



State of Idaho

DEPARTMENT OF HEALTH ~ O WELFARE

Office of the Director

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July 21, 2000

Liz Trias
Division of Medicaid and State Operations
Health Care Financing Administration
Department of Health and Human Services
2201 Sixth Avenue MIS RX-43
Seattle, WA 98121

Dear Ms. Trias:

Below is the State's response for clarification and other items addressed in your letter of May 12, 2000, which addressed items, related to IN 00-002. The State offers the following:

Section 2.2.1

- (1) Idaho has undertaken ongoing meaningful consultation with Idaho's five Federally recognized tribes in accordance with the February 24, 1998 letter to Medicaid Directors. This consultation has been consistent with the Department of Health and Human Services definition of meaningful consultation which follows:

uConsultation is an enhanced form of communication which emphasizes trust, respect and shared responsibility. It is an open and free exchange of informational opinion among parties, which leads to mutual understanding and comprehension. Consultation is integral to the deliberative process which results in effective collaboration and informed decision making (Richardson and Fox, February 24, 1998, pg. 1)."

Ongoing communication has taken the following forms:

- ~ The Department has established quarterly meetings with the Tribes to discuss issues of mutual concerns. Representatives of **all** five Tribes are invited to these meetings. CHIP has been a continuing agenda item at these meetings for the past two years. ***(List tribal contact people and attached minutes/agenda)***

-)* The original Department task force responsible for making recommending to the Governor on the design of CHIP included a Tribal representative.
-)- The State-level Outreach Coordinator for CHIP will be visiting each of the Tribes this summer to develop outreach initiatives specific to the Tribes.

- > The Regional Outreach plans in Regions 1, 2, and 6 specifically address outreach to the Tribes in their regions as follows:
 - Region 1 will be recruiting a Representative of the CDA Tribe to serve as an outreach worker to the Tribe
 - Region 2 is working the Nez Perce Tribe and will either develop a contract of community outreach activities or recruit a VISTA worker from the Tribe to undertake outreach depending upon the desires of the Tribe.
 - Region 6 will be presenting information about CHIP to the Shoshone-Bannock Tribal Council.
- > The Duck Valley Reservation is preparing a proposal to contract with the Department to do outreach and linking as a pilot project.

Section 2.2.2: Robert Wood Johnson Foundation Grant

2.i The Mountain States Group, a private non-profit organization, applied for the Covering Kids Initiative grant from the Robert Wood Johnson Foundation and received the grant with a start date of July 1, 1999. The Department of Health and Welfare through the Divisions of Medicaid, Welfare, and Health assisted the Mountain States Group in the submission of the proposal, in the field interviews with RWJ staff, and in developing responses to RWJ following the site visit. Mountain States Group received \$750,000 from the RWJ Foundation to form a statewide coalition, support pilot outreach projects in two counties of Idaho, and work on enrollment simplification.

The project is now titled: Healthy Outcomes for Youth. Representatives from the Divisions of Medicaid and Welfare are members of the project's statewide coalition that meets quarterly to review progress on the grant. The Project Director for ROY has been involved in a number of Department work groups, including the CHIP steering committee, the QI committee, and work groups on revisions to redeterminations and notices.

2.ii The State does not now have a contract with the Mountain States Group related to SCRIP outreach activities. The State worked with Mountain States in designing the outreach activities it included in its grant proposal, and, as part of the coalition, oversees the outreach activities performed through the grant. The activities of the HOY project, focused on only two regions of the state (Canyon County in the southwest and Kootenai County in the north) are only one piece of the concerted outreach strategy described in Idaho's amended plan. In those areas of the state where the project operates, there is coordination between the project's subcontractors, Terry Reilly Clinics in Canyon County and Kootenai Regional Medical Center in Kootenai County, and regional Department of Health and Welfare staff regarding outreach efforts.

2.iii The State does intend to request federal financial participation for the full range of SCHIP outreach efforts which are described in its plan.

Section 5.1

3. Idaho has a multi-faceted plan to reach target group families. It includes an array of state and local media activities, CHIP promotional and information materials, stakeholder involvement, stakeholder education, and state and local outreach activities. This allows for both a broad brush and focused approach to reaching target group families with information on CHIP and assistance with enrollment.

Idaho has made extensive efforts to identify and partner with as many organizations as possible who work with target group families. Many of those organizations are listed among external stakeholder groups identified in Section 2.2.1. With each of those groups, training has been provided on the Idaho CHIP program and materials given to them to share with their clients.

At a state level, key stakeholders were members of the CHIP Steering Committee which developed a set of recommendations to the Department regarding CHIP outreach. The Department adopted those recommendations and formalized a CHIP outreach plan. One component of the plan was the development of a plan for each Health and Welfare region in the state. The region was required to involve key stakeholders at the local level in the development of the regional plan. The regional plans detail the focused approach to be used at the local level in reaching the target group families through a wide array of partnerships with providers and advocacy groups.

As seen further in Section 5.1, a number of media activities have been planned and most have been implemented. In addition to what is listed, newspaper ads have been run in rural weekly papers and are being run in tribal newspapers.

The phrase –culturally diverse groups– was meant to refer to the Native American, Hispanic, and other people of color, race, and ethnicity in Idaho.

4. Amencorps is a federal program. The program's mission, as stated in the Domestic Volunteer Service Act of 1973, is:

to strengthen and supplement efforts to eliminate and alleviate poverty.. . in the United States by encouraging and enabling persons from all walks of life.. .and all age groups.. .to perform meaningful and constructive volunteer service in agencies, institutions, and situations where the application of human talent and dedication may assist. in the solution of poverty and poverty-related problems.. .[and] to generate the commitment of private sector resources, to encourage volunteer service at the local level, and to strengthen local agencies and organizations to carry out the purpose [of the program]– (42 U.S.C. 4951).

Idaho plans to utilize Amencorps VISTA (Volunteers in Service to America) members in the CHIP outreach and education efforts. For every VISTA member Idaho provides funding for, Amencorps will provide a match for an additional member. In short, this means that for every one member the state will provide the living allowance

(approximately \$720 per year), the Amencorps program will provide the living allowance for an additional member. At this time, Idaho has not implemented this strategy, but plans to recruit a total of 15 VISTA members. TANF funds are being utilized for the state portion of the VISTA living allowance.

Section 9.3

5. Medicaid baseline data on 9/30/97:

Child enrollees in Medicaid: 37,013
Locations with applications: 32
Locations providing application assistance: 32
Involvement 01 target groups and agencies in outreach and education: 14
Application length: 17 pages
% of applications processed without an interview: not available
Results of customer satisfaction surveys: none in place
Average length of enrollment;
% of children participating in Healthy Connections: 43%
Immunization %: 76.4
Preventive care %: 0—15 mo.: 22%
 3yrs: 9%
 4yrs: 10%
 5yrs: 11%
 6yrs: 3%
 12+yrs: 8%

6. While Idaho has identified 35,000 children as potentially uninsured, it has also been Idaho's and most states' experience that not all identified potential enrollees will enroll, regardless of outreach efforts. There are a number of contributing factors including religious and philosophical beliefs, attitudes toward government, perceptions of bias, and legal and citizenship status. In light of this national experience, Idaho chose a target for actual enrollment slightly less than the potential total eligible population. Regardless of the goal, Idaho's outreach and education plan, reform of the application and redetermination processes, and community partnering is designed to enroll as many children as possible who meet the enrollment criteria. Idaho understands that the estimate of 35,000 uninsured children is only an estimate and believes that it is low. The actual enrollment targets were set to guide outreach and budgeting activity based upon the best information available. At this time enrollment growth is far exceeding the target.

7. Given limited resources, Idaho is attempting to find reasonable data measures to track progress in access and quality of care for children enrolled in Idaho CHIP. The best measure available at this time is the involvement of children in the Healthy Connections program. Healthy Connections is a primary care case management program. Physicians receive a small case management fee for accepting and managing Medicaid/CHIP children. Thus a child enrolled in Healthy Connections has a medical home. Idaho does not currently have a mechanism to determine whether children not enrolled in Healthy Connections have a medical

home. Thus, by monitoring the rates of enrollment in Healthy Connections and in Medicaid/CHIP, Idaho will obtain **some** data to

assist in the determinations regarding access to care. From experience, Idaho also knows that children enrolled in Healthy Connections do better at receiving immunizations and preventive care.

8. Currently, the only reasonably reliable data Idaho has related to immunization comes from the NiS survey. At the inception of CHIP, the rate was 76.4%— last year it fell to 73.2%. The immunization data available on Medicaid children is incomplete; Medicaid pays an administration fee for immunization but does not have records on shots received for which the provider does not bill the administration fee. Idaho is working on a central immunization registry. Data would be obtained from public health districts, private physicians, hospitals, clinics, and other locations where immunizations are given. Pilots of this are currently functioning with target full implementation by August 2000. At that time, better data on immunization rates should be available. Meanwhile, Idaho continues aggressive immunization activities and packaging immunization and CI-tIP messages in its outreach efforts.

Section 9.10

9. Financial information

Title XXI				
Budget	3100	5175	7250	9325
SFY 99 Actual	\$108.4	\$108.4	\$108.4	\$108.4
% of Total	1	1	1	1
FFY00	FFY 02 Projected			
FFY01				

Average enrollees/month Average cost/en rollee/month

Revenue	Screening	\$4,032,801.00	\$30,888.0	\$
Administration	Services		0	3
Services	Home		\$124,321.00	6
	Health	\$810,057.00	\$4,032,801	2,
	HOBS	\$217,265.00	.00	8
Expenses by category	Medical	\$748,218.00	\$71405,487.0	6
Inpatient Hospital	Transportati	\$324,897.00	0	8.
Inpatient Mental Health	on	\$412,102.00	\$673,226.00	8
Physician & Surgical	Case	\$618,086.00	\$6,732,26	7
Services	Managemen	\$185,006.00	■	\$
Outpatient Hospital	t	\$314,106.00	\$1	1,
Prescribed Drugs	Other	\$112,867.00	,3	2
Dental Services	Services	\$27,457.00	52	4
Other Practitioners	Grand Total	\$36,474.00	,5	8,
cl-nio Services	\$4,436,081	\$9,110.00	11	8
Laboratory & Radiology	.00	\$15,189.00	.2	3
Family Planning	\$03,280.00	\$48,760.00	3	4.

	42	4.59%	.18	\$2,437,133.77	\$46,098.
	\$542,620.24	7.79%	\$1,749,882.13	\$653,865.	10
	\$688,037.07	2.80%	\$759,849.37	16	\$140,720.
	\$1,032,055.6	0.68%	\$963,799.12	\$2,250,316.1	52
	\$309,010.78	0.90%	\$1,445,541.99	S	\$93,409.3
	\$524,443.13	0.23%	\$432,680.79	\$977,764.	1
	\$188,503.31	0.38%	\$734,612.03	97	\$373,637.
	\$45,779.37	1.16%	\$263,966.48	\$1,239,796.27	23
	\$60,590.35	0.77%	\$64,214.76	\$1,859,694.41	\$12,131,079.
	\$15,484.20	3.08%	\$85,303.18	\$556,816.	00
	\$25,582.59	\$10,374,837	\$21,305.91	53	
	\$78,094.23	.00	\$35,523.11	\$945,011.	
	\$51,838.41	\$943,167	\$109,359.45	05	
	\$207,353.64	.00	\$72,238-98	\$339,670.	
100.00%	\$6,732,261.00	\$9,431,670.	\$290,754.40	21	
	20.09%	00	\$9,431,670.00	\$82,491.3	
	5-39%		\$13,344,187.00	4	
	18.55%		\$1,213,108.00	\$109,179.	
	8.06%	\$1	\$12,131,079.00	71	
	10.22%	,894,51210		\$27,901.4	
	15.33%	\$508,126		8	