



State of Idaho
DEPARTMENT OF HEALTH AND WELFARE
Division of Medicaid

PHILIP E. BATT
Governor

LINDA L. CABALLERO
Director

DEEANNE MOORE
Administrator

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April 17, 1998

Ms. Nancy J. Goetschius
Office of State Health Reform Demonstrations
Health Care Financing Administration
7500 Security Blvd., C3-18-26
Baltimore, MD 21244-1850

Dear Ms. Goetschius:

Attached are the Idaho Department of Health and Welfare's responses to the State Children's Health Insurance Plan questions that we discussed last week. The following materials are included:

- Written responses to the questions received from HCFA on the Idaho State Plan for Title XXI
- Replacement pages for the Idaho State Plan
- Appendix D to the Idaho State Plan
- Sample outreach cards mailed to potential Title XXI enrollees

We appreciate the assistance you and your staff have provided us in finalizing our plan and look forward to its approval by HCFA. If you have any questions, please call me at (208) 334-5761.

Sincerely,

DEEANNE MOORE
Administrator, Division of Medicaid
Idaho Department of Health and Welfare

DM/JKP/jp

Attachments:
As Stated

cc: Linda Caballero
Mary Anne Saunders
Pam Wiley
Files (2)



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Written Reponses to HCFA's Questions

**Idaho Department of Health and Welfare
State Children's Health Insurance Plan
Response to HCFA's Questions**

April 17, 1998

General

1. The legislation needed to appropriate the funds necessary to implement the Idaho Child Health Insurance Plan has been passed by the State legislature and signed by the Governor. The total amount of money appropriated is \$19,939,800 for fiscal year 1999. This includes \$4,244,800 in state general fund expenditures. The CHIP program is currently operating with an expenditure approved in the fiscal year 1998 budget for \$6,983,000 which includes \$1,466,400 in state general fund expenditures.
2. The Idaho Title XXI State Plan will be conducted in accordance with all civil rights requirements. Specifically, we have added Appendix D to the Plan which states,

“In accordance with the provisions of title VI of the Civil Rights Act of 1964, the State of Idaho affirms that no person shall; on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Health and Human Services, including the Idaho Title XXI program.”

Section 2. General Background and Description of State approach to Child Health Coverage

Section 2.1

The State of Idaho is certain that the relatively small volume of anticipated enrollees in the CHIP program can be accommodated by the current Medicaid delivery system. We have ensured that the provider capacity is adequate by calculating the projected number of Medicaid enrollees per county, using data from the Idaho Division of Welfare, to derive the percent of the total Medicaid enrollees per county. This number has been converted into a percent of total enrollees per county and multiplied by the expected number of total CHIP enrollees which is 4,875, or approximately 65 percent of the total number of children eligible for CHIP. This number was compared to the number of Primary Care Providers (PCPs) in each county who have reported unlimited availability to accept children into their practices. At present, every county, except Butte, shows PCP availability to provide health care for additional children, Butte County is a sparsely populated rural area which currently has no

primary care physicians enrolled in Medicaid. Medicaid clients travel to a neighboring county for their health care.

The State of Idaho expects adequate availability to continue throughout the state. The capacity will be monitored in this way on a regular basis. The table below provides an example of our analysis.

Region	County Name	Projected MA Enrollees Jan. 1998	% of Total MA Enrollees	Expected CHIP Enrollment	# of PCPs w/Unlimited Availability	Expected Enrollees Per PCP
1	BENEWAH	414	0.005	26	17	2
1	BONNER	1,982	0.026	126	24	5
1	BOUNDARY	529	0.007	34	7	5
1	KOOTENAI	6,056	0.079	384	31	12
1	SHOSHONE	1,932	0.025	122	15	8
2	CLEARWATER	761	0.010	48	8	6
2	IDAHO	1,156	0.015	73	9	8
2	LATAH	1,388	0.018	88	14	6
2	LEWIS	602	0.008	38	include w/Idaho	
2	NEZ PERCE	2,915	0.038	185	31	6
3	ADAMS	202	0.003	13	2	6
3	CANYON	9,187	0.119	582	60	10
3	GEM	951	0.012	60	9	7
3	OWYHEE	1,706	0.022	108	include w/Canyon	
3	PAYETTE	1,902	0.025	121	14	9
3	WASHINGTON	920	0.012	58	4	15
4	ADA	12,426	0.162	788	47	17
4	BOISE	189	0.002	12	2	6
4	ELMORE	584	0.008	37	3	12
4	VALLEY	359	0.005	23	2	11
5	BLAINE	223	0.003	14	24	1
5	CAMAS	4	0.000	0	include w/Blaine	
5	CASSIA	1,437	0.019	91	7	13
5	GOODING	839	0.011	53	4	13
5	JEROME	1,189	0.015	75	3	25
5	LINCOLN	171	0.002	11	3	4
5	MINIDOKA	1,481	0.019	94	2	47
5	TWIN FALLS	4,326	0.056	274	44	6
6	BANNOCK	5,460	0.071	346	43	8
6	BEAR LAKE	305	0.004	19	1	19

6	BINGHAM	3,895	0.051	247	13	19
6	CARIBOU	152	0.002	10	1	10
6	FRANKLIN	576	0.007	37	4	9
6	ONEIDA	216	0.003	14	3	5
6	POWER	703	0.009	45	include w/Bannock	
7	BONNEVILLE	5,820	0.076	369	18	20
7	BUTTE	297	0.004	19	0	***
7	CLARK	57	0.001	4	include w/Bonneville	
7	CUSTER	126	0.002	8	include w/Lemhi	
7	FREMONT	472	0.006	30	1	30
7	JEFFERSON	1,116	0.015	71	3	24
7	LEMHI	518	0.007	33	9	4
7	MADISON	1,211	0.016	77	11	7
7	TETON	155	0.002	10	5	2
TOTALS		76,910	1	4,875	438	11

The Department maintains a State-wide toll-free Care Line to refer clients to providers and local self-reliance specialists. The lines provide direct connections to Idaho providers and instructs potential enrollees on how to apply for medical assistance.

Section 23

1. The Idaho Child Health Insurance Program will avoid “crowd out,” that is, the substitution of coverage under CHIP for coverage offered by an employer, or other source, through it’s eligibility process. Because CHIP is a Medicaid expansion, all CHIP eligibles will come to the program through the normal Medicaid eligibility process which includes a detailed examination of other resources available to the client. Self-reliance specialists and individual assistance workers are currently charged with collecting information about other insurance which may be available to clients and making a judgment about whether it is reasonable to expect the client to purchase that other insurance instead of becoming eligible for Medicaid and CHIP.

In evaluating the reasonableness of the client’s decision to not access other available insurance, the self-reliance specialist uses a reasonable person standard to consider two factors: comprehensiveness and cost of coverage. Comprehensiveness of coverage is determined by comparing the available coverage to categories of basic services in the CHIP legislation. Basic services are inpatient and hospital services, physicians’ surgical and medical services, laboratory and x-ray services, and well-baby and well-child care, including age-appropriate immunizations. If the coverage offered is not comparable, it is assumed that a reasonable person would not consider it adequate coverage. Formal

training in this concept to ensure that the screening process is applied fairly and consistently was completed during welfare reform training in 1997. On-going training of all staff will be coordinated to ensure that CHIP applicants are evaluated using appropriate and reasonable procedures.

If the available coverage meets the comprehensiveness test, the self-reliance specialist considers the cost of the coverage in relation to the client's ability to pay the premium, deductibles and co-payments. A calculation is developed which includes all of the client's monthly financial obligations, then the additional insurance payment is evaluated in terms of whether a reasonable person would consider the insurance payment an excessive financial burden on the household. If the self-reliance specialist determines that the health insurance available to the client does not meet either of these tests, the client is determined eligible for CHIP on the grounds that it is not reasonable to expect the client to access other available insurance.

2. The Blue Cross/Blue Shield Caring Program was discontinued as of February 28, 1998.

Section 5. Outreach and Coordination

Section 5.1

1. Under the current plan, which is a pure Medicaid expansion, outreach efforts will be conducted as an extension of current Medicaid enrollment procedures. The State is currently studying its Medicaid enrollment patterns in anticipation of implementing new outreach efforts under possible alternatives to the Medicaid expansion. For example, the Department has already mailed postcards to potential enrollees describing the new Idaho Children's Health Insurance Program. The informational card was mailed on March 17, 1998 to all families whose cash assistance case was closed between April and December 1997.
2. The following organizations have already met with State staff and discussed the eligibility and application procedures for the Idaho program:

Hunger Action Council
Head Start
Idaho Citizen's Network
Idaho Interagency Council and Infant and Toddlers Program

In addition, the Department has trained and coordinated outreach with the District Health Department directors, WIC coordinators, and school-based Community Resources for Families program coordinators. This is a representational list. Other organizations will be trained on an on-going basis.

3. The State of Idaho has convened two major citizen's task forces during the past few years: one to study and make recommendations on Welfare Reform and the other to study and make recommendations on Medicaid Reform. Both task forces completed their work and made recommendations to the Governor who adopted those recommendations through appropriate legislation. The Idaho Department of Health and Welfare considers the work of those task forces, which advocate self-reliance and personal responsibility, to be representative of the objectives of Idaho's policy leaders and the needs of Idaho communities. The recently formed Children's Health Insurance Program task force will confirm and refine those objectives as they apply to Title XXI when it studies the alternatives available to the State for a long term program. After a long term program is recommended, the task force will be responsible for developing recommendations for an appropriate outreach program.

Section 5.2

Several vehicles are currently used to disseminate information about CHIP to potential eligibles. The primary vehicle is the existing network for locating and enrolling persons eligible for Medicaid into the program. This network consists of regional DHW offices which serve as a central point of access for persons seeking human services of all kinds. Self-reliance specialists are charged with evaluating each case in terms of their eligibility for all state services, including CHIP. Many advocacy groups are also working to inform their constituencies of the existence and benefits of CHIP. These groups include the Federally Qualified Health Center Association which conducts one-on-one outreach and placed an information advertisement in the Idaho Statesman. The Idaho Migrant Council also conducts outreach and information dissemination. Other agencies disseminating information are the Head Start programs, local DHW offices and the Idaho District Health Departments.

In addition, Healthy Connections representatives are active in all but six counties and can reach 94 percent of children under 18, and 97 percent of children under 18 who live in households earning less than the federal poverty level. On a daily basis they monitor Healthy Connections provider availability and provide counseling to potential Medicaid clients to encourage them to sign up for the managed care program. Healthy Connections representatives also distribute information and enrollment forms to the offices of providers so that Medicaid clients seeking services become aware of the Healthy Connections program and can complete the enrollment form while visiting their doctor. Healthy Connections representatives will continue to provide counseling and education services to the expanded population of children who choose to participate in Healthy Connections under CHIP. For those few counties that do not participate in Healthy Connections, the Department is using postcards, advocacy groups, school-based programs, and other targeted efforts to disseminate information.

Section 9. Strategic Objectives and Performance Goals for the Plan Administration

Section 9.3

1. The State has not set enrollment objectives beyond September 30, 1998. The State will assess the enrollment environment on an ongoing basis and will modify this objective appropriately. The current goal is ambitious and may need to be modified based on actual experience through September 1998.
2. As requested, the State has contacted Nancy Goetschius of HCFA to discuss this issue. According to Ms. Goetschius, the strategic objectives and goals, as illustrated in the plan, are adequate and will not inhibit approval of Idaho's application. Therefore, the State wishes to retain the current objectives, goals, and measures and will seek to improve them at a later date with HCFA's input.

Section 9.4, 9.6, 9.8

See revised pages which are attached.

Section 9.9

The current State Plan which describes a Medicaid expansion for Title XXI was initiated by the Governor with input from the Idaho Department of Health and Welfare. This is an interim solution which the State has implemented while it assembles a task force to study alternative long-term solutions which may include the purchase of commercial insurance and other alternatives. During the period that the task force is assembled, it will be accepting input from Idaho tribes and the general public. Membership in the task force includes a representative of the Idaho Native American Tribes. In addition, the Medicaid Administrator meets with Tribal leaders each quarter to discuss the Medical Assistance program. During these meetings, she has kept the tribes apprised of the implementation of the Idaho Children's Health Insurance Program and has included them by briefing them on the progress of the program.

Section 9.10

1. The source for the State's share of the Title XXI expenditures is Idaho House Bill 799 which is the legislative appropriation for Medicaid and Title XXI for State FY 1999. For State FY 1998, the State's share of the Title XXI expenditures are included in adjustments to the legislative appropriation for Medicaid under the previous appropriations bill. The State confirms that all expenditure will be in compliance with section 1903(w) of the BBA.

2. Since the State is in the process of setting up the program, assembling a task force, and evaluating its information systems to meet HCFA's reporting requirements, a detailed administrative budget has not yet been finalized. As a pure Medicaid expansion, the allocation of administrative costs will closely parallel the existing allocation of Medicaid administrative costs. Additional funds will be expended for items that are specific to Title XXI such as the outreach coordination and production of materials, setting up and maintaining the task force, and developing and monitoring the reporting requirements specific to Title XXI. The State confirms that its administrative expenditures will be managed in conformance with all provisions of the BBA.

Section 10. . Annual Reports and Evaluations

Section 10.2

See revised pages which are attached.

Replacement Pages For the Idaho State Plan

Table 9.1 Strategic Objectives, Performance Goals and Measures, and Data Elements			
Strategic Objectives	Performance Goals	Performance Measures	Data Elements
Foster the establishment of a "medical home" for children enrolled in the Medicaid child health plan who choose to participate in Healthy Connections.	The rate of emergency room visits will be within 5 percent of the rate of visits for other children enrolled in Medicaid Healthy Connections.	Rate of emergency room visits compared to the control group	Ad hoc report from claims/contact data as provided by the IdahoAIM MMIS using general population rate as a reference point
	Pediatric asthma cases will be diagnosed and treated in a preventive manner.	Hospitalization rates for asthma measured and compared to national norms	Ad hoc report from claims/contact data as provided by the IdahoAIM MMIS

Check the applicable suggested performance measurements listed below that the state plans to use: (Section 2107(a)(4))

- 9.3.1. The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.
- 9.3.2. The reduction in the percentage of uninsured children.
- 9.3.3. The increase in the percentage of children with a usual source of care.
- 9.3.4. The extent to which outcome measures show progress on one or more of the health problems identified by the state.
- 9.3.5. HEDIS Measurement Set relevant to children and adolescents younger than 19.
- 9.3.6. Other child appropriate measurement set. List or describe the set used.
- 9.3.7. If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:
- 9.3.7.1. Immunizations
- 9.3.7.2. Well child care
- 9.3.7.3. Adolescent well visits
- 9.3.7.4. Satisfaction with care
- 9.3.7.5. Mental health
- 9.3.7.6. Dental care
- 9.3.7.7. Other, please list: _____
- 9.3.8. Performance measures for special targeted populations.
- 9.4. The state assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1))

- 9.5. **The state assures it will comply with the annual assessment and evaluation required under Section 10.1. and 10.2. (See Section 10) Briefly describe the state's plan for these annual assessments and reports. (Section 2107(b)(2))**

The State assures it will comply with the annual assessment and evaluation required under Sections 10.1 and 10.2. The source of an annual assessment and report on program progress and activities has not been identified. If the State does not possess the internal staff resources to conduct the evaluation, it will enter into a contract with a third party to provide evaluation services for the program.

As mentioned in the introduction to Table 9.1, the annual assessment will calculate the baseline number of uncovered children by referring to the demographic information provided in Section 2 of this document. Effectiveness will be measured by how close the program comes to meeting the performance goals detailed in Section 9 using the performance measures and data elements identified in Table 9.1. The State will use the IdahoAIM MMIS for data collection and analysis. Quarterly progress in meeting performance goals will be monitored. Additionally, quarterly monitoring efforts will focus on identifying trends and changes in the State that may impact the operation of the State Child Health Insurance Program.

- 9.6. The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3))

- 9.7. The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed.

- 9.8. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e))

- 9.8.1. Section 1902(a)(4)(C) (relating to conflict of interest standards)
- 9.8.2. Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)
- 9.8.3. Section 1903(w) (relating to limitations on provider donations and taxes)
- 9.8.4. Section 1115 (relating to waiver authority)
- 9.8.5. Section 1116 (relating to administrative and judicial review), but only insofar as consistent with Title XXI
- 9.8.6. Section 1124 (relating to disclosure of ownership and related information)
- 9.8.7. Section 1126 (relating to disclosure of information about certain convicted individuals)

- 9.8.8. Section 1128A (relating to civil monetary penalties)
- 9.8.9. Section 1128B(d) (relating to criminal penalties for certain additional charges)
- 9.8.10. Section 1132 (relating to periods within which claims must be filed)

9.9. Describe the process used by the state to accomplish involvement of the public in the design and implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c))

Development of this plan will include the input of select public and private organizations that operate in the child services community.

To further facilitate the development of an effective program, the State will convene a task force that will be charged with determining the feasibility of developing a new Title XXI Child Health Insurance Program which may be independent of Medicaid or structured as a joint program. Once the task force is established, it will be operated under guidance from the State.

The task force members will be appointed by the Director of Medicaid and will consist of citizens from the State, including, for example, representatives of community groups, consumer and advocacy groups, State legislators, community-based providers, and other lay leaders.

The task force will provide direction during all phases of the program. Within the legal limits of this program, the task force will make recommendations to the Director on program design and implementation activities. Annually, the task force will review evaluation reports and records for population trends in the State. Based on this information, the task force can make decisions for periodic adjustments in program implementation activities.

9.10. Provide a budget for this program. Include details on the planned use of funds and sources of the non-Federal share of plan expenditures. (Section 2107(d))

A budget has been prepared to project revenue and expenses for October 1, 1997 through September 30, 1998, or the first year of operations. Revenue for the non-Federal share of funds may be obtained from the Idaho State Legislature General Fund through a legislative appropriation. The amount requested for the non-Federal share will be \$4,295,582, based on \$20,179,372 total revenue available for the State Child Health Insurance Program.

Budgeted expenses for the program are divided into two categories: administrative expenses and service expenses. The administrative expenses are estimated to be \$2,017,937, or 10 percent of the total budget. The remaining \$18,161,435 will be

10.2. State Evaluations.

The state assures that by March 31,2000 it will submit to the Secretary an evaluation of each of the items described and listed below: (Section 2108(b)(A)-(H))

- 10.2.1. **la** **An** assessment of the effectiveness of the state plan in increasing the number of children with creditable health coverage.
- 10.2.2. **A** description and analysis of the effectiveness of elements of the state plan, including:
- 10.2.2.1. The characteristics of the children and families assisted under the state plan including age of the children, family income, and the assisted child's access to or coverage by other health insurance prior to the state plan and after eligibility for the state plan ends;
 - 10.2.2.2. The quality of health coverage provided including the types of benefits provided;
 - 10.2.2.3. The amount and level (including payment of part or all of any premium) of assistance provided by the state;
 - 10.2.2.4. The service area of the state plan;
 - 10.2.2.5. The time limits for coverage of a child under the state plan;
 - 10.2.2.6. The state's choice of health benefits coverage and other methods used for providing child health assistance, and
 - 10.2.2.7. The sources of non-Federal funding used in the state plan.
- 10.2.3. **An** assessment of the effectiveness of other public and private programs in the state in increasing the availability of affordable quality individual and family health insurance for children.
- 10.2.4. **A** review and assessment of state activities to coordinate the plan under this Title with other public and private programs providing health care and health care financing, including Medicaid and maternal and child health services.
- 10.2.5. **An** analysis of changes and trends in the state that affect the provision of accessible, affordable, quality health insurance and health care to children.

- 10.2.6. A description of any plans the state has for improving the availability of health insurance and health care for children.
- 10.2.7. Recommendations for improving the program under this Title.
- 10.2.8. Any other matters the state and the Secretary consider appropriate.
- 10.3. The state assures it will comply with future reporting requirements as they are developed.
- 10.4. The state assures that it will comply with all applicable Federal laws and regulations, including but not limited to Federal grant requirements and Federal reporting requirements.

Appendix D
Statement of Compliance with the Civil Rights Act of 1964

In accordance with the provisions of title VI of the Civil Rights Act of 1964, the State of Idaho affirms that no person shall; on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Health and Human Services, including the Idaho Title XXI program.

Sample Outreach Card Mailed to Potential Title XXI Enrollees

Idaho Department of Health and Welfare
450 W. State Street
Boise, ID 83720-0036

Bulk Rate
U.S. Postage
PAID
Permit No. 1
Boise, Idaho



Health insurance eligibility
is changing!

Los requisitos para recibir
seguro médico están
cambiando!

Health insurance eligibility is changing!

The income limit for the Children's Health Insurance Program (CHIP) is changing as of July 1, 1998 from 160 percent of the Federal Poverty Limit to **150** percent.

For example, the monthly income for a family of 3 goes down from **\$1820** to **\$1706**, for a family of 4 it goes down from **\$2193** to **\$2056**.
If you have questions, please call your nearest Health and Welfare office.

Los requisitos para recibir seguro médico
están cambiando!

El límite de ingresos que Ud. puede ganar para poder recibir Seguro Médico para Niños (CHIP en inglés) va a cambiar el 1 de julio de 1998 de **160** a 150 por ciento del Límite Federal de Pobreza.

Por ejemplo, lo que puede ganar al mes, una familia de 3 va a bajar de **\$1820** a **\$1706**, para una familia de 4 va a bajar de \$2193 a **\$2056**.

Si Ud. tiene preguntas, por favor llame a la oficina del Departamento de Salud y Bienestar más cercana a Ud.

Region 1

Coeur d'Alene, ID
769-1515

Region 2

Lewiston, ID
799-4320

Region 3

Caldwell, ID
454-0421

Region 4

Boise, ID
334-6700

Region 5

Twin Falls, ID
736-2110

Region 6

Pocatello, ID
235-2900

Region 7

Idaho Falls, ID
528-5800

Need health insurance for your child?

The Medicaid Program is making health insurance available for more children in Idaho.

- If you are low-income, and your children are 18 or younger and don't have health insurance, please contact us — you may be eligible for help.



For information about the new Children's Health Insurance Program and to see if your child qualifies, contact the Idaho Department of Health and Welfare office nearest you:

Region 1
Self-Reliance Program
1250 Ironwood Drive
Suite 100
Coeur d'Alene, ID
83814-2681
769-1515

Region 2
Self-Reliance Program
Drawer B
Lewiston, ID 83501
799-4320

Region 3
Self-Reliance Program
Box 1219
Caldwell, ID 83606
454-0421

Region 4
Self-Reliance Program
Box 83720
Boise, ID 83720-0026
334-6700

Region 5
Self-Reliance Program
601 Pole Line Road, Suite 5
Twin Falls, ID 83301
736-2110
1-800-826-1207 (Toll Free)

Region 6
Self-Reliance Program
Box 4166
Pocatello, ID 83205-4166
235-2900

Region 7
Self-Reliance Program
150 Shoup, Suite 19
Idaho Falls, ID 53402
525-5800
1-800-526-9117 (Toll Free)

Idaho Department of
Health and Welfare

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¿Necesita seguro médico para su niño?

El Programa de Medicaid esta haciendo posible que mas niños en Idaho tengan seguro medico.

- Si usted es de bajos ingresos, y sus niños son menores de 18 años y no tienen seguro médico, por favor comuníquese



con nosotros, usted podría ser elegible.

Para información sobre el nuevo Programa de Seguro medico para Niños y para ver si su niño califica, comuníquese con la oficina del Departamento de Salud y Bienestar de Idaho más cercana a usted:

Region 1
Self-Reliance Program
1250 Ironwood Drive
Coeur d'Alene, ID
83814-2681
769-1515

Region 2
Self-Reliance Program
Drawer B
Lewiston, ID 83501
799-4320

Region 3
Self-Reliance Program
Box 1219
Caldwell, ID 83606
454-0421

Region 4
Self-Reliance Program
Box 83720
Boise, ID 83720-0026
334-6700

Region 5
Self-Reliance Program
601 Pole Line Road, Suite 5
Twin Falls, ID 53301
736-2110
1-800-826-1207 (llamada gratis)

Region 6
Self-Reliance Program
Box 4166
Pocatello, ID 83205-4166
235-2900

Region 7
Self-Reliance Program
150 Shoup, Suite 19
Idaho Falls, ID 83402
525-5800
1-800-526-9117 (llamada gratis)

Departamento de Salud
y Bienestar de Idaho

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