

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, January 22, 2020

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

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chair Souza, Senators Heider, Lee, Harris, Burtenshaw, Bayer, Jordan, and Nelson

**ABSENT/  
EXCUSED:** None

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

**CONVENED:** **Senator Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:03 p.m. He welcomed the presenters and said that Dave Jeppesen, Director of the Department of Health and Welfare (Department), would provide an overview of today's meeting.

**PRESENTATION:** **Mr. Jeppesen** informed the Committee there were four presenters representing four different divisions in the Department pertaining to the 2018 recommendations of the Office of Performance Evaluations (OPE). In response to a question about how many people were being served by Medicaid expansion, **Mr. Jeppesen** replied there are just under 58,000 people.

**PRESENTATION:** **Tamara Prisock**, Administrator of the Division of Licensing and Certification, Department of Health and Welfare, gave an update to the January 2018 OPE recommendations on residential care facilities. The study focused on 3 of the 18 facility types overseen by Ms. Prisock's Division which are: nursing homes, assisted living facilities, and children's residential care facilities. See attachment 1.

In response to Committee questions, **Ms. Prisock** explained she has increased coaching of staff and is monitoring processes and progress much more carefully than in the past. She informed the Committee that February 3, 2020, OPE will provide a follow-up report to its January 2018 recommendations. She reported there was a shortage of surveyors last year for skilled nursing facilities and explained surveyors need to be registered nurses on the long term care team. It wasn't a question of additional positions; rather, to fill the positions they had and retain them. Regarding the time lag for new facilities, **Ms. Prisock** explained the Centers for Medicare and Medicaid Services (CMS) considered new facility surveys lower in importance, if they were behind in higher level surveys. She stated there was only one new facility this year, and it was completed within 90 days as promised.

**PRESENTATION:** **Matt Wimmer**, Administrator of the Division of Medicaid, Department of Health and Welfare, provided an update to the January 2018 OPE recommendations for non-emergent medical transportation (NEMT). This included a review of the brokerage which examined effectiveness of models and compared models with respect to: costs; rates; requirements; structure; and, national standards. See attachment 2. **Mr. Wimmer** explained NEMT was a required Medicaid benefit, and they provided approximately 1.7 million trips in 2019. OPE's first recommendation was to analyze service delivery costs to make sure appropriate rate methodologies are used in the NEMT program. Other recommendations were to proactively plan for annual rate adequacy reviews, and implement a robust contract monitoring process.

Committee questions concerned stakeholder involvement, healthcare providers, rate adjustments, cost studies and how the Legislature can help to address these continuing needs. **Mr. Wimmer** responded these issues make his job very difficult. He noted that sometimes the one who gets the best rate increase depends on who has the best lobbyist or where the crisis is. **Mr. Wimmer** stated NEMT must stay customer-focused.

**PRESENTATION: Miren Unsworth**, Administrator of the Division of Family and Community Services (FACS), Department of Health and Welfare, reported update information on the Southwest Idaho Treatment Center (SWITC). See attachment 3. The SWITC population has decreased from 75 clients in 2008 to 17 clients in 2018. The mission of SWITC also changed from being a long-term home for clients to a short-term stabilization and treatment center for individuals in crisis. All of SWITC's residents have significant developmental disabilities, often in combination with mental diagnoses.

OPE made two core recommendations for SWITC: develop a strategic plan and a formal quality improvement process, and develop a long-term vision for Idaho's system of crisis care and its role as provider of last resort for those with intellectual disabilities. A strategic plan was developed to address priority areas of improvement. It included staff safety, facility improvements and management, and professional development. SWITC has improved staffing, which has resulted in a decrease in workers' compensation injuries, and staff turnover has been reduced. The long-term vision identified services for individuals with a developmental disability and acute or subacute needs. The new model includes a more robust continuum of care for those who currently reside at SWITC.

**PRESENTATION: Lori Wolff**, Deputy Director in the Department of Health and Welfare, updated the Committee on Medicaid expansion and the status of waivers. She stated that Medicaid expansion provides coverage to non-disabled adults with an annual household income up to 138 percent of the federal poverty level. The Expansion State Plan Amendment was approved and coverage began January 1, 2020. As of January 16, 2020, the enrollment was 57,794. See attachment 4. Applicant information had to be verified and, if they did not want the coverage, an opt-out option was available. New participants select a primary care provider; however, should they not select one, Medicaid assigns one within 90 days. Ninety percent of primary care providers are enrolled with Idaho Medicaid.

**Ms. Wolff** said there are several waivers:

- Work requirement waiver: requires that individuals work at least 20 hours per week as an eligibility requirement. This waiver was submitted September 27, 2019, and is awaiting federal approval.
- Idaho behavioral health transformation/IMD waiver: allows individuals to receive inpatient treatment for mental health and substance use disorders in a freestanding psychiatric hospital. This waiver was submitted January 3, 2020, and is awaiting federal approval.
- Family planning services waiver: requires individuals seeking family planning services to have a referral from their assigned medical home if the family planning service providers are outside the patient's established medical home. This waiver was submitted October 21, 2019, and is awaiting federal approval.
- Coverage choice waiver: allows Idahoans the choice to maintain their private insurance with the tax credit rather than enrolling in Medicaid. This waiver was determined incomplete and will be resubmitted.

In response to Committee questions, **Ms. Wolff** discussed at which hospitals the IMD waiver could be used, and how gross income for adult coverage was set.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:25 p.m.

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Senator Martin  
Chair

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Margo Miller  
Secretary

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Juanita Budell  
Assistant to the Secretary