

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, February 07, 2019  
**TIME:** 9:15 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis  
**ABSENT/  
EXCUSED:** Representative(s) Blanksma, Chew  
**GUESTS:** Dave Jeppesen, Dave Taylor, Jodi Osborn, and Elke Shaw-Tulloch, DHW; Yvonne Ketchum, IPCA

**Chairman Wood** called the meeting to order at 9:15 a.m.

**MOTION:** **Rep. Lickley** made a motion to approve the minutes of the January 24, 31, and February 4, 2019, minutes. **Motion carried by voice vote.**

**RS 26695C1:** **Susie Pouliot**, CEO, Idaho Medical Association, presented **RS 26695C1**, for a multi-disciplinary maternal mortality review committee within the Idaho Department of Health and Welfare (DHW) to review state maternal deaths and develop prevention strategies. Stakeholder and annual legislative reports will be required.

**MOTION:** **Rep. Zollinger** made a motion to introduce **RS 26695C1**. **Motion carried by voice vote.**

**Dave Jeppesen**, Director, DHW, presented the DHW 2020 budget request. The DHW goal is to promote healthier, safer, and self-reliant Idahoans. Although the budget contains many line items, the Director presented the top five prioritized items.

Last session, the DHW was asked for a suicide prevention plan, in conjunction with stakeholders, and an implementation budget request. Although there are many factors to this issue, it is important to reduce Idaho's current rates by 20% by 2025 and include the entire community. The Department will be the facilitator to build the infrastructure necessary to bring parties together to achieve all rate reduction goals.

The Child Welfare Initiative, priority number two, provides a more flexible and efficient, federally compliant case management system and improved business process. This will reduce the office time and paper workload so staff can stay focused on children and families. An early win in April will reduce the child safety assessment turnaround from sixty days to five days.

Reduced staffing turnover and improved service continuity is the goal reflected in the Child Welfare Social Worker pay increases request. Exit interviews have indicated pay, caseload size, and stress as factors for leaving. This would move and maintain ninety-four Child Welfare Social Worker 2 staff to the 80% of policy minimum.

Children's Developmental Disability Services (CDDS) help children with intellectual disabilities develop and achieve their full potential. Better services provided earlier in life through evidenced-based programs provide life-long impacts and allow them to reach their fullest potential as early as possible.

Health Care Reform continues as the State Healthcare Innovation Plan (SHIP) grant ends, after facilitating enough statewide patient-centered medical homes (PCMH) to enable value-based care. The next step is expanding the transformation to specialists, hospitals, behavioral health, and other services. The Department, remaining in a leadership role, will bring together the Healthcare Transformation Council of Idaho and healthcare stakeholders to develop Idaho solutions for this complex problem. This work directly benefits Medicaid by enabling the move to a value-based model.

Workplace safety improvements, priority number five, keeps welfare offices safe and violence free for individuals served and employees. Since the fall of 2017, there have been eighty-eight incidents in the offices, which raised concerns. This budget recommendation includes building enhancements, security officers, and technology to improve office safety.

Answering questions, **Director Jeppesen** stated conducting a child welfare assessment does not mean the child is removed from the home. It is a tool to provide the family with information regarding the next steps. The changes provide this information sooner. The value-based care models pay appropriately for care and outcomes. He explained the fee-for-service and the value-based models.

**Ross Edmunds**, Administrator, Division of Behavioral Health (BH), DHW, was invited to answer a question. In some areas, up to 95% of current participants will qualify for the expanded Medicaid benefits.

**Director Jeppesen**, answering a question, said non-emergency medical transport (NEMT) is a critical Medicaid Program to get people to and from services. Rate issues continue to impact access.

**Matt Wimmer**, Administrator, Division of Medicaid, DHW, answered the question further. NEMT previous challenges included a broker who struggled to provide access. The new broker has made progress, including additional access. The benefit impacts disabled persons with morning or afternoon (3:00 to 5:00 p.m.) appointment travel needs. Although improving, both providers and the broker are reaching the edge of their capabilities under the existing funding, which has not changed since 2010. Two plus years ago there was a competitive field for the contract. With the current rates, it would be unlikely they would receive any bids.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 9:52 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary