disabilities, chronic illness, or cognitive impairment with activities of daily living. They often help older adults who need assistance. In some states, home health aides may be able to give a client medication or check the client's vital signs under the direction of a nurse or another healthcare practitioner.	Personal care aides help clients with self-care and everyday tasks. They also provide social supports and assistance that enable clients to participate in their communities.	Psychiatric technicians and aides care for people who have mental illness and developmental disabilities. Technicians typically provide therapeutic care and monitor their patients' conditions. Aides help patients in their daily activities and ensure a safe, clean environment.
Self-Direction	i. Self-direction, including the identification of and response to dangerous or threatening situations, making decisions and choices affecting the individual's life, and initiating changes in living arrangements or life activities	No requirements outlined in rule.	No requirements outlined in rule.	Self-direction addressed as a stabilization tool for community reintegration. Emphasis placed on making and initiating changes to allow for a stable residential setting.
Financial	ii. Money management including training or assistance in handling personal finances, making purchases, and meeting personal financial obligations	No requirements outlined in rule.	Money management habilitation skills training outcomes not required. "Shopping for groceries or other household items" assistance is included in personal care aid services.	No requirements outlined.
Daily Living Skills	iii. Daily living skills including training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, self-administration of medications, and other areas of daily living including proper use of adaptive and assistive devices, appliances, home safety, first aid, and emergency procedures	Daily living skills trainings is not an anticipated outcome. Less prescriptive requirements outlined in Home Health IDAPA intended to simply provide this service in lieu of the individual served learning this skillset.	Daily living habilitation skills training outcomes not required. Assistance in these same categories is a component of personal care aide services.	Daily Living Skills training not an anticipated outcome from service provision. Assistance in these categories is provided. Oversight is generally provided by an RN
Socialization Training and Assistance	iv. Socialization including training or assistance in participation in general community activities and establishing relationships with peers with an emphasis on connecting the participant to his community. (Socialization training associated with participation in community activities includes assisting the participant to identify activities of interest, working out arrangements to participate in such activities and	The Home Health Service does reinforce delegated tasks as an extension of therapeutic services but do not have behavior shaping or habilitative outcomes tracked or assessed by the service provider. Less prescriptive Requirements Outlined in Home Health IDAPA.	No requirements outlined in rule.	Community based socialization through therapeutic care intended to result in successful reintegration into a community setting. Long-term independence through training is not an anticipated outcome.

BLS Occupational Category Skills and Outcomes Weighting

	identifying specific training activities necessary to assist the participant to continue to participate in such activities on an on-going basis. Socialization training does not include participation in non-therapeutic activities which are merely diversional or recreational in nature)			
Mobility and Community Access	v. Mobility, including training or assistance aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or movement within the community	Much more limited in scope. Intended to access opportunities for ambulation and exercise. Defined in requirements outlined in Home Health IDAPA.	Mobility and Community Access training outcomes not required. Similar Requirements Outlined in Personal Care IDAPA.	Limited therapeutic care provided for basic understanding of community access to support re-integration into the community.
Behavior Shaping	vi. Behavior shaping and management Includes training and assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially appropriate behaviors; or extension of therapeutic services, which consist of reinforcing physical, occupational, speech and other therapeutic programs	No requirements outlined in rule.	No requirements outlined in rule.	Behavior interventions such as restraints of violent patients and other therapeutic based outcomes expected. An emphasis on stabilization. Behavior shaping and management not an expected outcome.
Personal Assistance	b. Personal Assistance Services necessary to assist the individual in daily living activities, household tasks, and such other routine activities as the participant or the participant's primary caregiver(s) are unable to accomplish on his own behalf	Similar Requirements Outlined in Home Health IDAPA.	Similar Requirements Outlined in Personal Care IDAPA.	Basic personal assistance services necessary to assist individual served while awaiting community re-integration.
Skills Training	c. Skills training to teach waiver participants, family members, alternative family caregiver(s), or a participant's roommate or neighbor to perform activities with greater independence and to carry out or reinforce habilitation training. Services are focused on training and are not designed to provide substitute task performance. Skills training is provided to encourage and accelerate development in independent daily living skills, self-direction, money management, socialization, mobility and other therapeutic programs	No requirements outlined in rule.	No requirements outlined in rule.	No requirements outlined in rule.

green represents a demonstrable equality of requirements among rule set or best representation of service.

yellow represents a partial match to the requirements for the Supported Living direct care staff role

* The table shows the following

- 6 category matches for Psych Aide (6 divided by 14 = 43%)
- 4 category matches for Home Health Aide (4 divided by 14 = 28.5%)
- 4 category matches for Personal Care Aide (4 divided by 14 = 28.5%)

BLS DATA Idaho Wages			
Title	Wage	Weight	
HHA	10.44	0.285	2.98
PCA	9.73	0.285	2.77
Psych Aide	13.55	0.43	5.83
**			11.57

January 27, 2017

Dear Mr. Chairman and members of the committee,

My name is Nicole Sherwood. I am a Professional in the Developmental Disability Community and I also reside in Boise Idaho. I am providing a testimony to raise awareness regarding the cost study of Supported Living/Residential Habilitation Services that was completed in the spring of 2016. Providers attempted to work in partnership with the Department and Meyers and Stauffer with the expectation that the cost study would continue with the Brick Model methodology (formerly known as the Arizona model) that was previously approved in 2008. However, a deviation from the Brick Model Method occurred and an alternate method was chosen by the Department and was implemented but has yet to be validated. The results proposed from the alternate method used in the cost study does not accurately reflect the costs of direct care staff nor the program related expenses to provide safe, individualized, and quality level of services to individuals with developmental disabilities who show a medical necessity for the level of care that supported living offers. There is great concern that with the proposed rates access issues will be created.

Currently, the state of Idaho is very fortunate to be able to offer a variety of home and community based services to individuals with developmental disabilities which promotes independence and community integration. As providers continue to strive for participants to have full access to benefits of community living there are some concerns with proposed implementations that will affect access to services, quality of services and participant choices. Specifically for participants who receive supported living there are many concerns with the accessibility to services due to the proposed rate methodology that is being presented to take place in April of 2017. Currently, there are multiple situations where individuals receive 1:1 supported living services in order to meet participant needs and to promote participant choice. Such scenarios include but are not limited to individuals choosing to live alone in their own home, choosing a roommate who receives a different level of service (such as Intense or limited hourly supports), participants who don't want to attend the same activities as their roommate(s), behaviors, and medical concerns. These scenarios occur on a daily basis and providers are faced with many barriers to meet participant needs and still be able to meet the demands of business operations.

If a provider pays direct care staff \$7.75/hour for a 24 hour period there is only \$50.16 remaining (less if the hourly wage is raised to \$10.19 which is what the department is proposing) per the proposed reimbursement rate (\$236.16/day) from the spring 2016 cost study. Remaining costs consist of completing functional assessments, writing program implementation plans, reviewing monthly data, reviewing incident reports, observing participants to ensure needs are being met, pill counts, training staff, collaborating with other providers, assisting with behavior management, and on-call supports outside of an agency's normal business hours. Then there are costs such as workman's compensation, health insurance coverage, training costs, and costs that keep an office up and running. The expectations of providers have not decreased with the proposed rate cut and this will likely result in larger caseloads as a means to offset the expenses that are not accounted for in the rate cut. Larger caseloads would significantly impact the quality of care that participants will receive. Our agency typically sees an increase in incident reports when Qualified Intellectual Disabilities Professionals (QIDPs) and house managers/trainers have less availability (due to providing direct care themselves as a

result of multiple open shifts or attending participant's medical appointments). As a Targeted Service Coordinator (TSC) I have also seen the same patterns with participants who receive supported living from other providers. With the consistent pattern it can be projected that the frequency of behaviors will also increase if the caseloads for QIDPs increase as QIDPs have now had higher demands placed on them and less availability for participants.

Considering a reimbursement rate that would account for competitive direct care staff wages (which is of high importance to be able to higher and retain staff), administration costs, and general costs would be better supported. When considering the direct care wage it is important to consider the expectations that direct care staff need to uphold and present a wage that is competitive to other such employment opportunities opposed to entry level positions that require less training and expectations that are required throughout a shift. Supported Living direct care staff are responsible for implementing skill training goals, assist in behavior management, transport participants to appointments and activities, assist with medications, assist with household tasks, document services provided (via data collection, activity logs, and incident reports), and attend required trainings. The job description for the direct care staff seem to have similar responsibilities of a personal care aide, home health aide, and psychiatric assistant (please refer to the attached job descriptions for comparison). Without a competitive wage to offer direct care staff, house managers/trainers, and QIDPs providers will continue to face an alarming rate of open shifts, high staff turnover, and high levels of overtime pay which directly impacts the supports and services to individuals with developmental disabilities.

There is hope that with continuing awareness and by providing community based supports, every individual including those with a Developmental Disability, will have the opportunity to live independently. I am hopeful the issues related to appropriate funding for supported living services can be resolved to the satisfaction of the state, providers, and the participants that receive the service if further review of Idaho's rate study occurs, another cost study is completed and the rate methodology is validated.

Thank you for your consideration and your time.

Respectfully,

Nicole Sherwood, Quality Assurance Specialist and Targeted Service Coordinator.

Developmental Concepts, Inc.

8150 W. Emerald Suite 100

Boise, ID 83704

208-866-8588

nsherwood@dcidaho.com

Rate study comparison of Hourly Supported Living/Residential Habilitation

	<u>2007 Rate Study</u>	<u>2016 Rate Study</u>
Group	\$8.28/hour	\$7.88/hour
Individual	\$20.68/hour	\$19.68/hour
High Support (24 hour support)	\$248.40/day	\$236.16/day
Intense Support (24 hour 1:1 support)	\$496.56/day	\$472.32/day

**There is a great amount of concern that the 2016 rate study shows a decrease in rate reimbursement when the cost of living has gone up over the last 10 years. In addition, no business that was in operation in 2007 has decreased their costs or what they charge for goods and services 10 years later.

Current Temporary Reimbursement Rates For Supported Living

H2015		Individual Supported Living (1 unit = 15 Minutes)	\$5.69
H2015	HQ	Group Supported Living (1 Unit = 15 Minutes)	\$2.28
H2016		Daily Supported Living Services Intense Support (1 Unit = 1 Day)	\$455.02
H2016		Daily Supported Living Services Intense Support School Based, School Days (1 Unit = 1 Day)	\$360.21
H2022		Daily Supported Living Services High Support (1 Unit = 1 Day)	\$273.13
H2016		Daily Supported Living Services High Support School Based, School Days (1 Unit = 1 Day)	\$216.23

BLS Categories that align with supported living direct care staff job description:

**BLS Wages data taken from May 2015*

- **31-1011 Home Health Aid:** Provide routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to the elderly, convalescents, or persons with disabilities at the patient's home or in a care facility. Monitor or report changes in health status. May also provide personal care such as bathing, dressing, and grooming of patient.
 - \$11 (Mean)
 - \$10.54 (Median)
 - \$11.96 (75th percentile)
 - \$10.44 (Idaho)

- **31-101. Psychiatric Aid:** Assist mentally impaired or emotionally disturbed patients, working under direction of nursing and medical staff. May assist with daily living activities, lead patients in educational and recreational activities, or accompany patients to and from examinations and treatments. May restrain violent patients. Includes psychiatric orderlies.
 - \$13.55 (Mean)
 - \$12.59 (Median)
 - \$15.67 (75th percentile)
 - No ID specific data

- **31-1014 Nursing Assistants:** Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients.
 - \$12.89 (Mean)
 - \$12.36 (Median)
 - \$14.68 (75th percentile)
 - \$11.70 (Idaho)

Idaho Division of Human Services

- **07798 Developmental Disabilities Technician:** To provide therapeutic training services and personal care for clients with intellectual disabilities; perform housekeeping activities; perform related work. Employees in this class work directly with individuals who have an intellectual disability and
 - \$11.70-20.89 (June 2016)

BLS average wages for entry level occupational categories that supported living providers are competing with:

** Based on May 2015 data for Idaho*

- Waitresses \$9.48/hour
- Retail Sales \$13.01/hour
- Production workers \$13.19/hour

Testimony for Joint Listening Session
Senate and House Health & Welfare Committees
January 27, 2017

Emily Allen
Idaho Asset Building Network
Boise, Idaho

Chairman Heider, Chairman Wood, and Members of the Committee,

Good morning. My name is Emily Allen and I am an intern at the Idaho Asset Building Network, an initiative focused on advancing family financial well-being in our state. While my internship is part of my curriculum, I am also a full-time Master's in Social Work student at Boise State. Given my specific educational training and my experiences with the Idaho Asset Building Network, I have a unique perspective while examining the status of healthcare in the state of Idaho.

One of the most rewarding parts of my internship is getting to speak directly with Idahoans who have once fallen into or are currently in the coverage gap and are uninsured. The "coverage gap" is a term used to describe 78,000 adults in Idaho between the ages of 18 and 64 who have no access to affordable health coverage. Idahoans in the gap do not qualify for traditional Medicaid and earn too little to qualify for assistance through the Your Health Idaho Insurance marketplace. The spectrum of folks who are affected by the coverage gap is broad. Some suffer from chronic illness and are unable to work. Some have experienced an unexpected medical emergency resulting in debilitating medical debt. Some have foregone necessary follow-up care due to costs they cannot afford.

Many of the 78,000 Idahoans in the healthcare coverage gap are working parents in low-wage jobs and small business owners. Almost every parent I've spoken with has had to make a terrible choice like deciding to purchase their prescriptions OR putting food on the table for their kids. These are entrepreneurs, service providers, and laborers like those we rely on to care for our children, cut our hair, clean our office buildings, grow our food.

Through these conversations, I have recognized a theme: they are not angry. Those who share their story with me are people who are always thinking about how they might help the next person who falls into the gap. They implore legislators to close the gap, but the part of their message they always emphasize is that they are hardworking people who want to be healthy so that they can give back to their communities and provide for their families.

The School of Public Service at Boise State's 2017 Idaho Public Policy Survey reported that over 70% "of Idahoans scored healthcare at least an 8 when asked how important it was on a

scale of 1-10 for the state legislature to address.” Three quarters of those surveyed favor closing the health care coverage gap. Now, I get it. With the new administration and change in Congress, the game has changed. But the stakes are still the same in Idaho--78,000 Idahoans are still suffering in the coverage gap and some will die because they do not have access to affordable health care.

Prioritizing and protecting our families is an Idaho value. In my experience, what I have found in my conversations confirm this. The folks I talk to about their experiences in the gap are most worried about their children and loved ones. They are the best kind of Idahoans. They are faithful, incredibly resilient and creative problem solvers. They are business owners. They love their communities and are the best kind of neighbors you could want. Most of all, these are family-oriented people who are making the best possible decisions for their families everyday.

We are a state that prides ourselves in always doing what’s best for Idahoans. I ask that you consider the coverage gap issue a crisis that needs your urgent attention. Take action to increase access to comprehensive health coverage for the hardworking uninsured families in Idaho this legislative session.

Thank you.

Members of the Joint Health and Welfare Committee

January, 27, 2017

I stand before you today first as a family member. I have 2 nephews who have Type 1 diabetes. I have watched as they have grown into fine young men. The oldest has a son of his own. Last year his son was diagnosed with an aggressive form of leukemia. He and his family have spent significant amounts of time in children's hospitals in Seattle and Spokane for treatment. Recently, we learned that his numbers look good and for the time being we are hopeful. From a practical standpoint this means that my nephews all have preexisting conditions and that without the Affordable Care Act they will be unable to access insurance and by extension health care. Without this care their prognosis, like so many in Idaho without current access to care, is grim indeed. Please let Congress know that Idaho does not support the repeal of the Affordable Care Act without a meaningful replacement. Please make this the year that Idaho closes the Medicaid Gap.

Second, I come as a mental health professional. I wish to mention the ongoing administrative burdens that have been created by the contractors that have been created by the contractors that have been hired by the Department. The contracts with both DPTum and Veyo are leaving our clients without access to care. Small agencies and rural communities experience a disproportionately effect when administrative burdens and unreasonable restrictions are placed on clients' access to care.

Friday, January 27, 2017
H&W Listening and Advocacy Day
Idaho Legislature
Testimony
Judy Cross

Senator Heider, Representative Wood, and Members of the Joint H&W Committee.
Thank you for holding this session to listen and gather information from your people.

My name is Judy Cross. I am a nurse, a Clinical Nurse Specialist, as well as the President of the Board of Directors for The Interfaith Alliance of Idaho. As a healthcare professional, I am deeply interested in issues affecting the health and wellbeing of our citizens. My colleagues and I, at the Interfaith Alliance, feel a strong moral obligation to speak up in support of legislation that would improve the health and care of our citizens.

We eagerly followed the legislative workgroup that met between sessions, and had great hope that a strong recommendation would emerge from the deliberations there. Your honest and diligent work brought hope. Now it is time to act upon that.

We believe that legislation to provide comprehensive health coverage with a complete Idaho-based solution is imperative! Thanks to the hard work of the interim legislative workgroup, promising headway was made toward this goal. Please don't waist all the time and energy that went into that effort. Studies and stats were presented that showed: with preventive care and client involvement in their own care, hundreds of lives can be saved every year. By putting our tax dollars to work, along with expansion of Medicaid dollars, we can build a much more healthy citizenry who will, in turn, build a stronger economy for future generations.

There are some problems with the current system which can be corrected. *For example, my son-in-law has insurance coverage through his work, but the cost of adding my daughter and granddaughter is prohibitive, and they found they made \$51 too much to qualify for Medicaid, but not enough to qualify for subsidy. Such glitches can be identified and corrected to meet the intent of legislation.* A more efficient and cost effective health system can be created, that could also eliminate the very costly state and county indigent programs, by spending our tax dollars wisely and utilizing federal dollars available to us.

We should NOT wait to see what happens in Washington, DC! Regardless of the Administration, I have faith that our Senators and Representatives there will try to work with integrity to bolster a patient-centered health system. YOU, however, have the power and the ability to creatively increase access to coverage. YOU have the responsibility to use the work already done to move forward with integrity for your constituents. Please show that you have the courage and integrity to do the right thing that will save lives, save money, and improve health for generations forward.

As a healthcare professional, and a person of faith and conscience, I truly believe that promoting optimum health for all Idahoans, MORE THAN ANY OTHER FACTOR, will support our children's ability to learn, will foster educated and safe health practices for our adolescents, will ensure productivity for hard working Idaho adults, and will increase the independence and longer term health of our aging population.

Thank you very much for your attention and consideration.

Public Testimony to H&W Legislative Committees at a Listening
Session Jan. 27, 2017

Hi, my name is Robert Gehrke, (Bob) and I am from Pocatello. I am also the Chair of the Recovery Support Services Subcommittee of the Region 6's Behavioral Health Board as a volunteer. I also have a daughter, Julie, who is 50 yrs old and severely mentally disabled since she was 1yr old due to epilepsy and intellectual disability. She lives in an ICF in Nampa Idaho and her care is provided by the state and federal governments through Medicaid and Medicare. Mary and I are eternally grateful for her care that after 9 years we could not continue the 24/7 intense care required. However, today, I am here to focus on the need for those released from local jails or the state penitentiary.

If Idaho is to succeed in its Criminal Justice Reform efforts and return those released to community life as productive members of society, they need to be provided continuing medical care.

Further, it is essential to reduce the cost to our state due to the high populations in jails and prisons due to nonviolent offenders incarcerated due to drug abuse and mental health issues. The only way we will be able to reduce recidivism by our ex-incarcerated is to ensure that the medical care they received in prison continues when they are released. Once released, this is not a County's or State's responsibility nor do they have the budget to do this. We need to expand Medicaid with no waivers this session even realizing that Obama Care will be repealed.

The reason I state no waivers is that they would just delay implementation and again Idaho would be left without any health care support. When the new health care law is passed by Congress and signed by the President, Idaho will be in the best

position to continue health care coverage to those in the gap including released prisoners.

I ask that you give this proposal serious consideration and pass Medicaid expansion. It will be at the earliest a couple of years before a new health care bill is written and passed through Congress and signed by the President and another year at best to implement it. Don't leave Idaho again without this needed comprehensive health care.

Sincerely,

Robert Gehrke
2279 Jacqueline Ln
Pocatello, Idaho
Cell: 208-680-4766

P.S. Our Bannock County jail requires an annex to meet regulatory requirements. The requested levy to the public last year for about \$16 million dollars for an annex and for repairs to the present jail failed largely due to the present tax burden in our county.

Thu 1/26/2017

Hello Committee Members,

I've reviewed the PCAP that was proposed in 2016 by Otter; I find many parts of it disturbing;

- 1st) An eligibility requirement of income at \$1000/month or less would not include anyone who had a mortgage or paid rent as that one bill alone would take the entire income after taxes.
- 2nd) The "must be pro-active on care and obey doctors orders" part within it; is even more concerning as it violates the very principle of freedom.

Granite; those who require others wealth to bail them out should be restricted, but putting them on the chopping block for missing an appointment or doing something a doctor says to do (which often is clearly wrong) is just too far.

The idea of restricting patients to low-cost Community and Rural Health Clinics who agree to cost terms is an AMAZING and well thought out idea. Patients using others wealth should not be granted the right to any service they so desire at any cost they want to throw others wealth at.

I'd like to filter out 1 & 2 above and add the below items to the PCAP model that would contain the following

1st) The State guarantees health services at all joining C&RHC's to any citizen with an income based fee at a percentage that would obviously cause high incomes to not be worth while. The clinic of course can charge what they want but in order to have state re-assurance must be % of patient income.

2nd) The state acts as an insurance for the C&RHC clinic for losses -- For example, losses recorded up to \$25,000 (like auto requirements) can be re-reimbursed using taxes or tobacco settlements

3rd) The patient using the income based service will be accountable to the State and future tax returns will be deducted as appropriate until bill has been paid in full.

4th) Patients using the income based service will also be high-prioritized for State Jobs to fulfill their debt to society as well as gaining credit for working for the C&RHC. For Example; If an assistant nurse needs health care for her family from a doctor - the nurse will be allowed to work at the clinic to redeem credit on the State Bill. Other services that Idaho State does such as road maintenance or any such - able bodied patients can do to relieve their debt to society. I hope the point is clear - basically; those requiring wealth from others to fulfill their medical needs are given the highest amount of opportunity to work for the State to pay off the debt incurred.

Thank you,
Thomas Gittins of Burley
208-884-1669
Rural Idaho Resident

Health Care Public Input 1-27-17

I recently participated in a Conference Call sponsored by AARP with President Pro Tem Brent Hill and Speaker Scott Bedke. They were asked some questions about programs vital to persons with disabilities and health care for low income families. To my dismay, more often than not the response was "well, we usually rely on the Federal programs to provide those services, I guess they'll have to work on that."

This amazed me coming from a legislature that claims to be moving in the direction of getting out from under Federal programs. That was the primary reason, they said for not working on Health Care for the 70,000 Idahoans who are and will be left out if the Affordable Care Act is repealed without something almost identical to it's coverage in place. It appears that Congress has no plan that can come close to what the ACA provides.

Our legislature has also supported Congress' stand against Planned Parenthood. I am a Christian who believes life begins at conception, however, I know that PP has been instrumental in providing birth control, women's reproductive care, and sex education effectively and efficiently. Abortions are at the lowest number since and in spite of Roe v. Wade enactment. Perhaps the State of Idaho should consider funding Planned Parenthood for our citizens, minus abortions if necessary. This will fill the gap for low income and middle class families still under insured or not at all.

Truth be told, our legislature should have been formulating a plan long before now. We did a pretty good job with our insurance exchange and I feel we could accomplish even more.

I would appeal to our legislature to stop spreading fake news about the Affordable Care Act and Planned Parenthood and address our citizens needs in spite of what Congress MAY or MAY not do. Plans can be adjusted to accommodate any Federal system in which we wish to participate.

With 50% or more of Idaho's registered voters claiming no party affiliation, our purple state could find itself blue if it doesn't become proactive on behalf of it's citizens.

Deborah Gold
9157 W. Steve Street
Boise, ID 83714
208-258-5828

January 27, 2017

Honorable Members of the Joint Senate and House Health and Welfare Committee:

I am writing to express 1) support for closing the health care coverage gap and 2) concern that Your Health Idaho will be eliminated.

1) Healthcare is one of the most important economic concerns of most Americans. You know that 78,000 Idahoans (most working, with families) have been left out of the healthcare picture, as many legislators chose to kick the can down the road. This delay has caused needless suffering and financial instability, leading to an unnecessary negative impact on the quality of life of far too many.

Regardless of what happens with national healthcare reform, Idaho can still leverage current federal match rates to increase access to quality care and reduce costs in our healthcare system.

If Idaho continues to opt out, we may be left out of national reform. Now is not the time to pause and wait; now is the time for the Idaho Legislature to take action to provide essential coverage to uninsured Idahoans. This would save hundreds of lives each year, spend tax dollars wisely and create a more efficient and cost-effective health system in Idaho.

2) In light of threats to the Affordable Care Act, it is apparent that our entire health insurance industry could go back to the dark ages. As a person who has been in the individual market since 2000, I have experienced first hand the stressful days of exponential premium increases and high deductibles (high-risk pools) based on gender, age and a pre-existing condition. Although I was able to afford continuous coverage, paying those high premiums placed a burden on my family. It was partially thanks to the ACA's initial premium decreases that I was finally able to afford a decent 'gold' policy that provided the cure for my potentially life-threatening chronic condition. After years of dealing with expensive premiums for less and less coverage, it was such a relief to have access to the drugs I waited 20+ years for, and to be cured successfully.

So, of course I am feeling vulnerable again, as I over 60 and fear the risk associated with losing or being priced out of health insurance. I signed up for a policy on Your Health Idaho at my last renewal and things were looking positive. Thankfully my husband is on Medicare, but I am in this gray zone, facing uncertainty.

I urge you and your colleagues to develop a plan that serves all Idahoans, not just those with employer-based coverage and wealthier individuals. Please don't stall coverage for the 78,000, and please don't undo the exchange, which has proved beneficial for so many of my friends and family members. Please put in the hard work to address access for everyone, including our most vulnerable citizens.

Sincerely,

Kathryn Haley

4120 Shamrock St.

Boise 83713

haleykathy@gmail.com



Good morning chairmen and legislators, thank you for this opportunity to testify.

My name is Dr. Kara Kuntz, I live here in Boise and am a graduate of the WWAMI program. I am a board-certified family physician and geriatrician. I care for patients of all ages and specialize in the care of older adults. I am here today to speak to you about closing the gap and supporting unpaid family caregivers.

I would like to share a story with you. While working as a family medicine resident here in Boise, I met a woman who found herself in the ICU due to severe illness. She was in the hospital for three months. She did not have health insurance. When she finally left the hospital, she experienced two weeks of absolute elation and a renewed sense of self. She felt she had escaped death and was grateful for her health care. Soon thereafter, however, her medical bills began to pile up. She found herself going through severe depression due to the financial stress complications of her medical illness. This woman who was once a productive member of her community, eventually went on to disability for severe depression. She no longer works and suffers every day.

It is imperative to the health of Idahoans and to our State's financial wellbeing that we close the gap in health care coverage for the citizens of this state. I urge you to be proactive, close the gap, allow for preventative health and health care coverage for all citizens.

Secondly, I'm here to speak in support of the Idaho Caregiver Alliance Idaho Lifespan Family Caregiver Action Plan. As a geriatrician, I care for many aging adults who have such severe illness or dementia that they can no longer care for themselves. These people are often cared for by a friend or family member who is unpaid for this challenging and stressful work. Regarding dementia alone there have been several studies that have demonstrated that supporting caregivers improves health outcomes and delays need for institutionalization for up approximately 1.5 years. (Mittelman et al, Neurology 2006). I urge you to support this action plan and help the caregivers of our state get the support they need to provide better care for loved ones, allow for better care of themselves and again ultimately decrease the health care costs in Idaho.

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ARTICLE ONLINE

Neurology. 2006 Nov 14;67(9):1592-9.

Improving caregiver well-being delays nursing home placement of patients with Alzheimer disease.

Mittelman MS¹, Haley WE, Clay OJ, Roth DL.

Author information

Abstract

OBJECTIVE: To determine the effectiveness of a counseling and support intervention for spouse **caregivers** in delaying time to nursing home placement of patients with Alzheimer disease (AD), and identify the mechanisms through which the intervention accomplished this goal.

METHODS: We conducted a randomized controlled trial of an enhanced counseling and support intervention compared to usual care. Participants were a referred volunteer sample of 406 spouse **caregivers** of community-dwelling patients who had enrolled in the study over a 9.5-year period. The intervention consisted of six sessions of individual and family counseling, support group participation, and continuous availability of ad hoc telephone counseling. Structured questionnaires were administered at baseline and at regular follow-up intervals, every 4 months for the first year and every 6 months thereafter. Cox proportional hazard models were used to test the effects of the intervention on the time to nursing home placement for the patients after controlling for multiple time-invariant and time-dependent predictors of placement.

RESULTS: Patients whose spouses received the intervention experienced a 28.3% reduction in the rate of nursing home placement compared with usual care controls (hazard ratio = 0.717 after covariate adjustment, $p = 0.025$). The difference in model-predicted median time to placement was 557 days. Improvements in **caregivers'** satisfaction with social support, response to patient behavior problems, and symptoms of depression collectively accounted for 61.2% of the intervention's beneficial impact on placement.

CONCLUSION: Greater access to effective programs of counseling and support could yield considerable benefits for **caregivers**, patients with Alzheimer disease, and society.

PMID: 17101889 DOI: [10.1212/01.wnl.0000242727.81172.91](https://doi.org/10.1212/01.wnl.0000242727.81172.91)

[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Grant Support

Joint Health and Welfare Listening Session

Remarks by Lauren Necochea, Director of Idaho Voices for Children

January 26, 2017

Idaho stands at a critical juncture. The next phase of national healthcare reform is rapidly approaching and we need to ask:

- What steps do we need to take today to ensure Idaho is in the strongest position possible in the coming months?
- How can we ensure we have the most control possible when it comes to our healthcare future?

The way national healthcare funds, including those for Medicaid, are divided is likely to change dramatically. And we can't count on that pie expanding. The decisions we make during this Legislative Session could determine whether Idaho is at the back of the line as those negotiations take place.

Failure to act now could lock us into position where the healthcare needs of Idahoans are lower priority than the healthcare needs of those in New York, Arizona, Nevada, Ohio, and a host of other states. Congress and the President will decide how to divide that pie and we know that governors in states that expanded Medicaid are already lobbying to maintain their share. When it comes to representation in both the U.S. House and the U.S. Senate, states that expanded Medicaid far outnumber the 19 states, like Idaho, that have been on the sidelines.

Inaction during this legislative session also creates a substantial long-term financial risk. In Washington, DC, lawmakers are discussing new financial schemes for Medicaid that gradually shift the costs to the states. These block grants would encompass all Medicaid funding – for traditional and expanded populations. While the flexibility they offer may be welcomed, these proposals can cut the support Idaho receives by 30% over 10 years. The increased pressure on our state budget cuts into other priorities, like education. If Idaho gets locked into a lower level of Medicaid support today, the fiscal impact for Idaho will be even more severe.

Of course, this issue is about much more than dollars and cents. It's about building an effective healthcare system that cares for Idahoans. It's about access to mental health treatment. It's about ensuring families facing the heartbreak of a cancer diagnosis aren't distracted by their potential financial ruin.

I urge you to consider carefully how we can best protect Idaho's healthcare future and our state budget, during this Session. That will probably need to include sideboards and escape clauses to ~~that~~ navigate what may be coming. Now is a dangerous time to pause because doors could be closing that leave Idaho shut out permanently.

Thu 1/26/2017

Unfortunately I am unable to attend the Friday hearing that may include information concerning the expansion of Medicaid in Idaho. For some of us, who take care of others, the timing of the hearings just does not work.

I urge the legislative body to expand Medicaid for the citizens of Idaho. It would improve quality of life for those who cannot afford health insurance and it can be done at a better cost to the state if you go forward now.

And why not? The Affordable Care Act gives you the opportunity to expand now, even if it is for a short time.

Then you can see how many people will benefit ; and give those in need opportunity to have better health.

Thank you for your time,

Bonita Parodi
310 S Garden ST
Boise, ID 83705

Valerie Charles, Health Freedom Idaho

HF1 is here today on behalf of its membership who support a draft bill to amend I.C. Section 39-4802(2) to clarify that parents claiming an exemption from immunization have a right to submit such exemption on a simple, signed statement and give it to a school official as already codified in the statute. At issue is the Idaho Immunization Exemption Form. IDAPA 16.02.15.110.02 states that the form provided by IDHW may contain the (1) child's name, (2) date of birth and (3) grounds for exemption. Period.

All children have a legal right to attend school. However, many parents (1) are taking issue with the language on Page 1 of the form as written, (2) are encountering discrimination and (3) have been denied daycare/preschool/school entry, unless they agree to acknowledge, as fact, statements of risks that are IDHW's opinion. Many parents know such statements are one-sided, factually incomplete and amount to compelled speech in violation of freedom of speech under the First Amendment. I was told by 2 different schools that I was required to fill out the form in its entirety and that they would not accept it if I crossed through any language I found objectionable while otherwise trying to comply with the Idaho statute.

The chapter on immunizations states that immunizations are required unless an exemption is claimed.

A. I.C. Section 39-4802(2) provides that a parent has a right to submit a **signed statement pursuant to Section 39-4802** and I.C. 39-4804(2)(a) and subsection (3)(a) concur.

B. I.C. Section 39-4803 provides for a **voluntary** immunization registry maintained through the IDHW.

Subsection (2) provides that the name and immunization status of a child shall be collected and included in the registry UNLESS a parent chooses not to have the child included in the registry upon a specific written statement.

Subsection (3) provides the IDHW shall only disclose information relating to the child to the following:

(b) Health records staff of **the school or school district** in which the child is enrolled; or

(c) The operator of a **licensed daycare facility** in which the child is enrolled.

Subsection 4(a) requires that, in the event a parent submit a written request, IDHW shall "[c]ause all information relating to the child to be removed from the registry."

Valerie Charles

Therefore, neither (i) IDHW nor (ii)(a) the school district nor (b) a daycare facility have an automatic right to this information under this chapter of the Idaho Code.

POINT 1: Whether this is the intent or rather, the result, (i) the exemption form requirements **exceed** the administrative rule authority **AND** (ii) act as a go-around of the statutes to obtain indirectly information IDHW or schools/daycares cannot obtain directly through the voluntary immunization registry.

POINT 2: While IDHW may claim that it has a legal obligation to protect the public from the spread of infectious disease, it has been able to do so for decades **WITHOUT** a voluntary immunization registry and **WITHOUT** forcing parents to disclose confidential medical information coupled with initialing incriminatory language tantamount to compelled speech in violation of their 1st Amendment freedom of speech.

The incriminatory language per each vaccine on Page 1 of the Exemption Form is not relevant to nor required for the identification of individual vaccinations in the event of an outbreak. By the way, are children with hepatitis or HIV excluded from school?



IDAHO CERTIFICATE OF IMMUNIZATION EXEMPTION

School Immunization Requirement

The Idaho Department of Health and Welfare strongly supports immunization as one of the easiest and most effective tools in preventing serious infectious diseases. These vaccine-preventable diseases can cause serious illness and even death. The Idaho Department of Health and Welfare also recognizes that individuals have the right to make the decision whether or not to vaccinate their children. If you have any questions about the benefits and risks of immunization, please contact your healthcare provider or local health department.

SECTION 1: Please read the following statements, check the box(es), and date each statement regarding vaccine-preventable diseases for which an exemption is claimed. Sections 1 and 2 must be completed for this exemption to be valid.

Diphtheria (DTaP, DT, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death. _____
Date

Tetanus (DTaP, DT, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death. _____
Date

Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death. _____
Date

Polio: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death. _____
Date

Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation. _____
Date

Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death. _____
Date

Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death. A person who has had chickenpox can get a painful rash called shingles years later. _____
Date

Varicella Disease History: I believe that my child has had chickenpox, but was not diagnosed by a licensed health care professional. _____
Date

Hepatitis A: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death. _____
Date

Meningococcal: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing meningococcal disease if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the covering of the brain and spinal cord), blood infections, loss of arms or legs, problems with nervous system, deafness, mental retardation, seizures (jerking and staring), strokes, and death. _____
Date

Please continue to
complete Section 2

Rev. Marci Auld Glass
Testimony to Health and Welfare Listening Session
January 27, 2017

My name is Marci Glass. I pastor Southminster Presbyterian Church here in Boise.

And I'm here to speak on behalf of children in Idaho whose health, well being, and even lives are at risk because their parents claim their right to religious freedom is stronger than their child's right to live.

I am a strong believer in religious freedom. A faith exemption that keeps children from health and life, however, is not religious freedom. It is child abuse cloaked in the name of religion. It is state enforcement of one religion at the expense of children's lives.

The separation of church and state is central to our governance. It provides mutual respect for various religious traditions so people may connect with a spiritual home, free from the governance of the State. Religious freedom is not a shield from the laws and regulations that govern all people, nor should it be used as an excuse to keep children away from preventative, and even life saving, medical treatment. Religious freedom is the freedom to express our common spiritual nature in diverse ways. It has limits when religious practice endangers the adherents or the community at large.

As the pastor of a congregation here in Boise, I am grateful for the **separation of church and state**. I beg you to take seriously some ways we can work for the **separation of church and medical neglect** too. Adults can make their own religious decisions for themselves, even if I wish they, too, would seek medical care so they might live and be well.

Children need the protection of the state when they are in moments of risk. In 1944 US Supreme Court Justice Wiley Rutledge wrote "Parents may be free to become martyrs themselves, but it does not follow they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves."

Thank you for the work you will do this session to make Idaho safer for us all. As the federal government keeps claiming that states are the proper place for health care decisions to be made, and are threatening to overturn the Affordable Care Act, it is even more important that we do what we can, right here in Idaho, to provide medical care for Idahoans, and to ensure that all children will get the help they need, regardless of their parents religious views. If this state cannot, or will not step up to care for her people, we need you to let congressional leaders in DC know not to repeal the protections of the ACA as they seek to make ~~it better~~ *changes*.

This final piece should go without saying, but if the bill comes to you that would criminalize women and their doctors for seeking a legal, safe, medical procedure—please do not even

give it a hearing. It is bad medicine. It is unconstitutional. It is cruel to women. It will keep businesses from locating to our great state because they will not want to subject their loved ones to medieval medical/legal policies.

Thank you for your time. I know these are not easy topics. If you would like a religious perspective to join in your conversations about how to navigate the tricky waters of the religious exemption issue, I would be happy to meet with you. We can do something. We must.

NATUROPATHIC LICENSING

HEALTH FREEDOM IDAHO POSITION: **OPPOSITION**

Contact: Miste Karlfeldt phone: 830-3576
email: Miste.Karlfeldt@healthfreedomidaho.org

Licensing through the *state* is not necessary, and is not time or cost effective.

Licensing restricted to a *few accredited schools* would stifle and eventually destroy naturopathy in Idaho. This exclusivity would soon drive out competition, new ideas, and new practices that are the lifeblood of our state and country.

This would create unemployment for *most* of the naturopaths in Idaho.

REPEAL OF “FAITH HEALING” EXEMPTION

HEALTH FREEDOM IDAHO POSITION: **OPPOSITION**

Contact: Sara Brady phone: 890-4338
email: Sara.Brady@healthfreedomidaho.org

Removing this exemption is in *violation* of the constitution. The first amendment states that, “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof.”

Alternative treatment choices by parents for their children should not be *criminalized*. Parents actively seeking healing and/or treatment for their child in means that differ from the AMA should not be subject to criminal charges of abuse or neglect. A recent Johns Hopkins study shows that medical errors are the 3rd leading cause of death in our nation. **There are already specific Idaho statutes in place to protect children from intentional physical abuse.**

IDHW IMMUNIZATION EXEMPTION FORM

HEALTH FREEDOM IDAHO POSITION: **OPPOSITION**

Contact: Sarah Clendenon phone: 571-1943
email: Sarah.Clendenon@healthfreedomidaho.org

Idaho Statute permits a parent/guardian:

1. The right to choose whether to vaccinate their child
2. The right to choose to participate or decline participation in the state vaccine registry system (IRIS).

IDHW REFUSES to accept the legally approved signed parental affidavits forcing schools to deny admission to children. Parents enrolling children in schools and daycare are being forced to complete IDHW’s mandatory immunization form. The form is designed to make parents state they are guilty of medical neglect, denies parents’ legally protected medical privacy, and violates their legally protected right to opt out of the State Registry.

Idaho Department of Health and Welfare has imposed IDAPA RULE 16.02.15 (110.02), creating the mandatory IDAHO CERTIFICATE OF IMMUNIZATION EXEMPTION for school and daycare admission. However, the only requirement of parents under Idaho Code is stated in 39-4802(2): to “submit a signed statement to school officials stating an objection on religious or other grounds.” The state-prescribed form, based on IDAPA 16.02.15, is in violation of Code 39-4802 and 39-4804. The form developed by IDHW falls far outside the scope of Idaho Code 39-1118(2) and 39-4802(2).



OPPOSE **NATUROPATHIC** **LICENSING**

Exclusive licensing, by the State of Idaho, for Naturopathy, has the potential to limit natural health care choices for Idaho citizens, while threatening new and existing natural health care practices, across the state. Exclusive licensing constricts the scope of practice, favors the few graduates from a few peer accredited naturopathic schools in this country, and effectively stifles all natural health care therapies, by allowing only the chosen few to collect third party payments. It fully restricts health freedom choices for all Idaho citizens and stands to destroy the businesses of the practitioners who they support.



www.HealthFreedomIdaho.org/licensing

Contact: Miste Karlfeldt

Miste.Karlfeldt@HealthFreedomIdaho.org phone: 830-3576

LICENSING WILL
RESTRICT THE
PRACTICE OF ALL
TRADITIONALLY
TRAINED
NATUROPATHS,
AROMA-THERAPISTS,
NUTRITIONISTS,
HOMEOPATHS, &
HERBALISTS

EXCLUSIVITY
WILL DRIVE
OUT COMPETITION,
NEW IDEAS, AND
PRACTICES

RESTRICTIONS IN
LICENSING WILL
DESTROY
NATUROPATHY
IN IDAHO

Health Freedom Idaho
(HFI)

We are a concerned group of citizens, professionals and families in Idaho interested in preserving Idaho's health freedoms.



OPPOSE REMOVAL OF

FAITH HEALING EXEMPTION

Health Freedom Idaho doesn't take a position on the faith healing aspect per se as much as a government mandate of the health/medical care involvement toward the parent. The government should not have the power to mandate choice of treatment or care over a child.

Removing this exemption is in *violation* of the constitution. The first amendment states that, "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof."

Alternative treatment choices by parents for their children should not be *criminalized*. Parents actively seeking healing and/or treatment for their child in means that differ from the AMA should not be subject to criminal charges of abuse or neglect. AMA protocol doesn't guarantee healing or recovery for a child. A recent Johns Hopkins study shows that medical errors are the 3rd leading cause of death in our nation.

There are already specific Idaho statutes in place to protect children from intentional physical abuse.



www.HealthFreedomIdaho.org/faith-healing.html

Contact: Sara Brady

Sara.Brady@HealthFreedomIdaho.org phone: 890-4338

PARENTS HOLD THE
RIGHT AND
RESPONSIBILITY
TO CARE FOR AND
PROTECT THEIR
CHILDREN.

THERE ARE ALREADY
SPECIFIC LAWS IN
PLACE TO PROTECT
CHILDREN FROM
ABUSE.

TRADITIONAL
MEDICAL TREATMENT
DOES NOT
GUARANTEE A
CHILD'S HEALTH OR
HEALING.

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When Parents Refuse to Sign
ILLEGAL IDHW Immunization Exemption Form



Idaho Children are
DISCRIMINATED
AGAINST and
DENIED
school admission

**Why is IDHW allowed to create
their own laws to discriminate
against minority groups?**

OPPOSE

IDHW VACCINE EXEMPTION FORM

Idaho Statute permits a parent/guardian:

1. The right to choose whether to vaccinate their child
2. The right to choose to participate or decline participation in the state vaccine registry system (IRIS).

Parents enrolling children in schools and daycare are being forced to sign IDHW's mandatory immunization form. It is discriminatory, denies parents' legally protected medical privacy, and is not required by Idaho Statute. When parents opt to submit the legally acceptable affidavit IDHW declines it and schools deny the children's registration.



www.HealthFreedomIdaho.org/Vaccine-Exemptions.html

Contact: Sarah Clendenon

Sarah.Clendenon@HealthFreedomIdaho.org phone: 571-1943

IDHW IS FORCING
PARENTS TO SIGN
AN ILLEGAL
EXEMPTION FORM
FOR SCHOOL &
DAYCARE
ADMISSION.

THE FORM DESIGNED
TO MAKE PARENTS
STATE THEY ARE
GUILTY OF MEDICAL
NEGLECT.

THE FORM FORCES
FAMILIES TO
WAIVE THE RIGHT
TO PRIVACY AND
VIOLATES THEIR
LEGALLY PROTECTED
RIGHT TO OPT OUT OF
THE STATE REGISTRY.

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(HFI)

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Idaho's health freedoms.

M. Chair, M. Chair

I've come here today to ask you to support a complete repeal of the faithhealing exemptions to Idaho's child neglect laws.

These exemptions give parents the right to deny their children necessary medical care, ~~even~~ even if the child dies as a result, as long as they claim they were praying for the child to get better.

The Governor's Taskforce on Children at Risk ~~has~~ has identified 10 cases in the three most recent years for which they have completed reports on child fatalities in Idaho, of children dying as a result of this form of neglect. They ~~die~~ die needlessly from such treatable

conditions as diabetes, gastrointestinal illness, and sepsis;

without medication to even ease their pain. One ^{national} study of

~~children who died while being~~ similar faith

healing deaths found that 140 of 172 children who

died would have had a 90% or higher ^{chance of} survival ~~if~~

if they had received medical care. Only ~~3~~ 3

of the ~~172~~ ¹⁷² children would ~~have~~ have had a less than

10% chance of survival and little reduced pain and suffering.

This cruel loophole is completely unnecessary.

It was originally imposed in the 1970s as a

requirement to receive federal grant funding. It was

never a reflection of Idaho's values, merely capitulation

to federal pressure. With this grant requirement no

longer in effect, Idaho ~~now~~ is free to ~~protect~~ protect
all ^{& its} children.

Throughout discussions of this faith heading loophole,
some have proposed a partial repeal, to allow parents
who neglect their children to be prosecuted only if their
child is killed or injured, only if the child is in
imminent risk of death, or to prevent parents
from being prosecuted at all. These half
measures assume there is some kind of right of
parents to practice passive child sacrifice which
must be balanced against a child's interest in not
dying needlessly and in pain.

A full repeal of ~~all~~ all of the exemptions is

needed to remove ~~the~~ confusion about the duty of parents to provide care. We need a full repeal so that parents who willfully neglect their children can't lean on the excuse that they didn't realize that their child's serious illness had put them in mortal danger.

We need it so that parents being pressured by their families or communities to deny their children medical care can have an "out," an "excuse" to do the right thing; and we need it to deter parents who believe their own aversion to medicine is more important than their child's life. As a final resort, when the worst happens and a child dies, we need these laws as a way to ~~the~~ protect the victims surviving

siblings.

~~Some pose the question of how to~~

Some pose the question of how ~~to~~ account for reasonable differences in parenting style, the challenge of determining whether neglect has truly occurred, a consideration that a parent who has clearly violated the law may have meant well. We already have a system to address these issues - the system that addresses cases of ~~neglect~~ child neglect cases for the overwhelming majority of Idahoans.

This is a simple problem with a clear & simple

Solution. ~~Fully repeal the religious exemption from all laws which it applies~~ Fully repeal the religious exemption from all laws which it applies to protect Idaho children.

~~April Hay~~

April Hay

Children's Right to Live - Idaho

5212 W. Kootenai St.

Boise, ID 83705

Freedom to Choose

My name is Jinny Peterson, and I am representing Health Freedom Idaho & myself, and I would like to share some of my concerns.

As a citizen of this wonderful state, I have a concern that we have forgotten what “inalienable rights” means. Those are the rights we came into this world with, and government does not have the right to take those from us.

We are legislating more and more control over peoples' lives, because we want a feeling of safety and security, but we need to ask ourselves whether or not we **should** be legislating out those rights.

I have a concern that there are plans for legislation in Idaho that will limit my freedom to choose what I feel is best in taking care of my **own health** and the **health of my family**.

I have a concern that individual government departments are **creating their own rules** *without the voice of the people*.

I am deeply concerned that there are plans for legislation that will **violate the constitution of the United States** under the pretense of protecting our children.

I want the freedom to choose my wonderful **orthopedic surgeon** when my son breaks his arms severely.

I want the freedom to choose a **holistic practitioner** when trying to get to the source of long-term anxiety or painful migraines.

I want the freedom to choose whether I'm willing to **accept the risks** involved in vaccinating myself or my children.

I want my fellow Idahoans to have the choice of whether to **put their faith in God**, or to put their faith in a doctor to heal their child.

I would like all of us to ask ourselves if we are truly standing up and protecting Idahoan's rights to personal health and welfare. If we are a legislator, have we forgotten that we represent the voice of the people, have we lost sight of that and are focused on our own agendas?

The answers to our problems are not in making more of our inalienable rights **unlawful**. The **answer is recognizing the constitutional right of each of us to make the choices our conscience directs**.

January 27, 2017

Testimony to the Legislative Interim Committee on Religious Exemptions to Idaho's Medical Neglect Statutes

Roger Sherman, Executive Director, Idaho Children's Trust Fund

I am Roger Sherman, Executive Director of the Idaho Children's Trust Fund which is the state affiliate of Prevent Child Abuse America. We are a legislatively created board whose mission is prevention of child abuse and neglect before it occurs. We partner with communities and organizations statewide to strengthen families and promote safe, stable and nurturing relationships and environments for all children.

When the Children's Trust Fund was established in 1985 the legislature provided this intent language in establishing our role: "The children of the state of Idaho are its single greatest resource and ...these children require the utmost protection to guard their future and the future of the state."

With this charge in mind, the Trust Fund Board has been alarmed at the number of preventable child deaths as a result of religious exemption, documented in the last report from the Child Death Review team and supports their recommendation that the religious exemptions to the child neglect statute be re-evaluated in light of these deaths.

Idaho's statutes are strong in relation to abuse and neglect. Without the religious exemption the law holds Idaho parents to a strong standard of care which states that a child is neglected when he or she "is without proper parental care and control, or subsistence, *medical* or other care or control necessary for his well-being because of the conduct or omission of his parents, guardian or other custodian or their neglect or refusal to provide them."

This is a good standard which should apply to all parents and other caretakers.

This fall, I was at the legislative study committee on foster care. This committee looked at child protection and foster care with an eye towards "the best interest of the child" which is the overriding goal of the child welfare system and the state's interest in protecting children. "Best interests" determinations are generally made by considering a number of factors with the child's ultimate safety and well-being the paramount concern.

D

Veronica Dulany
208-830-8683
Veronicadulany@gmail.com

Hello

Chairman ~~and~~ and members of the committee
My name is Veronica Dulany. ~~It~~ ~~am~~ ~~a~~ ~~very~~ ~~concerned~~ ~~person~~

It come before you as a very concerned, stressed out mom. Some of you were privileged to me my son, Dallas, two years ago.

~~the~~ In the last two years Dallas + I have been shuffled and tossed to ~~about~~ so many departments of Health + welfare in try to receive help for Dallas. The problems were many, we were told to go to one ~~dept~~ place 1st, that dept said we had to go to a different dept 1st. Getting ^{approved} ~~the~~ funding from Optum was a ^{long, tedious} nightmare.

The whole system, ^{between} health + welfare and Optum is so disconnected ~~espe~~ especially w/in themselves. ^{many} ~~some~~ employees don't even know what they're doing.

In November 2015 Dallas suffered a concussion due to being unbalance from a medicine change. ~~One week later~~ ~~the~~ One week

later he ~~sp~~ had his 1st admittance to St Albs Behavioral Hosp. From then ~~to~~ April, 2016 he had to stays in ~~Bedford~~ there

~~was~~ one time we were sent to Utah because ^{of} ~~Idaho~~ had no beds available

Michelle's Mental Health

long list of mental diagnosis and medications

the whole state

Dallas's problems stem from prenatal exposure to drugs, alcohol, & physical abuse. Plus he inherited serious mental problems from his bio parents.

He's suffered bullying and abuse throughout his life from peers. The worse devastating thing is - the last year and a half he ~~suffered~~ was ~~twisted~~, ^{abused} by professionals at St Alb + ~~the~~ ^{San Marcos} residential treatment center - RTC in Texas. Because ~~he~~ ^{he} was too young to ^{placement in Id.}

- I was told ~~on~~ on different occasions by
- these professionals - ~~that~~ - there was no hope
- for Dallas, ^{in so many words told} - he'd end up ~~in~~ an institution or jail
- No empathy or love in him

more than
once

I had to expect ~~some~~ ~~to~~ mishaps with these violent boys.

Why → ~~while~~ in Tx for 2 mos - ~~so~~ ^{because of lack of staff} supposed to be 9 mos
 He had 2 fat lips several bruises on his face scratches from his chin ~~to~~ down his neck.

- The finalized ~~ed~~ my decision to take him out was - He was tackled, put in a choke hold & his neck was popped. I contacted IDHW She said she would hurry & get services to wrap around him for his transition back home Since then she has decided too, that should

3

Veronica Dulany
208-830-8683
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page 3 of 3

expected that w/ a group of violent boys. - No I expected positive treatment & intervention
~~Now too~~ Back home since the end of Nov, we are still working on getting his previous services back in order. because of more approvals needed thru optum

Dallas has worse anxieties, nightmare every night about being taken away from his family. I, also have nightmare about him being abuse in facilities. ~~And~~ And of him not getting the help

Dallas is loved and adored by all who know him & work with him ~~regularly~~ regularly including his teachers. ~~My~~ ~~from~~ I must live with my daughter & son-in-law because Dallas is 150 lbs - 47" tall. what can I do? let ~~my~~ Dallas be ~~to~~ terrorized in a RTC or possibly suffer injury ^{my self during his}

Thank you for listening to my ~~met~~ ^{concerns} concerns.

before he is ~~an~~ adult & ends up a criminal or psychopath

He's almost ~~to~~ next month he'll be 10. ~~is~~ ~~is~~ ~~running~~ ~~out~~ ~~for~~ ~~him~~

I've searched and advocated for him since he was 3 wks old

Please excuse the format of this testimony.

Subject: Introduce an International Medical Startup Headquartered in Boise Idaho

Description: The presenter states her connections to Idaho, introduces her business explaining its significance to the health and welfare of Idaho, and describes the current state of her business.

Presenter: Maureen Kole – Founder, CEO, and Owner of The Applied Research Co. LLC

Hello Honored Legislatures.

Thank you for allowing me to speak at the Joint Health and Welfare Committee Meeting this morning. My name is Maureen Kole; I was born and raised in Boise Idaho and graduated from Timberline High School in 2004 with a 4.0+ GPA. I received several scholarship offers and ended up graduating from Seattle University Cum Laud in 2010. After working as a consultant in Seattle I applied for graduate school and subsequently received the meritorious graduate fellowship in 2012 upon enrolling at Montana State University to pursue a Masters of Science in Applied Economics.

Currently I am all but dissertation in my degree from Montana State, was awarded provisional admittance and funding to the Masters of Science in Computer Science at Boise State, and I am the owner, founder, and CEO of an international startup, The Applied Research Company (File Number W171010). This is currently a Limited Liability Company established in Idaho and operating out of its headquarters in Boise Idaho. I am located on the Central Bench off the corner of West Kootenai and Orchard.

The primary sources of revenue for this business, for which I am the sole employee: are driving for Uber and consulting on a variety topics including: analyses, statistics, business, and Internet technology. I present at and attend academic conferences, including conferences on health. The primary purpose of this company is to produce a product that decreases the rate of misdiagnoses in healthcare; as such I thought it important to introduce myself to you today and elaborate on this goal.

Many innovations in the area of health are meant to achieve this goal, and the approaches taken to achieve this goal are varied. I am currently gathering information on misdiagnosis rates. Essentially, the development of this product is currently iterating between two stages, The Investigation Stage and The Research and Development Stage. This iteration has been formally taking place since the business was established in late August in 2016. The result of this iteration process, if the endeavor is deemed viable, will be: the procurement of intellectual property rights and formalization of the business structure.

Thank you for allowing me to introduce myself.



Newborn Signs and Symptoms

- Hearing/Vision Loss
- Jaundice
- Pneumonia
- Rash
- Enlarged Liver/Spleen
- Small Head
- Seizures
- Failed Hearing Test

The best way to protect your baby is to protect yourself!

DO NOT share food, drinks, toothbrushes, etc. with your child.

AVOID kissing a child on the mouth and always wash your hands when in contact with saliva.

DO NOT put child's toys and pacifiers into or around your mouth.

Wash your hands, especially after:

- Handling children's toys
- Feeding a young child
- Wiping a young child's nose or mouth
- Changing Diapers

If you are pregnant, planning to become pregnant, or need more information, please contact your physician and visit:



idahocmv.com

Cytomegalovirus (CMV)

What you NEED TO KNOW



What would CMV legislation mean for Idaho?

Every year, an estimated **150 babies** are born with CMV in Idaho.

Of those, an estimated **30 babies** will have permanent disabilities.

The healthcare costs for just one of these children can cost taxpayers as much as **\$1,800,000**. This is for the care of just **ONE CHILD** through the age of 18.

A CMV bill in the state of Idaho would provide for:

Current focus

1. Increased **education** of healthcare providers
2. Increased **public awareness**
3. **Mandated CMV testing** for infants who fail their newborn hearing screens

It is estimated that to put this legislation into practice would cost the state of Idaho **\$60,000** in the first year and **\$26,000** each year after.

In other words, if CMV legislation led to the prevention of just one baby from having severe CMV related complications in the first year, it could potentially save the state **\$482,000**.

Similar legislation has been passed in **Utah, Tennessee, Hawaii, Connecticut, Illinois and Texas**.

For more information please visit:

The National CMV Foundation
Idaho CMV Advocacy Project

nationalcmv.org
idahocmv.com



For more information please visit
idahocmv.com

Or email us at
idahocmv@gmail.com

Jessica and Patrick Rachels
PO Box 402
Ponderay, ID 83852

To Whom it May Concern:

Hi, my name is Jessica Rachels, and I live in North Idaho. I would like to share with you a little about my daughter Natalie who is a beautiful, social, ten year old girl who caught a nasty virus that I had never heard of while she was still in the womb. My hope is that in educating you about this virus, you can share what you have learned, and we can lessen the chances of your loved ones ever being stricken with this virus. But first, allow me to tell you about Natalie.

Natalie Rachels was born with congenital Cytomegalovirus, (CMV). CMV is a nasty virus that is a member of the Herpesviridae (Herpes) family. It is common and affects people of all ages. By the age of forty, between 50% and 80% of people in the US have contracted CMV. Usually it presents itself as a common cold, although, if the person has a weakened immune system or is an unborn child, it can drastically affect the body. In Natalie's case we were unaware that anything was wrong for several weeks after birth. The first red flag was that her due date was off by a month because an ultrasound revealed that her head size was smaller than average. The obstetrician did not believe that this information was important. So nothing was done, no further tests were recommended and/or administered. After she was born, Natalie repeatedly failed her newborn hearing screenings. At first the nurses and doctors were not alarmed, since babies can be born with a thick coat of vernix which can coat the inside of the ear. She kept failing the screenings; therefore, we were sent to Kootenai Medical Center in Coeur d'Alene for more intensive testing, which showed that Natalie had profound and severe hearing loss. The doctor then ordered a CT Scan which showed that the ear structures were perfectly normal, but that her brain had been damaged. Blood work from Natalie and me showed that we both contracted the CMV virus. Natalie was about two and a half months old, and still seemed like a typical baby minus being deaf and having some reflux issues.

Today Natalie is ten years old. Her father and I were told years ago that she wouldn't make it to see her double digits. We celebrated her tenth birthday, and took her to a roller skating rink, where she seemed to enjoy being pushed around the floor in her wheel chair. Natalie has been in and out of the hospital over the years. She has had ten major surgeries and will have more in the future.

Her care—which includes medical care, therapy, surgeries, personal care items, medical equipment, and the aid of caregivers—over the past ten years has cost over \$1,000,000.

The virus caused many different issues including Cerebral Palsy, hearing loss, feeding issues—she currently is fed with the aid of a gastrointestinal tube; scoliosis, hip displacement, muscle tone issues which creates stiffness in some areas of her body, and floppiness in other areas; seizures—thankfully no grand mal seizures, which are kept to a minimum with the help of the implantation of a Vagus Nerve Stimulator; minor visual issues, and pulmonary complications which includes asthma.

Even with all of her difficulties, she is such a happy little girl. Natalie is very social, and loves being around people. She loves toys that light up, and her favorite game is playing peek-a-boo with loved ones who go in and out of the front door. For some reason the door opening and closing makes her giggle and laugh. Thanks to modern medicine, she has bilateral cochlear implants and has the gift of hearing. She enjoys bike rides with her family on her special bike, which has a wheelchair in the front and the driver sits behind pedaling. She enjoys playing on her iPad with touch applications as well as cause and effect applications. She has such a sweet and tender soul that has touched many people. Her smile and laugh can light up a room. Yes, her time is limited, but what an impact and difference this little girl is making on the world!

Due to not being properly educated about the virus while pregnant with my daughter, I worked in a daycare center. My doctor did not think it was important to educate me about CMV; in doing so he

Introduction –Thank you Mr. Chairman and members of the committee for giving us this opportunity to speak with you. My name is Patrick Rachels and this is my wife Jessica, we are from Sandpoint.

Most have heard about Fetal Alcohol Syndrome, Down syndrome and Spina Bifida but few have heard about the Cytomegalovirus ~~CMV~~ which is more common, also known as CMV. It is a virus of the herpes family that is spread through the direct contact of bodily fluids.

Most CMV infections are silent meaning women infected have no signs or symptoms. It would appear as a common cold or flu, however 40% of expecting mothers will pass the infection to their unborn child. This can drastically impact the unborn child's health. The National CMV foundation has stated that in the United States 1 out of 150 children that are born are afflicted with congenital CMV.

The disabilities resulting from the virus can vary from developmental delays to *Cerebral Palsy* and as drastic as death, however hearing loss is the most common disability. In our situation I was a child care provider which put me at a higher risk of exposure to CMV, my OB doctor knew my occupation and yet never told me about this virus and the risks of working with young children. I feel like he took my rights to protect my unborn child away by failing to educate me on CMV. As a result our 11 year old daughter is deaf, has cochlear implants, requires 24 hour care, she is unable to walk, talk, or sit up. We feed her through a G-tube, she has *seizures* and has had 10 surgeries and several hospitalizations due to the effects of CMV.

She has a beautiful smile and laugh that lights up a room. Her favorite game is peek-a-boo. Her joining our family has taught our other three children empathy and compassion. But as a result of not being educated we now get to slowly watch our child die. We are proposing an educational CMV bill to ensure that women of Idaho and their doctors have access to the most accurate and up to date information available regarding CMV prevention, infection and treatment.

Catching the virus while pregnant results in the greatest risk. Information is power! One can reduce their exposure to the virus by not sharing food, drinks, tooth brushes with children and others. It is also recommended to avoid kissing a child on the mouth. We are told to wash our hands but the why is left out. Failure to practice universal hand washing techniques can lead to multiple disabilities to an unborn child. Please help us protect families in Idaho from the horrific consequences of this virus. Mr. Chairman I have informational fliers for you and the members of the committee. Thank you for your time!