



**IDAHO** Department of  
Health and Welfare

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**Idaho Department  
of Health & Welfare**

# **JFAC Presentation**

**Richard Armstrong  
Director**

**January 18, 2016**





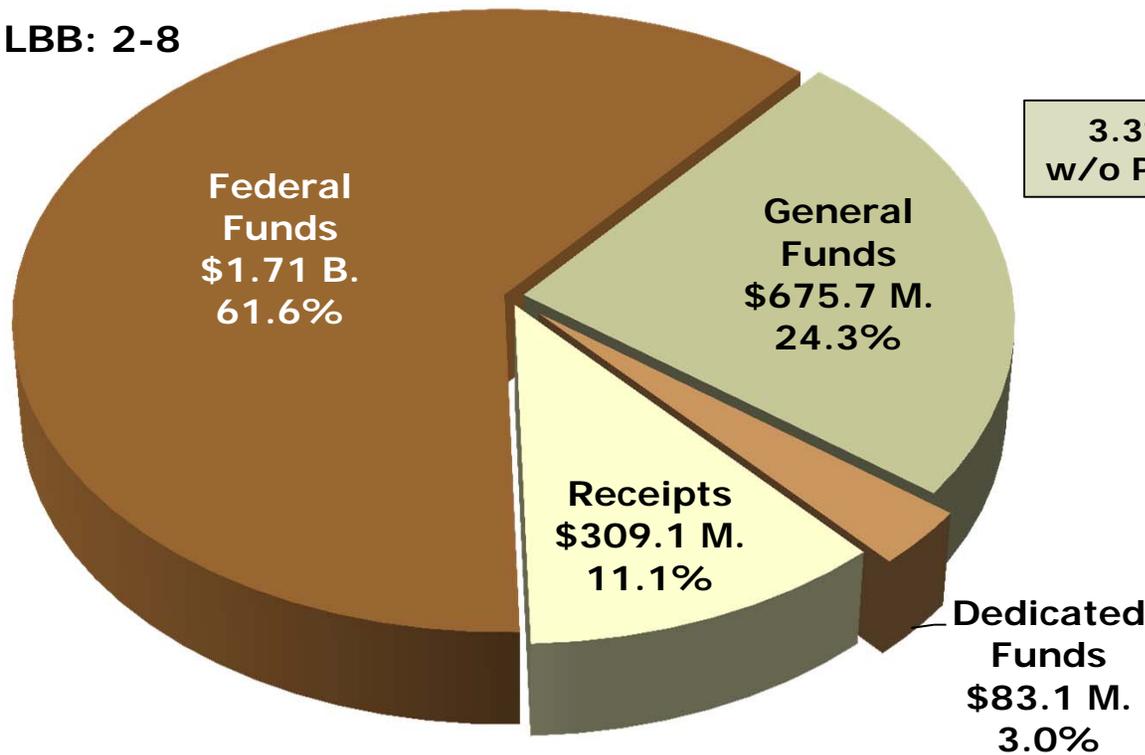
## Today's Presentation

1. **Primary Care Access Program (PCAP)**
2. **Employee CEC**
3. **A third community crisis center**
4. **Medicaid: Supreme Court ruling's impact on Supported Living Services**
5. **Benefit use in the state**



### DHW SFY 2017 Recommendation by Fund Source

LBB: 2-8



Total: \$2.78 B.

Increase from SFY 2016	
General	3.9%
Dedicated	25.8%
Receipts	10.1%
Federal	5.5%
<b>Total</b>	<b>6.2%</b>

Without PCAP and maintenance costs: 1.9%



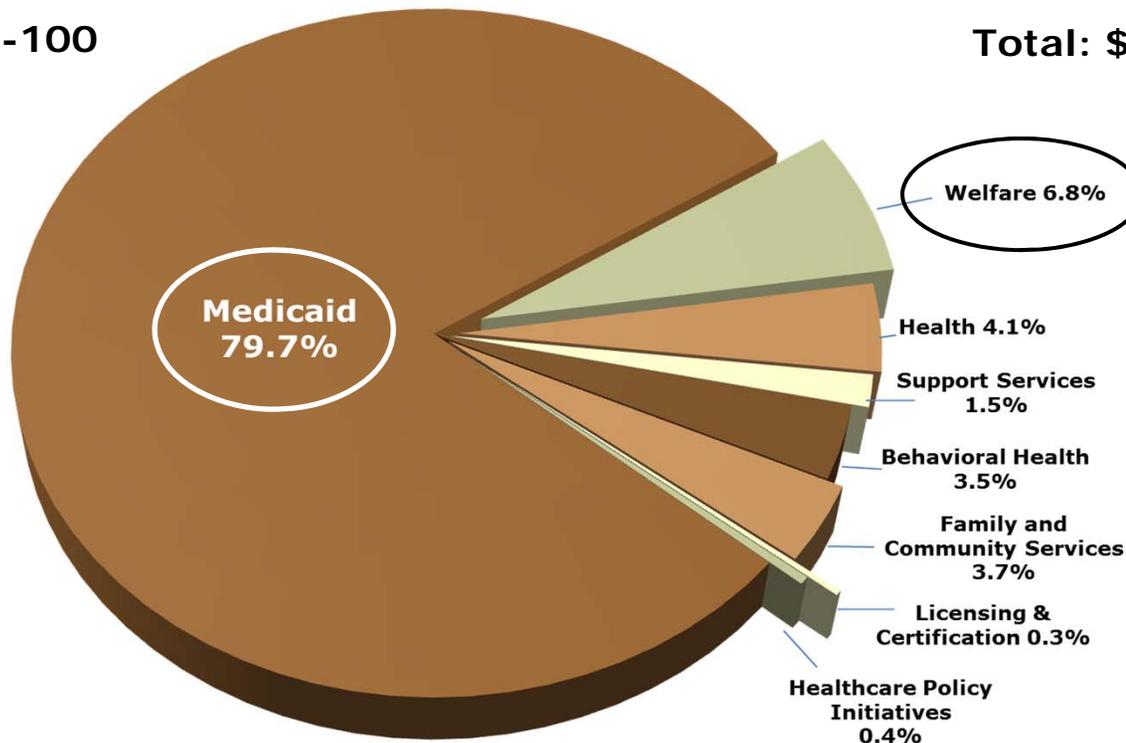
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## DHW SFY 2017 Recommendation by Program

LBB: 2-8 to 2-100

Total: \$2.78 B.





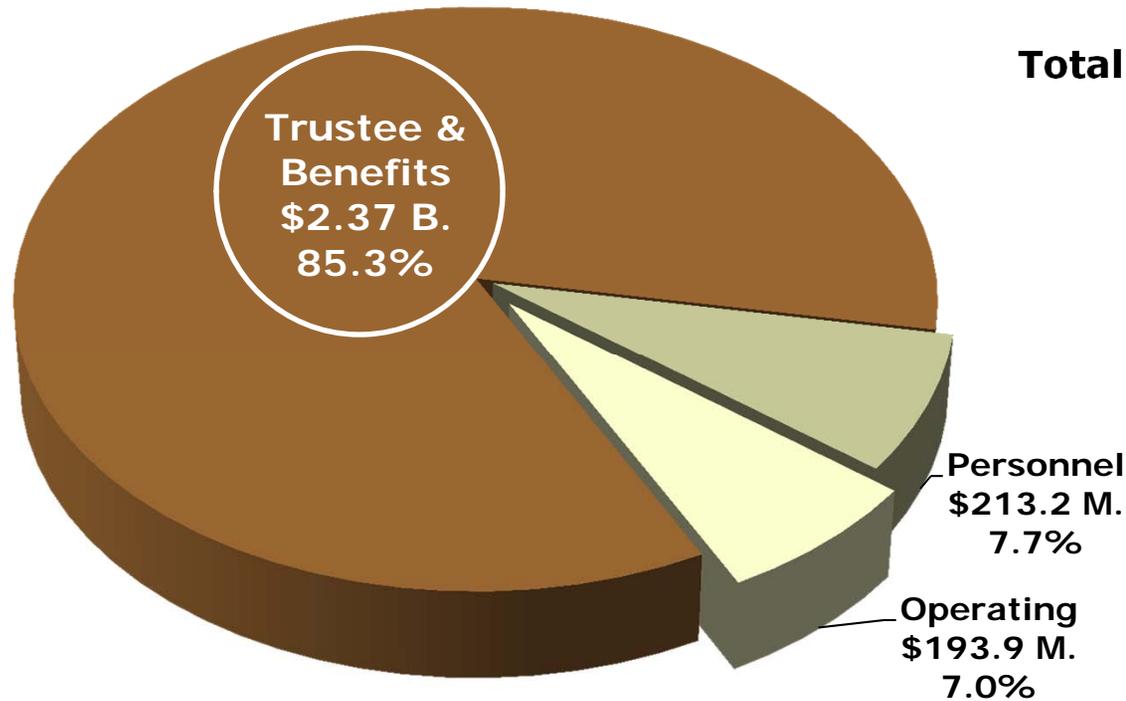
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## DHW SFY 2017 Recommendation by Category

LBB: 2-8

Total: \$2.78 B.



FTP: 2,876



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## Primary Care Access Program (PCAP)

- Connects uninsured adults earning less than 100% poverty with a provider to coordinate primary and preventive healthcare services
- All-Idaho initiative, no federal strings or mandates
- Participants must share costs through income-based sliding fee and actively participate in their care plan
- Does not provide comprehensive services such as hospitalization or specialty care; it is not insurance
- County indigent and state catastrophic health programs continue





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## Primary Care Access Program

- Estimated 78,000 adults ages 19-64 years may be eligible
- Total cost = \$30 M. Recommend funding through existing tobacco and cigarette tax receipts
- Pays \$32/month (\$384/year) for each participant
- This is **NOT** an entitlement program:
  1. Enrollment is subject to available funding
  2. Participants must pay share of costs
  3. Participants must actively engage in their treatment plan



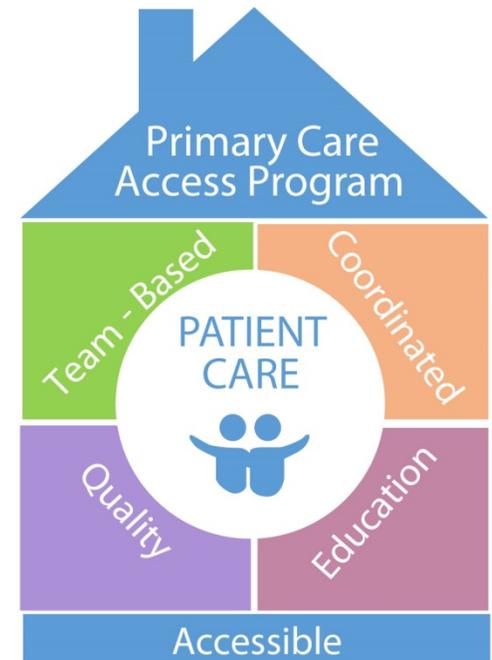


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## PCAP: Based on Patient-Centered Medical Home

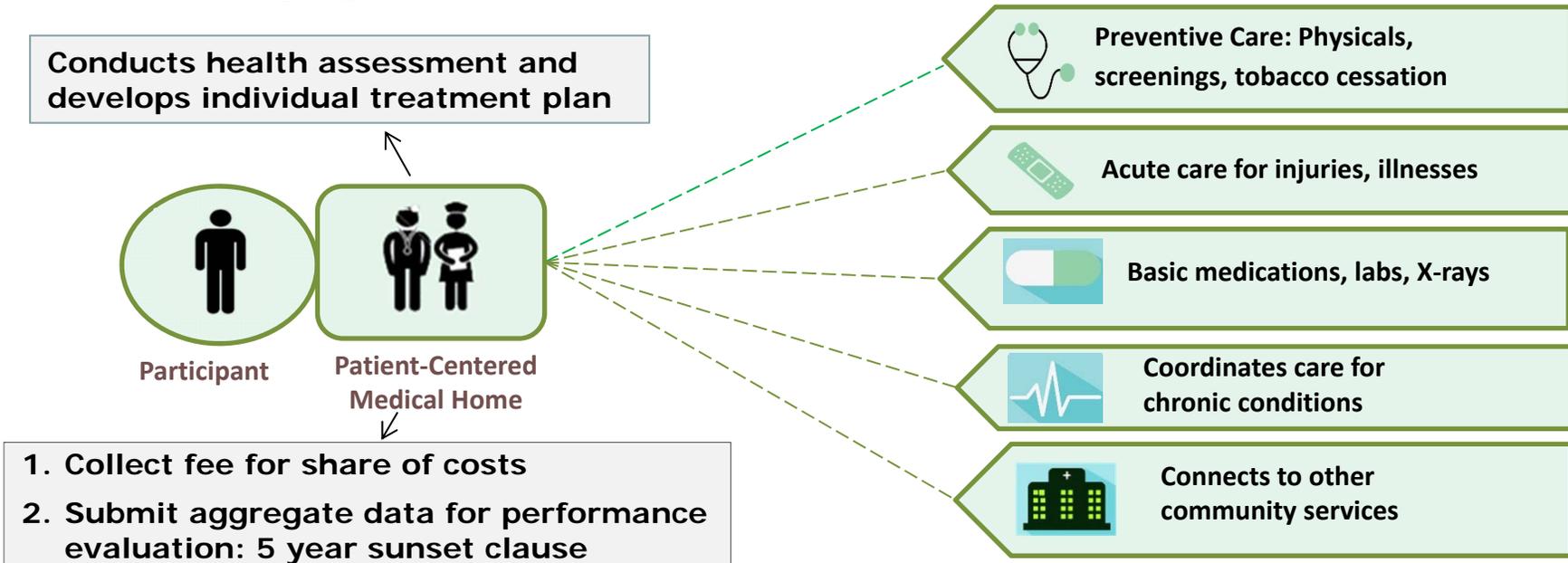
- A patient-centered medical home is a team of practitioners who take a proactive and comprehensive role to treat or coordinate all your healthcare needs
- Patient-centered medical homes undertake a challenging national certification process; PCAP providers must embrace and pursue a patient-centered medical home model
- Medical homes are paid a monthly fee to coordinate and oversee all healthcare delivered to a patient
- Primary care practices are currently converting to the patient-centered medical home model throughout the state
- Medicaid also is beginning to pay practices based on this model
- Patient-centered medical home model allows PCAP to expand access for basic healthcare to thousands of citizens





### PCAP: Based on Patient-Centered Medical Home

The primary care provider is responsible for a patient's basic preventive, physical and mental health needs





## PCAP: FY2017 Recommendation

If approved, program start date: Jan. 1, 2017

1. Programming IBES cannot begin until after July due to multi-day issuance of Food Stamps
2. Coordinating PCAP eligibility with current open enrollment for the insurance exchange results in administrative efficiencies and reduced costs

<b>FY2017 PCAP Recommendation: All Dedicated Funds</b>				
LBB: 2-32, line item 37; 2-88, line item 37				
FTP	Personnel	Start-Up & Operating	T&B Provider Payments	Total
10	\$850,000	\$4.6 M.	\$13.9 M.	\$19.3 M.



## PCAP: FY2018 Ongoing Funding

FY2018 PCAP Ongoing Annual Recommendation				
FTP	Personnel	Operating	Provider Payments	Total
10	\$850,000	\$405,000	\$28.7 M.	\$30 M.

- **Personnel and operating expenses = \$1.3 M.**
- **Open enrollment begins Nov. 1: Will share initial enrollment data by next legislative session, along with provider engagement experience**

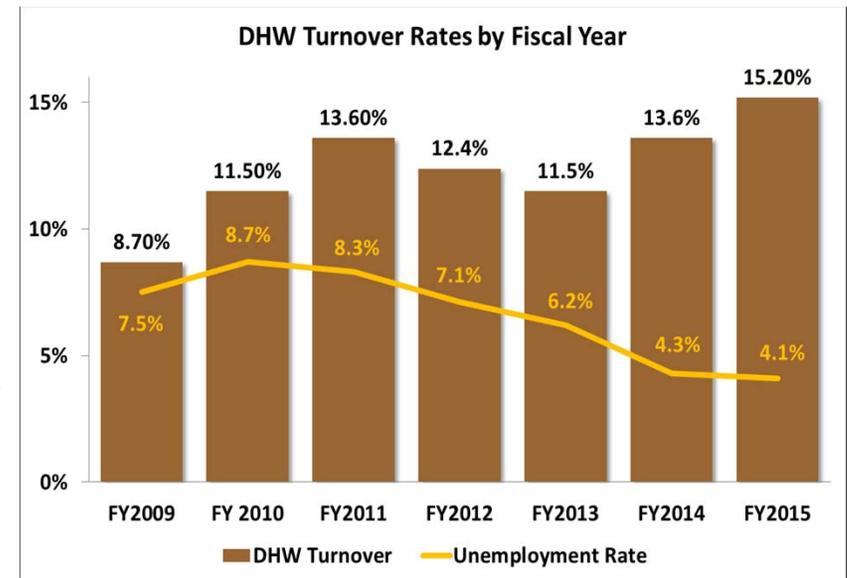


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## SFY 2015 Workforce Turnover = 15.2%

- Highest turnover since comparable data has been kept
- Exit interviews: 50% identified pay as the main or contributing factor
- For those leaving for new jobs: Avg. pay increase = 26%



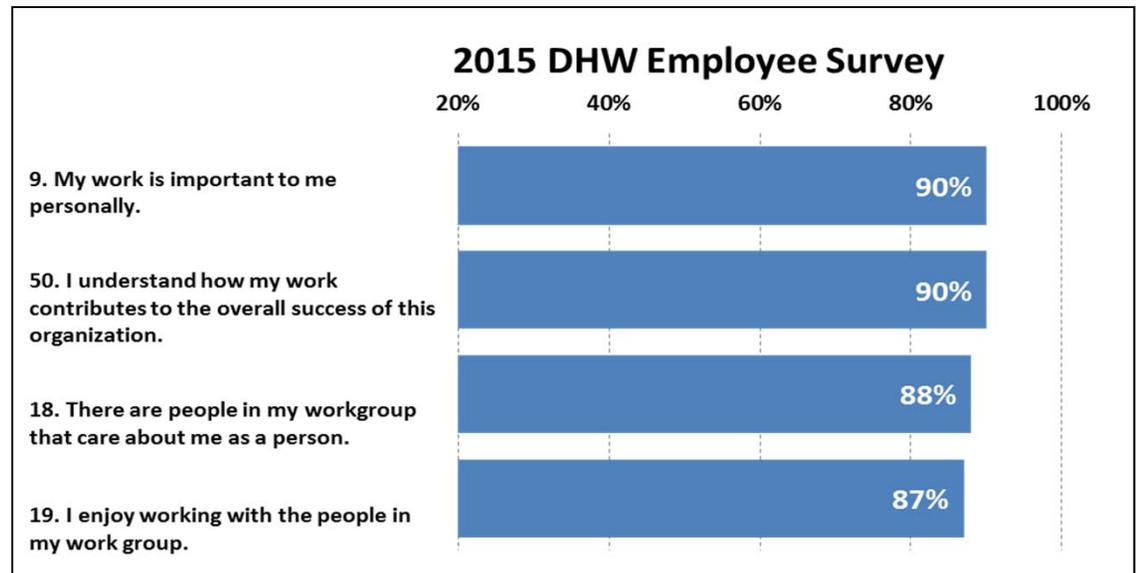


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## DHW 2015 Employee Engagement Survey

- Follow-up to initial survey two years ago
- Ratings improved on 46 of 59 survey items; declined on 2
- Highest rated response: 90% favorable for “My work is important to me personally.”



- Workloads remain high; employee retention is critical



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## Third Community Crisis Center LBB 2-50, Line item 1

- The Behavioral Health Crisis Center of East Idaho and Northern Idaho Crisis Center are both operational
- Crisis centers provide a safe, voluntary, effective and efficient alternative to ERs and jails
- Treats people with illnesses in a more appropriate and humane way

FTP	Operating Funds	Start-up Costs	General Funds Total
0	\$1,520,000	\$200,000	\$1,720,000

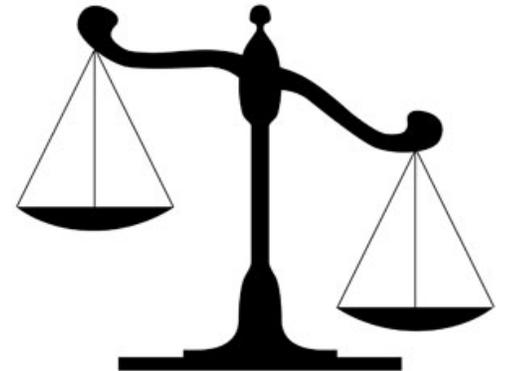


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## Medicaid: Supported Living Services

- Providers sued state for higher reimbursement
- At the time, there were no access or quality issues to trigger a rate increase
- April 2012: District court raised rates up to 85%
- April 2015: U.S. Supreme Court ruled in favor of Idaho
- CMS originally wanted state to collect overpayments made to providers from 2012 to 2015, estimated at more than \$55 M.
- State believed this would put many providers out of business
- CMS agreed and in December approved Idaho's reinstating 2012 rates at a future date





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## Medicaid: Supported Living Services

### Next Steps

1. Medicaid has set temporary rates that will be implemented Feb. 1
2. Medicaid will survey all 63 agencies in a cost analysis to establish appropriate rates
3. The rate survey will take approximately 6 months
4. If temporary rates are greater or lower than rates developed through survey, there will be a reconciliation



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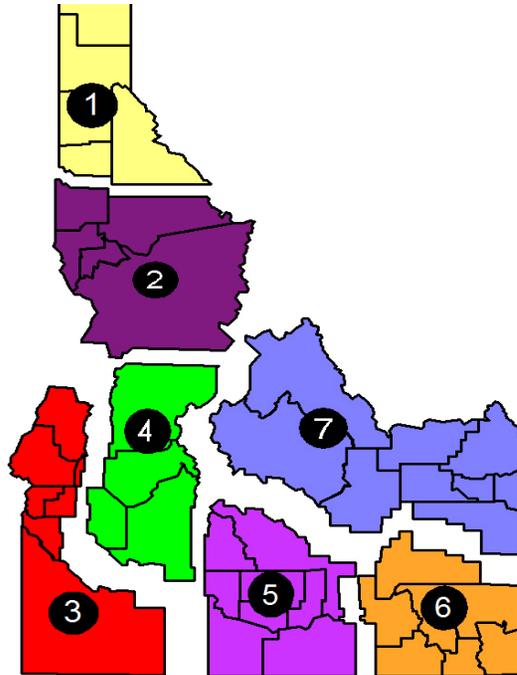
## Supported Living Services Budget Impacts

FY2016 and 2017 Medicaid Budget Recommendations LBB 2-39 Line 8; 2-41 Annualizations			
SFY	General Funds	Federal Funds	Total
2016	<\$2,900,000>	<\$7,100,000>	<\$10,000,000>
2017	<\$2,900,000>	<\$7,100,000>	<\$10,000,000>
Total	<\$5,800,000>	<\$14,200,000>	<\$20,000,000>

- Medicaid will not have final budget estimates until rate study is complete and implemented



## Public Assistance by Region 2015



Region	Estimated Population	Receiving Cash Payments	Child Care Assistance	Food Stamps	Medicaid	Totals	APTC Qualified
1	221,398	3,055	1,015	26,185	38,639	46,079	11,493
	13.5%	1.4%	0.5%	11.8%	17.5%	20.8%	5.2%
2	107,033	1,484	292	9,125	14,844	17,273	3,712
	6.5%	1.4%	0.3%	8.5%	13.9%	16.1%	3.5%
3	268,080	4,186	1,678	45,754	63,932	75,803	10,660
	16.4%	1.6%	0.6%	17.1%	23.8%	28.3%	4.0%
4	468,980	4,690	1,824	43,219	62,109	74,745	19,546
	28.7%	1.0%	0.4%	9.2%	13.2%	15.9%	4.2%
5	190,496	1,892	915	23,515	39,447	44,959	9,388
	11.7%	1.0%	0.5%	12.3%	20.7%	23.6%	4.9%
6	166,232	2,126	738	21,771	32,587	38,416	7,852
	10.2%	1.3%	0.4%	13.1%	19.6%	23.1%	4.7%
7	212,245	1,660	1,072	25,594	41,545	48,325	15,709
	13.0%	0.8%	0.5%	12.1%	19.6%	22.8%	7.4%
Totals	1,634,464	19,093	7,534	195,163	293,103	345,599	77,188
	100.0%	1.2%	0.5%	11.9%	17.9%	21.1%	4.7%



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