

CHAPTER 11

HEALTH AND WELFARE

The Idaho Department of Health and Welfare, the seven public health districts, and the counties participate in the administration of health and welfare programs in Idaho. Funds to support these programs come from federal, state, county and other sources. Four main types of services are provided: health services to the general public, emergency assistance, medical service for the indigent, and the services of county-supported nursing homes, children's homes, hospitals, and other institutions.

PUBLIC HEALTH DISTRICTS

Basic preventive health services for the general population are provided by Public Health Districts (39-408). The seven districts, the counties which comprise them and their main office locations:

- District 1: *Panhandle Health District:* Boundary, Bonner, Kootenai, Benewah, Shoshone.
8500 N Atlas Rd, Hayden, ID 83835
Phone: 667-3481; FAX: 664-8736.
- District 2: *Public Health – Idaho North Central District:* Latah, Clearwater, Nez Perce, Lewis, Idaho.
215 10th St, Lewiston, 83501-1987
Phone: 799-3100; FAX: 799-0349.
- District 3: *Southwest District Health:* Adams, Washington, Payette, Gem, Canyon, Owyhee.
13307 Miami Lane, Caldwell, 83605-3700
Phone: 455-5317; FAX: 454-7722.
- District 4: *Central District Health:* Valley, Boise, Ada, Elmore.
707 N Armstrong Place, Boise, 83704-0825
Phone: 375-5211; FAX: 327-8500.
- District 5: *South Central Public Health District:* Camas, Blaine, Gooding, Lincoln, Jerome, Cassia, Minidoka, Twin Falls.
1020 Washington Street North, Twin Falls, 83301-6247 Phone: 734-5900;
FAX: 734-9502.
- District 6: *Southeast District Health:* Power, Oneida, Bannock, Franklin, Caribou, Bear Lake, Bingham, Butte.
1901 Albin Ricken Drive, Pocatello, 83201
Phone: 233-9080; FAX: 234-7169.

District 7: *Eastern Idaho Public Health District* - Lemhi, Custer, Clark, Jefferson, Bonneville, Teton, Madison, Fremont.
1250 Hollipark Dr Idaho Falls, 83401
Phone: 522-0310; FAX: 525-7063

Public Health Districts Overview:

Idaho Public Health Districts were established in 1970 under Chapter 4, Title 39, Idaho Code. They were created by the Legislature to ensure that preventive public health services are available to all citizens of the state — no matter how small or large their county population. It was the intent of the Legislature in creating the Public Health Districts that public health services be locally controlled and governed. Idaho's 44 counties are grouped into seven Public Health Districts and are governed by policy boards appointed by the county commissioners in those Districts. The District partnership has served Idaho well since 1971 and has received national attention due to the way it provides decentralized public health services designed to meet the unique needs of the citizens of each District.

Idaho Public Health Districts are not state agencies or part of any state department; they are recognized much the same as other single purpose districts, and are accountable to their local Boards of Health.

Core Functions/Idaho Code

As outlined in Idaho Code 39-409, the Public Health Districts are to provide basic health services of public health education, physical health, environmental health, and public health administration. The law also states that services shall not be construed to restrict the programs offered by the local Boards of Health of the Public Health Districts solely to these categories.

While the services provided by Idaho Public Health Districts are not exactly the same in each district, they generally include:

Epidemiology/Communicable Disease Control

Epidemiology is one of the core functions of public health. Idaho Public Health Districts work to investigate, report, prevent, and control communicable diseases by:

- Reporting on over 70 reportable diseases and conditions (IDAPA 16.02.10)
- Investigating and managing outbreaks of communicable diseases (e.g., Cryptosporidiosis, Hepatitis A, Salmonella, Pertussis, Syphilis, Tuberculosis, West Nile Virus, H1N1, etc.)
- Maintaining and utilizing the Health Alert Network (HAN) to rapidly communicate with state and local partners
- Working in partnership with medical facilities and infection control practitioners

Health Education

Prevention is the key to success in public health. Idaho Public Health Districts focus on promoting healthy lifestyles through educational programs. They work closely with local coalitions and community partners to provide the following educational programs:

- Adolescent Pregnancy Prevention
- Chronic Disease, Cancer and Diabetes Prevention and Control
- Fall Prevention for Seniors
- Oral Health
- Physical Activity and Nutrition
- Tobacco Cessation, Prevention and Control

Physical Health

Idaho Public Health Districts strive to maintain the health of families and the community through health district programs and referrals to community partners. Services and/or programs offered include, but are not limited to:

- Child and Adult Immunizations
- HIV/AIDS Testing and Case Management (The district health departments may provide counseling regarding HIV, HIV testing, and referral for health care to a victim(s) when a prisoner tests positive for HIV (39-604).
- Reproductive Health
- School Health
- Sexually Transmitted Disease Testing and Treatment
- Women's Health Check/Mammography Services
- Women, Infants and Children Program (WIC)

Environmental Health

Environmental Health recognizes the connection between human health and the health of our environment. Idaho Public Health Districts work to prevent disease and injury through control and protection of environmental factors such as water, air, and food by:

- Permitting and inspecting food establishments
- Monitoring public water systems (public drinking water (39-3624))
- Permitting and inspecting public swimming pools
- Permitting and inspecting subsurface sewage disposal systems
- Approving and inspecting solid waste facilities (Health districts have also been given the primary responsibility for reviewing the operations plans for solid waste facilities and for enforcement of laws relating to operations (39-7401)).
- Inspecting child care facilities and providing education for child care providers
- Reviewing proposed subdivision plats for land development and conducting site evaluations

Health Preparedness

Idaho Public Health Districts are working to improve their ability to respond to all types of hazards,

ranging from natural disasters, to infectious disease outbreaks, to acts of terrorism by:

- Exercising all-hazard response plans that have been developed by the health districts
- Planning for and management of the Strategic National Stockpile
- Partnering with public health professionals to ensure they are educated about and prepared for such events
- Working with community partners to develop plans and exercise for surge capacity events
- Responding to public health events, such as the H1N1 pandemic

Each Public Health District is headed by a Board of Health which is vested with the authority, control and supervision of the district health department. The board of health is appointed by the county commissioners (39-410).

Composition and terms of the Board, appointment and removal process. For those districts comprised of less than eight (8) counties, the district board of health shall consist of seven (7) members to be appointed by the boards of county commissioners within each district acting jointly, and each board of county commissioners may appoint a board member. For those districts comprised of eight (8) counties, the district board of health shall consist of not less than eight (8) members nor more than nine (9) members and each board of county commissioners may appoint a board member. One member of the board is to be a licensed physician, if one is available to serve. This code gives reference to the process and procedure for replacement of board members (39-411).

The powers and duties of the district board include administering and enforcing all state and district health laws, regulations and standards, establishing fees for an amount reasonably calculated to cover the cost of rendering services (39-414).

The chairmen of the boards of county commissioners serve as the budget committee for the health districts (39-423). County commissioners are authorized to levy a special tax up to four hundredths percent (.04%) of assessed valuation for preventive health services supported by health districts (31-862). The State Legislature also appropriates funds for some services provided by the districts. The districts are also able to acquire federal funds from direct grants from federal agencies and earn local funds that are unmatched by the state. These funds come to the districts through negotiated contracts with other agencies, contributions and fees for service.

Public Health Districts employ environmental health specialists, public health nurses, nurse practitioners, nutritionists, health educators, dental hygienists, and other administrative and support personnel.

Public Health Districts have direct working relationships with the Department of Health and Welfare, the Department of Environmental Quality, and other state agencies on a partnership basis. (For more information regarding the Department of Environmental Quality, see chapter 10.) The partnerships are through contractual arrangements, or through formal delegation of program responsibilities for services that are planned jointly. Even though the health districts are not considered a department of state government they are required to comply with the state merit system and the public employee retirement system. Through contractual arrangement they utilize

the state Treasurer, the state Controller, and the state Personnel Commission.

EMERGENCY ASSISTANCE AND MEDICAL SERVICES

Public welfare is a combined state and county program in Idaho. The Idaho Department of Health and Welfare has offices in a majority of the counties in the state and provides payments for recipients of old-age assistance, aid to the blind, aid to the permanently and totally disabled, food stamps and temporary assistance for families in Idaho (TAFI). Medical care is provided under the Medical Assistance Program (Medicaid) for public assistance recipients and supplemental security income (SSI) recipients. Extensive child welfare programs, including adoptions and foster home care, are also provided by the state. Applicants for TAFI are screened for substance abuse, and where appropriate, are also tested and treated (56-209i). If a parent is ineligible for assistance based upon the screening, aid to a child or children will not be affected (56-209k). There is an “opt out provision” which allows the department to provide assistance and services to people convicted of a drug related felony, under certain circumstances (56-202).

County government assists the state welfare program by having a county commissioner serve on the county council on public assistance (56-301). The council is composed of one county commissioner, selected by the board of county commissioners, and four appointees of the Governor (56-301). The council has the power to make periodic reviews of cases approved for public assistance, furnish information to welfare applicants and the public, and make recommendations to the Department of Health and Welfare (56-303).

Nonmedical and Medical Indigency

Senate Bill 1158 from 2009, House Bill 681a from 2010 and House Bill 310a from 2011 made some significant changes to the indigent laws and catastrophic program.

Idaho counties provide emergency assistance for needy persons who do not qualify for state or federal programs. In 1992, the legislature revised Title 31 to include separate chapters for the nonmedically and the medically indigent. Chapter 34 gives power to the board to provide temporary nonmedical assistance to the indigent when no other alternatives are available. Nonmedical assistance includes food, shelter, and other necessary services as determined by the board of county commissioners (31-3403 (14)). Chapter 35 gives the board of county commissioners the power to provide assistance for the medically indigent. Medical indigence is defined as any person who is in need of necessary medical services but does not have the income or other resources available to pay for the costs (31-3502 (1) & (17)). Counties are required to record a lien with the auditor/recorder. Counties are also authorized to negotiate a rate and pay for the burial or cremation of any deceased indigent person. If the next of kin or other responsible party cannot be identified, application for payment of burial can be made directly to the board of county commissioners by the coroner or another responsible party (31-3412).

To care for and maintain the indigent persons, the board of county commissioners may levy a tax of

up to ten one-hundredths of one percent (.10%) of market value for assessment purposes of all taxable property in the county (31-863). The county commissioners may levy up to six hundredths percent (.06%) of market value for assessment purposes for county hospitals, and public general hospitals, which are defined to include nursing homes (31-3503).

Any indigent person desiring nonmedical assistance from the county shall complete and file a written application to the clerk of the board of county commissioners (31-3404). An interview with the clerk of the board of county commissioners is required within ten (10) working days after application for assistance has been filed. The applicant must present evidence of need, and be a resident within the state of Idaho or be denied assistance (31-3404). All household members who are capable of employment must file an application with the Department of Labor and show that they are making an effort to seek employment (31-3404). The clerk of the board is responsible for investigating all applications made for assistance (31-3406). All household members will be required to supply financial information to the county clerk. The applicant must demonstrate that every effort has been made to seek other available assistance either through state or federal programs, including any appeal process available to him if his request for other assistance is initially denied (31-3409). An applicant is required to repay the county for any portion of the interim assistance that was paid to applicant by state or federal programs for the period of time that the county provided assistance (31-3409).

Counties are not obligated to provide nonmedical benefits for more than one month in the aggregate in any twelve month period to persons who are eligible for assistance (31-3405). The board determines the length of nonmedical assistance to those who are medically unemployable based upon medical documentation (31-3405). The board must make a decision within fifteen (15) days of completion of the interview with the clerk of the board of county commissioners. No county shall be obligated to provide non-medical services to persons who have become ineligible for cash assistance by exhausting their lifetime limits for benefits or by non-compliance with their Personal Responsibility Contract as defined by the state (31-3408) and Idaho Administrative Rules (16.06.12.06; 16.03.08.07, 16.03.08.116).

The boards' decision for non-medical assistance is considered final unless appeal is made in writing within thirty (30) days (31-3411). Applicants for non-medical services who are not satisfied with the appeal decision are able to file an appeal with the district court within thirty (30) days following the appeal decision of the board (31-3411).

Except as provided in Section 31-3503E, Idaho Code, any indigent person desiring medical assistance from the county must complete a combined application for state and county medical assistance as outlined in Section 31-3505, Idaho Code. In the case of non-emergency necessary medical services a completed application must be filed with the clerk ten (10) days prior to receiving services from the provider or hospital (31-3505). If a hospital's initial review determines that the patient may be medically indigent, require that the hospital transmit a completed combined application for state and county medical assistance and a written request for Medicaid eligibility determination to the department any time within thirty-one (31) days of the date of admission (31-3503E). If the department determines the applicant to not be Medicaid-eligible, said application shall be sent to the obligated county. The clerk has forty-five (45) days to

investigate a combined application for state and county medical assistance from the date they are notified by the department and twenty (20) days for non-emergency necessary medical services (31-3505A & 31-3511). Medical reviews may be conducted on any case deemed to be appropriate by either the county or CAT fund. The board then has fifteen (15) days to make an initial determination on the application for medical assistance or the application is automatically approved (31-3505C). A delayed application for necessary medical services may be filed up to 180 days beginning with the first day of the provision of necessary medical services provided that written documentation is included with the application showing that a bona fide application or claim has been filed for one of the following resources: social security disability insurance, supplemental security income, third party insurance, Medicaid, Medicare, crime victim's compensation, and/or worker's compensation (31-3505). Section 31-3505, Idaho Code, outlines the responsibilities of the applicant, defines a bona fide application and clarifies the process for obligated county.

Applicants or third party applicants for medical assistance can appeal a decision in writing with the board of county commissioners within twenty-eight (28) days (31-3505D). Applicants for necessary medical services who are not satisfied with the appeal decision are able to seek judicial review of the final decision (31-3505G; 31-1506). Recipients of county assistance may be required to repay the county if the board determines that repayment is possible. Money reimbursed to the county will be applied directly to the indigent fund and will be able to be used for other indigent services (31-3414 & 31-3510A).

The state catastrophic health care cost (CAT) program board was established in October 1991. This board shall consist of twelve (12) members, with six (6) county commissioners, one (1) from each of the six (6) districts or regions established by the Idaho Association of Counties, four (4) members of the legislature, with one (1) each being appointed by the president pro tempore of the senate, the leader of the minority party of the senate, the speaker of the house of representatives and the leader of the minority party of the house of representatives, one (1) member appointed by the director of the Department of Health and Welfare, and one (1) member appointed by the Governor (31-3517). The board acts as the administrator of the CAT program. As defined in Section 31-3502(10), the CAT program pays all medical expenses which exceed \$11,000 per case, per annum. The administrator is authorized to contract with insurance providers, group health service organizations, and other third party payers to assume the risk for paying catastrophic medical costs for recipients under this program. The CAT program funds are used solely for the payment of claims and medical reviews, payment of the expense of administering the program, and payment of insurance premiums (57-813). All reports sent to the CAT fund are sent electronically. Investment of surplus funds is handled by the state treasurer, and expenditures are dispersed through the state controller (57-813).

County commissioners are authorized to enter into cooperative agreements with the Department of Health and Welfare for the administration of county public assistance and social services (56-217). This agreement may provide that all applications for aid that would normally come before the county commissioners instead be reviewed by caseworkers of the Department of Health and Welfare to assist in determining Medicaid eligibility prior to the county assistance program process.

Mental Health

The Department of Health and Welfare shall assume responsibility for the costs of treatment after the involuntary patient is dispositioned to the custody of the state of Idaho; beginning on the day after the department director receives notice that a person has been committed into the custody of the department (66-327). Such notice may be either faxed or mailed. However, if a county does not transport an individual to a state facility within 24 hours of receiving written notice of the individual's admission, the county will remain the responsible party of the individual until transported (66-327). (Chapter 6, Title 66 provides further information regarding mental health care treatment and involuntary commitment.)

In 2004, Senate Bill 1293 revised the membership and provided additional responsibilities to the regional mental health advisory boards which increase their function beyond the advisory level. The county commission chairmen, Idaho Department of health and Welfare program manager and regional director in each region become the new appointing authority for board membership. Once established, the boards are to develop a service plan to address unmet needs in their region. Three county commissioners in each region are required to be members of the new regional mental health boards. (39-3129 through 39-3134A)

COUNTY HOSPITAL AND WELFARE INSTITUTIONS

Idaho counties may operate county hospitals, homes for the indigent, nursing homes, and medical clinics (as the term is defined in 39-1319) (31-3503). Counties who want to build or purchase a county hospital are authorized, following a public hearing, to create a county hospital board (31-3601). A county hospital board consists of five to fifteen members, each appointed by their respective board of county commissioners (31-3603). The county hospital board is empowered to elect its officers (31-3608) and employ a chief executive officer (31-3609). The commissioners may levy a tax of up to six hundredths percent (.06%) of market value for assessment purposes, for the operation of a county hospital (31-3613). Counties may also enter into agreements with cities for the operation of joint city-county hospitals (31-3703 through 31-3710).

The board of county commissioners is authorized to levy a tax of up to six hundredths percent (.06%) of market value for assessment purposes, to erect, purchase, acquire, lease, improve, and/or equip nursing homes, shelter homes, hospitals and nurses' homes (31-3503(4)). They can also call for an election to authorize the issuance of bonds (31-3513). Counties which cannot support a hospital by themselves are authorized to enter into a contract or agreement with one or more adjoining counties to operate a joint county hospital (31-3512). The board of county commissioners may lease or sell hospitals if approved by a majority at a general or special election (31-3515), or may convey or lease the hospitals to non-profit corporations without an election provided certain criteria are met (31-3515(A)).

IDAHO MILLENNIUM FUND

The Idaho Millennium Fund consists of moneys from the master settlement agreement reached between the tobacco manufactures and states, including Idaho (67-1801). The fund is managed by

the state treasurer as the “Idaho Millennium Income Fund” and is composed of moneys from the Millennium Fund and any additional legislative appropriations (67-1802). The Joint Millennium Fund Committee oversees the fund and reviews applications for funding from this source and evaluates the potential or actual success of programs funded (67-1804, 1805).

NOTES