

Teton County Idaho Commissioners' Meeting Agenda
Monday February 22, 2016 9:00 am
150 Courthouse Drive, Driggs, ID – 1st Floor Meeting Room

9:00 MEETING CALL TO ORDER – Bill Leake, Chair
Amendments to Agenda

BOARD OF EQUALIZATION (*only if necessary*)

PUBLIC WORKS – Darryl Johnson

1. Solid Waste – Saul Varela, Supervisor
 - a. Quarterly Meeting with RAD, Solid Waste & Recycle Collection Provider
 - b. ID Solid Waste Association Spring Training Event
2. Road & Bridge – Clay Smith, Supervisor
 - a. Public Works Responsibilities Regarding Teton County Pathways Ordinance
3. Engineering
 - a. Road Report Proposed Agenda for Work Session on March 21st
4. Facilities

9:30 OPEN MIC (*if no speakers, go to next agenda items*)

10:00 AFFORDABLE HOUSING PATH FORWARD

1. RFP Housing Program Work Plan Discussion with Mayors from Victor, Driggs, and Tetonia

11:00 AMBULANCE SERVICE DISTRICT

1. Request for Information from TVHC
2. Communication Between ASD, TVHC, and the Fire District
3. ASD Agreement with Wyoming
4. Ambulance Quarterly Report

TETON VALLEY HEALTH CARE

1. Hospital Lease Quarterly Report

PLANNING AND BUILDING – Jason Boal

1. Building Update
 - a. Building Permit Fee Waiver Teton County School District
2. Parcel Counts
 - a. RFP/Scope of Work for Parcel Research Work
 - b. Unbuildable Parcels Issues
3. Code Enforcement
 - a. Current Issues Update
4. Draft Code Update
 - a. Comp Plan Policy-Code Analysis
 - b. Density Allocation Recommendation
5. Noxious Weeds Plan for 2016

ADMINISTRATIVE BUSINESS (*will be dealt with as time permits*)

1. Approve Available Minutes
2. Other Business
 - a. Misdemeanor Probation
 - b. Senate Bill 1205
 - c. 4th of July Support to City of Driggs
 - d. Review, Modify & Approve FY2017 Budget Preparation Schedule
 - e. Performance Evaluations for BoCC Staff
 - f. Communications Update
3. Committee Reports
4. Claims
5. Executive Session as Needed per IC74-206(1)

ADJOURNMENT

Upcoming Meetings

March 14 9:00 am Regular BoCC Meeting
March 21 9:00 am 2016 Roads Work Session

March 28 9:00 am Regular BoCC Meeting
March 28 6:30 pm Town Hall Meeting

April 11 9:00 am Regular BoCC Meeting
April 12 5:00 pm PZC and BoCC Meeting

Teton County Ambulance Service District Minutes: January 25, 2016

Commissioners' Meeting Room, 150 Courthouse Drive, Driggs, Idaho

AGENDA

1. Fire District's Ambulance Services Proposal

COMMISSIONERS PRESENT: Bill Leake, Kelly Park, Cindy Riegel

OTHER ELECTED OFFICIALS PRESENT: Fire Commissioners Jason Letham and Scott Golden, Prosecutor Kathy Spitzer, Clerk Mary Lou Hansen

Chairman Leake called the meeting to order at 9:01 am. The Fire District's Proposal for Emergency Medical Services was made available several days prior the meeting (Attachment #1).

Fire Commissioner Letham said he first became aware of firemen's role with emergency medical services many years ago because his grandfather served with the Fire District. At that time, the hospital had an ambulance crew available during daytime hours, but relied on volunteers to staff the ambulance during the night. The firemen often reached the scene of a nighttime car accident ahead of the hospital ambulance but did not have the training needed to care for injured persons. About 10 years ago, the Fire District began EMT training and currently has 25 EMTs and 11 paramedics. Commissioner Letham said the Fire District has worked with Teton Valley Health Care to provide paramedic service and an ambulance in Victor. He said the county has gone from having 1 fully-staffed ambulance, to three, with the Fire District operating two of those ambulances.

During the FY 2016 budget discussions, it became apparent that the Ambulance Service District could not fully fund the cost of the county's current ambulance system. Commissioner Letham said the Fire District was asked to provide a detailed proposal for providing ambulance services that would: (1) maintain the same level of service and number of ambulances; (2) save taxpayer dollars, and (3) be funded within the taxing authority of the Fire District. While preparing their proposal, the Fire Commissioners added three criteria of their own. They wanted the new system to: (1) deliver quality emergency services utilizing existing resources; (2) eliminate wasteful overhead and inefficiencies; and (3) maintain positive engagement with TVHC and local health care providers.

Commissioner Letham said their proposal includes two options. Option A would consolidate Ambulance District responsibilities to the Fire District and abolish the Ambulance District. Under Option B the Fire District would provide ambulance services with governance provided through a Joint Powers Agreement between the Fire District and Ambulance District.

Fire Chief Brett Campbell said 2007 was a turning point for the Fire District. At that time the hospital's ambulance director asked the Fire District for assistance with ambulance services and the Fire District obtained an EMT license. In the summer of 2013, Teton Valley Health Care asked the Fire District to cooperate in order to provide an ambulance in Victor.

Since October 2014, said Chief Campbell, the county has had 3 paramedic level ambulances staffed 24/7. One ambulance is staffed by hospital personnel, another is staffed by Fire personnel at the Driggs station, and the third ambulance is staffed by Fire personnel at the Victor station. A fourth ambulance is available for back-up. Chief Campbell said the Fire District is proud to have cooperated with TVHC to provide such excellent service and intends to maintain the same level of service.

Chief Campbell proceeded to review the information contained within their written proposal.

The current financial cost of the ambulance service is \$1,050,635. However, all projected sources of funding (taxes, patient revenue, Wyoming contract) total \$824,230, resulting in a \$226,405 deficit. Proposed Option A

will save \$479,635 while Option B will save \$424,057. Chief Campbell said the savings would be achieved by having a single point of operational control to eliminate wasteful overhead and inefficiencies while utilizing existing Fire personnel and resources. The Fire District would need to hire three additional full-time firefighter/paramedics. (The hospital currently has 8 full time paramedics and/or EMTS, and 16 part-time paramedics and/or EMTS.)

Chief Campbell said the Fire District is very sensitive to the fact that jobs would be lost at the hospital and said some of those employees might be qualified to work for the Fire District. He also stressed the importance of maintaining good working relationships with hospital management and staff.

● **MOTION.** At 9:33 am Chairman Leake made a motion to recess the Ambulance Service District meeting until 9 am on January 26 and to reconvene as the Board of County Commissioners. Motion seconded by Commissioner Riegel and carried.

MINUTES: January 26, 2016 continuation

COMMISSIONERS PRESENT: Bill Leake, Cindy Riegel (Kelly Park was at the Tri-County Probation meeting in Rexburg)

OTHER ELECTED OFFICIALS PRESENT: Fire District Commissioner Kent Wagener, Clerk Mary Lou Hansen

Chairman Leake re-convened the meeting at 9:02 am.

Fire Commissioner Kent Wagener said they prefer the Joint Powers Option B because retaining the Ambulance Service District would give assurance to the public and maintain options for the future.

Chief Campbell said the Fire District has about \$2.3 million set aside for future capital needs. They currently have no plans for upcoming major capital expenses. He said their crew often helps with wildfires in other areas and that revenue is deposited into their capital fund.

He said providing ambulance services would have no impact on the Fire District's ability to enforce the fire code or provide fire prevention educational efforts.

Currently, the hospital provides all billing and collection services for ambulance services and collects about 59% of what is billed. The Fire District proposal assumes the same collection rate. However, they plan to contract with a service that specializes in medical billing for ambulance services and may achieve a higher collection rate. Chief Campbell said 6% of Idaho ambulance services are hospital-based while 41% are fire-based.

Hospital CEO Keith Gnagey questioned some of the budget numbers and quality assurance information provided in the proposal. He stressed that the hospital-based EMTs are doing much more clinical work and said every hospital health care provider recommends not adopting the Fire District proposal. Chief Campbell pointed out that the Fire District is already staffing two of the three ambulances and said their employees currently participate in cross-training with the hospital. The Fire proposal specifies that one ambulance will continue to spend a portion of each day at TVHC for the purposes of education, experience and team building.

Mr. Gnagey discussed the future trends of the nation's health care system and said changes being made in order to control costs will affect the hospital and the ambulance.

Chief Campbell said the Fire District's part-time "reserve" employees could be compared to the hospital's part-time "pool" employees. They are all fully trained and certified, but work on an intermittent basis rather than having a regular full-time shift.

Chief Campbell and Mr. Gnagey agreed that both their agencies consider serving the public their top priority and understand the importance of working together as partners.

The Fire District would like to begin providing ambulance services October 1, 2016. This would require a Board decision by March 31 in order to provide 180-days notice as required by the TVHC contract. Chairman Leake said the Board would consider the proposal and its ramifications thoroughly and must make the best long-term decision. He said it should be possible for the Board to make a decision within two months.

● **MOTION.** At 10:09 am Commissioner Riegel made a motion to adjourn. Motion seconded by Chairman Leake and carried.

Bill Leake, Chairman

ATTEST: _____
Mary Lou Hansen, Clerk

ATTACHMENTS: #1 Fire District Proposal for Emergency Medical Services

Draft

Teton County Ambulance Service District Minutes: February 8, 2016

Commissioners' Meeting Room, 150 Courthouse Drive, Driggs, Idaho

AGENDA

1. Fire District Proposal Next Steps

COMMISSIONERS PRESENT: Bill Leake, Kelly Park, Cindy Riegel

OTHER ELECTED OFFICIALS PRESENT: Fire Commissioner Scott Golden, Clerk Mary Lou Hansen

Chairman Leake called the meeting to order at 2:03 pm.

He said the inability of the Ambulance Service District (ASD) to collect enough taxes to fund the existing level of ambulance services made it necessary for the Board to discuss the Fire District's proposal as outlined January 25. Chairman Leake said recent newspaper ads published by the hospital were inappropriate and misleading and failed to mention the basic funding problems. He stressed that all hospital and fire EMTs and paramedics meet the same licensing requirements.

Commissioner Park expressed concern about the Fire District taking over ambulance services. He wondered if money will actually be saved and if ambulance services will continue to be provided to Alta residents.

Commissioner Riegel suggested the ASD ask the hospital to provide a proposal outlining how they will provide ambulance services within the available budget. She expressed grave concern about the relationship between the Fire District and hospital since the Fire District's assistance is critical to performance of the ASD contract. Commissioner Riegel questioned why the hospital would imply that their EMTs/paramedics are better than those employed by the Fire District while contracting with the Fire District to provide EMTs/paramedics for two out of the three staffed ambulances.

Chairman Leake said the Mercer study recommended the Partnership Model as implemented the past two years. He believes the Fire District proposal provides an opportunity for the community to identify the best overall, long-term solution for ambulance services. He thinks hospital employees deserve at least one year's notice if their status is changed. Chairman Leake said the Board might need to start by first deciding what level of emergency medical services the community should have. Such a discussion would need to involve the entire community, he said, perhaps through formation of a working group.

Commissioner Riegel said the Board might not need a proposal from the hospital, but rather a document outlining how the hospital is going to solve the ASD budget problem and also repair the relationship with the Fire District so they can continue to fulfill their contract.

Hospital CFO Wesley White asked the Board to provide a formal written request so that the hospital could respond with the information requested. He also provided flash drives and notebooks full of information about the future of health care and Medicare services and payments.

Commissioner Riegel volunteered to draft a letter outlining the ASD's request for information. The letter will be reviewed and signed by all three Board members. The ASD will meet again February 22 and hope to present the information request with a specific response date at that time.

● **MOTION.** At 2:45 pm Chairman Leake made a motion to adjourn the meeting and reconvene as the Board of County Commissioners. Motion seconded by Commissioner Park and carried.

Bill Leake, Chairman

ATTEST: _____
Mary Lou Hansen, Clerk

Teton County Ambulance Service District Minutes: December 14, 2015

Commissioners' Meeting Room, 150 Courthouse Drive, Driggs, Idaho

AGENDA

1. Approve Available Minutes
 2. Quarterly Report – Robert Veilleux
 3. Quality Measure Report – Dr. Whipple
-

COMMISSIONERS PRESENT: Bill Leake, Kelly Park, Cindy Riegel

OTHER ELECTED OFFICIALS PRESENT: Prosecutor Kathy Spitzer, Fire Commissioner Kent Wagener

Chairman Leake called the meeting to order at 11:07 am.

● **MOTION.** Commissioner Riegel made a motion to approve the minutes from October 23, 2015. Motion seconded by Chairman Leake. Commissioner Park was absent from this meeting, so declined to vote.

QUARTERLY REPORT. Hospital EMS Director Rob Veilleux reviewed his report for the 4th Quarter of FY 2015 (Attachment #1). For the year, the number of calls, transports and transfers were down slightly when compared to FY 2014. The Ambulance District received a \$12,000 grant used to purchase a Stryker power gurney and oxygen cylinder load system.

QUALITY MEASURES. Mr. Veilleux reviewed the Quality Report (Attachment #2) which lists the skills/procedure/practice/experience and Performance Goals to be tracked. Chairman Leake asked if the Fire District would participate. Fire Chief Bret Campbell said they want to be part of the process but had not discussed the quality measures with the hospital during the past month. Hospital CEO Keith Gnagey said they welcome the Fire District input and will contact with them.

AMBULANCE SERVICE BEST VALUE. Teton Valley Hospital Board Member Dr. Bob Whipple reviewed a memo summarizing why the Hospital Board feels so strongly that the hospital should maintain the primary contract for EMS services (Attachment #3). He stressed that quality is the biggest issue. The hospital has started their application for level 4 trauma designation and must document the quality of their EMS in order to receive a high level of reimbursement from the federal government in the future. The Fire District EMS needs to support the quality measures because they are required for reimbursement. Failure to meet quality measures will reduce the rate reimbursed by Medicare, Medicaid and eventually all private providers. For these reasons, Dr. Whipple said the entire hospital Board feels it is essential for the hospital to stay in control of Teton County emergency medical services.

AMBULANCE SERVICE CONTRACT WITH WYOMING

Teton Valley Hospital received an email from the Wyoming Department of Health & Welfare stating it is not legal for Idaho EMTs to perform services in Wyoming. Prosecutor Spitzer has requested a 6-12 month waiver in order to work out details with Wyoming and recommended giving contract termination notice to Teton County, Wyoming so that the current ambulance service contract can be reworked. Mr. Gnagey said Idaho EMTs can get Wyoming EMT status. The process requires licensing fees and fingerprinting and requires about 45 days for processing. Mr. Gnagey asked if the hospital EMTs should begin the process. The Board asked Mr. Gnagey to determine the total costs to license each EMT in Wyoming and will make a decision on January 11.

● **MOTION.** Chairman Leake made a motion to notify Teton County, Wyoming of the ASD's intent to terminate the Ambulances Services contract in accordance with paragraph 2 of that contract requiring 120-day notice of termination. Motion seconded by Commissioner Park and carried unanimously.

Fire District Commissioner Kent Wagner said the Fire District would like to present their EMS proposal to the Board on January 26.

● **MOTION.** At 12:30 pm Commissioner Park made a motion to adjourn the meeting and reconvene as the Board of County Commissioners. Motion seconded by Commissioner Riegel and carried.

Bill Leake, Chairman

ATTEST: _____
Julie Wenger, Deputy Clerk

ATTACHMENTS: #1 Quarterly Ambulance report
#2 Quality Report
#3 Memo from Hospital Board of Directors

Draft

Board of Teton County Commissioners

MINUTES: February 8, 2016

Commissioners' Meeting Room, 150 Courthouse Drive, Driggs, Idaho

9:00 MEETING CALL TO ORDER – Bill Leake, Chair

Amendments to Agenda

PUBLIC WORKS – Darryl Johnson

1. Solid Waste – Saul Varela, Supervisor
2. Road & Bridge – Clay Smith, Supervisor
 - a. Grader Lease Purchase
3. Engineering
 - a. Street Naming and Addressing Ordinance
 - b. Felt Gravel Pit Reclamation
 - c. Idaho Parks and Rec Grant Application Update
4. Facilities

9:30 OPEN MIC (*if no speakers, go to next agenda items*)

PLANNING AND BUILDING – Jason Boal

1. Building Update
 - a. Permit Fee for Pre-Manufactured Accessory Structures
2. Parcel Counts
3. Affordable Housing Authority
 - a. Next Steps
4. Weeds
 - a. Eastern Idaho Resource Advisory Committee Grant
5. Scheduling CUP Public Hearing

IT AND EMERGENCY MANAGEMENT – Greg Adams

1. Community Wildfire Protection Plan

12:00 ELECTED OFFICIALS AND DEPARTMENT HEAD MEETING

2:00 AMBULANCE SERVICE DISTRICT

1. Fire Department Proposal Next Steps

ADMINISTRATIVE BUSINESS (*will be dealt with as time permits*)

1. Approve Available Minutes
2. Other Business
 - a. BoCC Priorities Status for Website
 - b. RFP: Housing Program Work Plan
 - c. Communications Update
 - d. BoCC Electronic Calendar
 - e. Grant Opportunities for Cities and the County
 - f. April 11 Justice & Drug Court meetings
 - g. Certificates of Residency 2015 - 2016
3. Committee Reports
4. Claims
5. Executive Session as needed per IC74-206(1)

ADJOURNMENT

COMMISSIONERS PRESENT: Cindy Riegel, Kelly Park, Bill Leake

OTHER ELECTED OFFICIALS PRESENT: Prosecutor Kathy Spitzer, Clerk Mary Lou Hansen, Assessor Bonnie Beard

Chairman Leake called the meeting to order at 9:00 am and led the Pledge of Allegiance.

PUBLIC WORKS

Director Darryl Johnson reviewed his bi-monthly update (Attachment #1).

ROAD & BRIDGE. The Board discussed the request to trade in a 2011 road grader and enter into a 5-year Sales Agreement for a 2016 grader plus a pull-behind walk and roll. Mr. Johnson said there was a learning curve with operation of the walk and roll, but that it was a valuable piece of equipment. He provided auction pricing information from Machinery Trader showing the average sales price for a similar grader to be \$140,000. Western States is offering a \$170,000 trade in value for the county grader, which is \$30,000 higher than the average auction price. Chairman Leak pointed out that the extra trade-in value offered mostly offsets the \$36,000 interest cost for the five-year agreement. Clerk Hansen said the Road & Bridge fund contained sufficient remaining cash to buy the walk and roll outright if desired.

● **MOTION.** Commissioner Riegel made a motion to enter a five-year Sales Agreement with Western States Cat to purchase a new 2016 140M3 grader and to purchase outright a new \$24,950 walk and roll using remaining cash in the Road & Bridge fund. Motion seconded by Commissioner Park and carried unanimously. (Attachment #2)

Chairman Leake said he had received calls about the slick intersection at Ski Hill and State Line Roads and asked Mr. Johnson to clarify who should be notified to sand State Line Road when it becomes too icy. Commissioner Park asked if the county would sand slick intersections where a county road intersects a private subdivision road. Road & Bridge Supervisor Clay Smith said county crews would sand the county-owned portion of the intersection, but not the subdivision road.

OTHER BUSINESS. Mr. Johnson said the county will install “Dead End” or “No Forest Access” signs when requested. Prosecutor Spitzer is working on a three-year contract with Jim Beard, who wants to farm the 28 acres at the Felt gravel pit disturbed last year for the landfill cap project. The Board verified that the FY 2016 budget approval process authorized the Chairman to sign a 6-month Equipment Rental Agreement for a Volvo Wheel Loader (Attachment #3). The Board discussed the desired outcomes for their March 21 work meeting and decided to discuss 2016 road projects, snowplowing and road map issues at that time. They will discuss the Packsaddle Road/Scenic Parkway proposal at 2 pm on March 28. A Town Hall Meeting will be held at 6:30 pm on March 28 and may include a presentation by Fall River REC.

OPEN MIC

No one present wished to speak.

PLANNING, BUILDING & WEEDS

The Board reviewed the bi-monthly update provided by Planning Administrator Jason Boal (Attachment #4).

NEW PERMIT. The Board discussed Mr. Boal’s recommendation to adopt a new building permit and fee to insure that storage containers are not used for dwellings, not placed within setbacks or public rights-of-way and do not put the public at risk. For example, he said an improperly anchored container located in a floodplain might float away and cause damage during a flood event. The new permit would not affect existing storage containers unless they were moved.

● **MOTION.** Chairman Leake made a motion to hold a public hearing for the new permit and fee at 1 pm on March 14 and a public hearing for the Cowboy Church CUP at 1:30 pm on March 14. Motion seconded by Commissioner Park and carried unanimously.

PARCEL COUNTS. In order to help determine the possible scope of the non-buildable lot problem, Mr. Boal obtained parcel information from the State Tax Commission used to create the chart included in his update. The chart shows 1,670 new rural parcels created since 1999, including 399 new lots in “quasi-subdivisions” (lots resulting from a single parcel being split into 3 or more parcels without going through the subdivision process). Mr. Boal said there might be legitimate reasons for creation of a “quasi-subdivision,” but that could only be determined by researching the record. He estimated that up to 3,000 hours of time might be required to research all the lot splits. The Board would like to start that project as soon as possible and asked Mr. Boal to provide some alternatives and cost estimates. Assessor Bonnie Beard will also review the parcel list.

AFFORDABLE HOUSING. The Board reviewed Mr. Boal’s chart reflecting the Prosecutor’s opinion of Housing Authority powers vs. County powers (Attachment #5). They would like to learn what tools and entities are available to help create affordable housing in Idaho and plan to hire a contractor to provide that information. They reviewed and modified the draft Scope of Work prepared by Commissioner Riegel. She will incorporate the requested changes before the document is shared with the Mayors prior to their February 22 meeting.

Clerk Hansen confirmed that Mr. Boal and the Board are aware that the county’s previous Housing Authority Commission had hired a part-time staff member and performed extensive research into the issue. That Board concluded that the shared equity partnership model was the best alternative for Teton County. She said Idaho Housing and Finance is currently holding funds in trust for Teton County.

Commissioner Park supports affordable housing but believes it should be located in the cities. Mr. Boal agreed but said funding mechanisms would affect the entire county and that a future Housing Authority could only take actions within its legally established boundaries. Commissioner Riegel said letting each city deal with affordable housing on their own might lead to unhealthy competition.

DEVELOPMENT CODE. The Board agreed to hold a joint meeting with the Planning & Zoning Commission on Tuesday, April 12.

IT & EMERGENCY MANAGEMENT

Director Greg Adams reviewed his monthly update (Attachment #6). Chairman Leake asked Mr. Adams to provide an overview of the county’s IT servers/storage/needs within the next few months.

- **MOTION.** Commissioner Riegel made a motion to approve the Wildfire Protection Plan for Teton County with the single change as discussed. Motion seconded by Commissioner Park and carried unanimously.

ELECTED OFFICIAL & DEPARTMENT HEAD MEETING

Seven elected officials (Commissioners Leake, Park and Riegel; Assessor Bonnie Beard; Treasurer Beverly Palm; Prosecutor Spitzer; Clerk Mary Lou Hansen) and six department heads (Holly Wolgamott, Jenifer VanMeeteren-Shaum, Greg Adams, Darryl Johnson, Rene Leidorf, Jason Boal) discussed using social media during emergencies, along with other items of mutual interest.

AMBULANCE SERVICE DISTRICT

- **MOTION.** At 2:03 pm Chairman Leake made a motion to recess the Board of County Commission meeting and convene as the Ambulance Service District. Motion seconded by Commissioner Park and carried. (See Attachment #7 for the Draft Ambulance Service District minutes.)

The Board of County Commissioners Meeting resumed at 2:45 pm.

ADMINISTRATIVE BUSINESS

- **MOTION.** Commissioner Park made a motion to approve the minutes of January 25 with the changes discussed. Motion seconded by Commissioner Riegel and carried unanimously.

- **MOTION.** Commissioner Park made a motion to approve the Certificates of Residency as itemized by the Clerk (Attachment #8). Motion seconded by Commissioner Riegel and carried unanimously.

COMMUNICATIONS. County Executive Assistant Holly Wolgamott reviewed her memo and suggestions for improving communications among county employees, with the general public, and with Teton County Wyoming (Attachment #9). The Board discussed Chairman Leake’s draft document providing brief status updates for each Board priority item. They discussed where the document might be published and how to keep the information current. The Board agreed to pursue the idea of an e-newsletter. They asked Ms. Wolgamott to investigate options for making the “O” drive accessible to employees in the Law Enforcement Center without compromising the security concerns of the Sheriff’s office.

COMMITTEES. Commissioner Park attended the Jan. 26 meetings of Tri County Probation and 5C Juvenile Detention. He said both organizations are operating smoothly. 5C has started housing Federal juveniles; this will provide a significant revenue boost to their budget.

Commissioner Riegel attended a meeting of High Country RC&D, which operates on a very tight budget and is seeking outside donations. They are mostly involved in projects relating to natural resources.

Chairman Leake has agreed to become chair of the Eastern Idaho Public Health district after the current chair retires. He attended a recent statewide meeting of public health districts and learned they are working to revise their current funding formula, which will be challenging.

Chairman Leake said the Teton Valley Business Development Center, Chamber of Commerce and Geotourism Center have engaged an attorney to help with their proposed consolidation. Discussions appear to be going well.

Chairman Leake reported on the January 28 realtor work session attended by about 25 persons. Planning Administrator Jason Boal did an excellent job explaining the problems with unbuildable lots.

● **MOTION.** Commissioner Riegel made a motion to approve the claims as presented. Motion seconded by Commissioner Park and carried unanimously.

General	\$ 26,839.10
Road & Bridge.....	6,274.25
Court & Probation	4,230.82
Court-Restitution	4,038.03
Court-Bonds	1,806.60
Elections	38.56
Solid Waste.....	133,251.23
Weeds	841.42
E911.....	183.23
Ambulance.....	39,559.08
Mosquito.....	1,182.20
Fairgrounds & Fair	635.90
Grants	554.50
Court-Fines & Fees.....	12,912.98
TOTAL	\$232,347.90

● **MOTION.** At 3:57 pm Commissioner Park made a motion to adjourn. Motion seconded by Commissioner Riegel and carried unanimously.

Bill Leake, Commissioner

ATTEST _____
Mary Lou Hansen, Clerk

- Attachments: #1 Public Works update
 #2 Sales Agreement to purchase 2016 CAT Motor Grader
 #3 Volvo Wheel Loader rental agreement
 #4 Planning, Building & Weeds update
 #5 Powers of Housing Authorities v. Counties
 #6 Emergency Management, Mosquito Abatement & IT update
 #7 Draft Minutes from 2-8-16 Ambulance Service District meeting
 #8 Certificates of Residency approved 2-8-16
 #9 Communications update

The Healthy Idaho Plan will save lives and money

Testimony in support of SB1205
Presented by Commissioner Tom Lamar
2 February 2016

On behalf of the:

Latah County Commission: Richard Walser, Chair, Dave McGraw, Tom Lamar
522 S. Adams St.
Moscow, ID 83843
(208) 883-7208
bocc@latah.id.us

Passing SB 1205 will save Idaho lives, and save Idaho money.

As County Commissioners, our job includes weekly meetings with the County Clerk and staff to review stacks of files pertaining to the many cases of medically indigent residents in Latah County. During this fiscal year, providing medical care to people who have no insurance will cost the taxpayers of our county about \$550,000. The remainder of the cost not covered by the county is passed along to the state Catastrophic (CAT) fund to be paid by all Idaho taxpayers.

This process is repeated throughout the other 43 counties of Idaho, to pay for the medical costs of tens of thousands of Idaho residents. An estimated 78,000 or so working Idahoans have jobs that pay so little that they can't afford health insurance and don't qualify for health insurance tax credits, but make too much to qualify for Medicaid in Idaho. Many are hardworking Idahoans stricken with serious medical problems. The combination of County indigency funds, and Idaho's CAT fund is their only avenue to pay for needed medical care when crisis arises.

It's right to help these citizens. But there's a better way to do it. Today, Idaho state policy does not fully take advantage of available funds. We need the Legislature to act. We need to pass SB 1205.

The Governor created a Medicaid Redesign Workgroup to study this issue and offer recommendations on how best to deal with the lack of access to healthcare for so many Idahoans. This group, comprised of various stakeholders and experts from the healthcare and insurance industries, as well as government representatives such as county commissioners, has twice recommended the state expand access to care utilizing available dollars to close the coverage gap.

Last February, the Workgroup presented its plan, "Healthy Idaho: An Idaho Alternative to Medicaid Expansion," to the Legislature. In March of last year, the Latah County Commissioners recommended that lawmakers pursue this plan immediately. In September, the Idaho Association of Counties general session voted overwhelmingly to support the Healthy Idaho plan.

If the Governor's Medicaid Redesign Workgroup's recommendation were implemented, medical expenses for indigent persons would be covered, along with some mental health treatment costs. Passing SB 1205 makes health care affordable for Idaho's working poor.

With the passage of SB 1205, the county indigent program and CAT program could be repealed, providing property tax relief to county and state taxpayers.

The Healthy Idaho Medicaid plan will save Idaho taxpayers millions of dollars, save lives, and reduce visits to hospital emergency rooms. We would also expect to benefit from an improvement in the health of our workforce.

Implementing the Healthy Idaho plan will bring home taxes that Idahoans are already paying to Washington DC for health care costs. These taxes paid by Idahoans should be spent in Idaho to solve Idaho problems, not spent in New York, Massachusetts, and California to help solve their health care issues. Passing SB 1205 is the right thing to do for Idaho taxpayers.

We Latah County Commissioners believe the Idaho Legislature and the Governor need to solve this problem. We need to change Medicaid eligibility rules to include the “gap population” and to increase the number of Idahoans covered by private health care management plans. Affordable health insurance coverage for every Idahoan is within reach. Let’s work together to close the gap and build a healthy, compassionate Idaho. Passing SB 1205 today is the first step to making that happen.



C.L. "BUTCH" OTTER
GOVERNOR

NEWS RELEASE

FOR IMMEDIATE RELEASE:

January 7, 2016
16:001

CONTACT: Jon Hanian
(208) 334-2100

GOVERNOR OTTER UNVEILS PROPOSAL FOR ESTABLISHING A PRIMARY CARE ACCESS PROGRAM

(BOISE) – Governor C.L. "Butch" Otter announced a new proposal today to connect uninsured Idaho adults living in poverty with primary healthcare and preventive services to help keep them healthy.

Subject to approval by the Legislature, the Primary Care Access Program (PCAP) is a public-private partnership that would benefit adults 19-64 years of age who have no access to health insurance coverage.

PCAP providers would assess the health of each participant and develop treatment plans to manage chronic conditions and coordinate their care through a patient-centered medical home model.

"This is an all-Idaho initiative that can improve the health and lives of 78,000 adults who have been going without basic healthcare and suffering because of it," Governor Otter said. "We have been struggling to find a solution for more than three years and it has become apparent Medicaid expansion is not what Idaho wants. This is an achievable alternative that gives us total control, with no federal strings or mandates."

The proposal for closing a gap in healthcare access programs would utilize \$30 million from annual cigarette and tobacco tax receipts at existing rates. It would pay \$32 per month to qualified providers who develop preventive and chronic condition treatment plans for each participant while also providing regular primary care services. Participants would be required to cover a share of their healthcare costs through an income-based, sliding-scale fee.

"We all know tragic stories of people who delayed medical care because they could not afford it and suffered heartbreaking consequences," said Richard Armstrong, director of the Idaho Department of Health and Welfare.

“This plan connects our lowest income citizens to coordinated primary care that can help them improve their health and quality of life,” Armstrong added. “It is an Idaho solution that can help prevent disease, disability and premature death, while improving the productivity and well-being of our communities.”

Any qualified primary care provider who adopts the patient-centered medical home model of care and agrees to collect a sliding-scale fee based on patient income could enroll in the PCAP provider network. The Idaho Community Health Centers (CHCs) already has expressed interest in its 60 healthcare clinics statewide being PCAP providers. Examples of CHCs in Idaho are the Terry Reilly clinics in southwestern Idaho, Health West or Community Family clinics in eastern Idaho, and Heritage Health in the Panhandle.

Providers would be required to report aggregate utilization and outcome data so the state can track the success and viability of the program. The proposal includes a five-year sunset clause to dissolve the program if it is not successful or lawmakers want to replace it with a different program.

Additional information about the proposal is available [here](#).

###

Idaho Primary Care Access Program FAQs

Program Description

1. What are the benefits of creating the Primary Care Access Program (PCAP)?

- PCAP provides a model of health care based on the patient centered medical home. The focus is on connecting program participants with an ongoing healthcare provider who takes responsibility for providing primary and preventive care to improve or stabilize the health of each participant.
- PCAP creates a public/private partnership with established local community health centers (CHCs) and Rural Health Clinics (RHCs) that now are only able to provide limited care to our lowest-income citizens.
- This is an all-Idaho plan for coordinated and managed primary healthcare for uninsured, low income Idahoans, with no federal money and no federal rules. The State would be completely in charge of eligibility requirements and rulemaking. This is not an insurance program.
- Providing access to primary care and care coordination will keep people healthier and stable, reducing healthcare costs due to expensive hospitalizations and emergency department visits.
- Investing in disease prevention and care management can strengthen the health of the state's workforce.

Program Participants

2. What are the eligibility requirements for an Idaho citizen to participate?

- They must be an adult 19-64 years old with household income of less than 100% of the federal poverty limit and not eligible for other health insurance. For a single adult, the income limit is less than \$1,000/month; for a couple it is \$1,327/month.
- Participants must agree to a sliding fee scale of payment for services based on income.

3. Will people be required to participate?

- Participation in this program is entirely voluntary. People who complete an eligibility application and meet the eligibility requirements will be connected to a participating clinic based on location.

- Program participants will receive an initial health assessment from their clinic to determine their health status and to identify any chronic conditions which need to be managed.
- Participants with chronic conditions will work with their provider to design an effective treatment plan and commit to following the recommended treatment.
- To stay in the program they must be engaged in the process, demonstrating a commitment to their own health. For example, if a patient has a chronic illness such as diabetes they commit to a treatment plan including consistently coming in for blood tests, taking prescribed medications and following dietary recommendations.

4. Can the adults registered for the program take their children receiving Medicaid benefits to the CHCs for healthcare?

Yes. The clinics already accept Medicaid patients. The whole family would be able to receive medical care from the same source.

5. Do patients contribute financially to their own medical care?

The program requires payment for services on a sliding-scale fee, which encourages greater personal responsibility for the patient's own health.

6. Is there a time limit for participating in the program?

No. There is no time limit.

Provider Participation

7. What kind of providers will participate in PCAP?

- Any licensed physician, physician assistant, or nurse practitioner who agrees to charge a sliding fee based on participant income, and to provide aggregated patient health outcome data to the state, is eligible to participate in PCAP.
- The state anticipates the most probable providers will be Idaho's network of community health centers, which have 60 clinic locations in 47 Idaho communities. Rural health clinics, with 38 operational sites that offer a sliding fee scale, are also potential providers for PCAP.

8. What is a Community Health Center (CHC) and how is it funded?

- CHCs are community-based, nonprofit organizations operated under the direction of a local citizen board. These clinics deliver preventive and primary care, dental and behavioral health services to anyone, including those without insurance, residents of rural and underserved areas, Medicare, Medicaid and private insurance patients.

- CHCs are required by law to provide services regardless of ability to pay. Because of this, CHCs rely on federal grants and fundraising to support some of the care for the uninsured.
- Current CHC funding comes from patient fees and insurance payments, federal grants, in-kind donations, foundations, and the United Way.

9. Are community health centers located throughout the state?

- There are 16 community health centers with 60 sites in 47 Idaho communities across the state.
- Examples of CHCs in Idaho are the Terry Reilly clinics in southwest Idaho, Health West or Community Family clinics in eastern Idaho, and Heritage Health in the Panhandle. A map of sites is included at the bottom of this document.

10. Can the State afford to participate with the CHCs in a managed care program?

- The program is not meant to provide comprehensive health care that is beyond tax payers' means, but to encourage preventive care to improve the overall health of those who have had very little consistent care from a health professional.
- People in the program with extensive health needs would still have to be directed to reduced-rate or charitable-care services through specialists, hospitals, and the county and State indigent funds. The participating primary care provider would continue serving that patient with follow-up care management following a catastrophic health event.
- Our federal tax dollars already provide partial support for the establishment and maintenance of CHCs. The State would be providing additional financial support in return for care coordination, management of chronic conditions and continued primary care services.

11. How does the state benefit financially from providing additional funding to the CHCs?

- The State's contribution, on a per member per month basis, would provide financial support to the clinics to provide a patient centered medical home to each program participant. This care would include an initial health assessment, personal treatment plan, ongoing primary and preventive care, and care management. This care model is focused on keeping each participant healthy and keeping those participants with chronic conditions stable, out of hospitals and their emergency departments.

This is a state investment on the front-end of healthcare, focusing resources on preventive and primary care. This approach will reduce the degree of financial strain on the state at the other end of the care continuum which can incur extensive, catastrophic health care costs.

12. What is a Rural Health Clinic (RHC) and how is it funded?

- RHCs are located in rural, non-urbanized areas with a federal shortage area designation.
- RHCs provide primary care services and basic laboratory tests on-site. They also have arrangements with hospitals to furnish medically necessary services not available at the RHC.
- The RHC must have a nurse practitioner or physician assistant on-site seeing patients at least 50 percent of the time the clinic is open.
- RHCs may be independent or provider-based. As of December 2015, Idaho has 44 certified RHCs, which includes 18 independent and 26 provider-based RHCs.
- 38 of the 44 RHC sites presently offer a sliding fee scale for payment for services, which will be required for provider participation in PCAP.
- RHCs are reimbursed an all-inclusive rate for Medicare primary care services, although this per-visit limit does not apply to RHCs which are part of a hospital with less than 50 beds. They also receive cost-based reimbursement from Medicaid.

13. What are the responsibilities of participating providers and how can we be sure providers are actually providing appropriate care to those who are assigned to their clinics?

- Each eligible provider will sign a contractual agreement to provide care management services and to submit required utilization and outcome data to DHW.
- Data analysis can identify provider performance issues.

Funding

14. How do we know the State's contribution won't increase or fluctuate?

The State's per member per month contribution would be set contractually and remain at that rate for the term of the contract. The amount appropriated for the program would determine the number of individuals that could participate.

15. What is the cost of the program and how will it be funded?

- If the entire estimated eligible population of 78,000 were to register, at \$32 per member per month, the cost would be \$30 million per fiscal year. That's the equivalent of \$384 per person annually.
- The recommendation for funding would come from about \$10 million in tobacco tax and \$20 million in cigarette tax.

16. Do we have to raise taxes to fund the program?

No. We recommend redirecting existing tobacco and cigarette tax revenue streams to provide a dedicated source for the duration of this program.

17. How did you choose the \$32 per member per month amount?

- Many of the CHCs participated in the statewide Medical Home pilot project to determine the efficacy of a care management program for patients with chronic conditions. This pilot gave the clinics the ability to determine the amount of time that was necessary to render effective care management and this rate is the result of those averages.

18. By providing funds to the CHCs, are we competing with other health care providers?

- All qualified primary care providers can participate in this program if they agree to provide the primary care management services and aggregated patient health outcome data to the state, and charge participants an income-based, sliding fee.
- Uninsured individuals traditionally have a very difficult time accessing care and are often unable to pay for services. Private providers do not typically compete for these patients and are unlikely to be interested in participating in this program.

19. How long would this program last?

With program evaluation data provided to the Department of Health and Welfare, legislators can decide if the program is providing the desired outcomes. Beyond a yearly review, the legislation has a five year sunset clause, allowing for a time-certain review for continuation or dissolution of the enabling legislation.

Program Administration

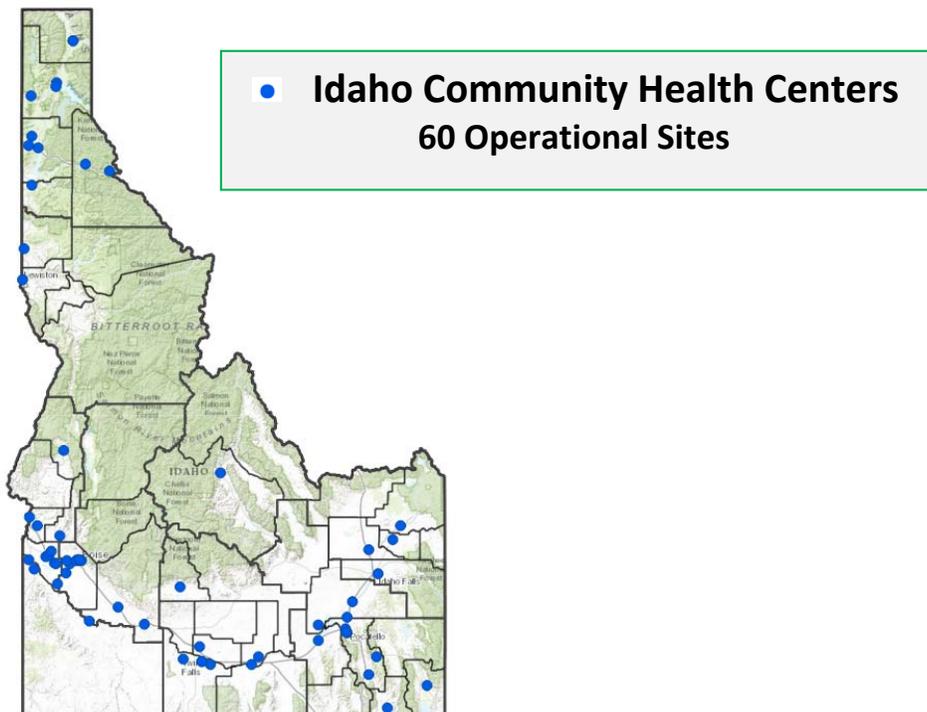
20. What are the Department of Health and Welfare’s responsibilities associated with this program and will there be administrative costs?

- DHW will be responsible for administering eligibility determinations for this program through the Welfare Division’s IBES System, as they currently do for all applicants for Medicaid and the Your Health Idaho insurance exchange. This will require development of an additional system module to determine eligibility for this program, but allows for the leveraging of existing state infrastructure to minimize costs.
- DHW will connect program participants to a participating provider based on participant’s home and clinic locations. Program participants may ask to be reassigned if a different clinic location is preferable.

- DHW will issue monthly payments to participating clinics based on number of participants served by each clinic.
- DHW will collect data from participating clinics to measure program utilization and effectiveness.
- There will be initial program start-up costs, including IBES system development. There will also be ongoing administrative costs to provide support to program participants and providers.

21. How would program success be evaluated?

- All participating providers would be required to provide specific aggregated program utilization and health outcomes data to DHW. This data will be analyzed to measure program utilization by participants, initial health status of participants and health outcomes/improvements over time.
- Data required from participating providers would be aggregated and would not include individual patient data, protecting sensitive health information.
- Outcomes will be reported annually to the legislature, or as often as requested.



Idaho Primary Care Community Health Center Sites

Practice Site Name	Address	City	State	Zip
Adams County Health Center, Inc.	205 Berkley Ave	Council	ID	83612
Bear Lake Community Health Center	152 South 4th St	Montpelier	ID	83254
Benewah Medical and Wellness Center	427 N 12 th St	Plummer	ID	83851
Challis Area Health Center	1 Clinic Rd	Challis	ID	83226
CHAS Latah Community Health	719 S Main St	Moscow	ID	83843
CHAS Lewis and Clark Health Center	338 6 th St	Lewiston	ID	83501
Community Family Clinic - Blackfoot	625 W Pacific St Ste 3	Blackfoot	ID	83221
Community Family Clinic - Idaho Falls	2088 E 25 th St	Idaho Falls	ID	83404
Community Family Clinic - Roberts	651 N 2558 E	Roberts	ID	83444
Desert Sage Health Center	2280 American Legion Blvd	Mountain Home	ID	83647
Family Health Services - Buhl Medical and Dental Clinic	725 Fair St	Buhl	ID	83316
Family Health Services - Burley Medical Clinic	1309 Bennett Ave	Burley	ID	83318
Family Health Services - Fairfield Medical and Dental Clinic	401 W Camas Ave	Fairfield	ID	83327
Family Health Services - Jerome Medical Clinic	114 Pioneer Ct	Jerome	ID	83338
Family Health Services - Kimberly Medical and Dental Clinic	132 Main St N	Kimberly	ID	83341
Family Health Services - Rupert Medical Clinic	1024 8 th St	Rupert	ID	83350
Family Health Services - Twin Falls Acute Care Clinic	325 Martin St Ste A	Twin Falls	ID	83301
Family Health Services - Twin Falls Medical Clinic	388 Martin St	Twin Falls	ID	83301
Family Medicine Residency of Idaho - Emerald Street Clinic	6094 W Emerald St	Boise	ID	83704
Family Medicine Residency of Idaho - Fort Street Clinic	121 E Fort St	Boise	ID	83712
Family Medicine Residency of Idaho - Garden City Clinic	215 W 35 th St	Garden City	ID	83714
Family Medicine Residency of Idaho - Kuna Clinic	708 E Wythe Creek Ct Ste 103	Kuna	ID	83634
Family Medicine Residency of Idaho - Meridian Clinic	2275 S. Eagle Rd Ste 120	Meridian	ID	83642
Family Medicine Residency of Idaho - Meridian Schools Clinic	925 NW 1 st St	Meridian	ID	83642
Family Medicine Residency of Idaho - Raymond Street Clinic	777 N Raymond St	Boise	ID	83704
Glenns Ferry Health Center	486 W 1 st Ave	Glenns Ferry	ID	83623
Grand Peaks – Rexburg	72 S 1 st E	Rexburg	ID	83440
Grand Peaks Medical Clinic	20 N 3 rd E St	Saint Anthony	ID	83445
Health West - Aberdeen Clinic	330 N Main St	Aberdeen	ID	83210
Health West - American Falls Clinic	823 Reed St	American Falls	ID	83211
Health West - Chubbuck Clinic	880 W Quinn Rd	Chubbuck	ID	83202
Health West - Downey Clinic	79 N Main St	Downey	ID	83234
Health West - Lava Hot Springs Clinic	85 S 5 th W	Lava Hot Springs	ID	83246
Health West - Pocatello Family Medicine Clinic	465 Memorial Dr	Pocatello	ID	83201

Health West – Preston	655 S 4 th E	Preston	ID	83263
Health West Inc. - Pocatello Clinic	1000 N 8 th St	Pocatello	ID	83201
Heritage Health - Mullan Clinic	119 Terrill Loop	Mullan	ID	83846
Heritage Health - Rathdrum Clinic	14775 N. Kimo Ct Ste B	Rathdrum	ID	83858
Heritage Health - Silver Valley/Mountain Health Care	740 McKinley Avenue	Kellogg	ID	83837
Heritage Health Family Medicine Clinic	1090 N Park Place Avenue	Coeur d' Alene	ID	83814
Heritage Health Medical - Post Falls	925 E Polston Avenue	Post Falls	ID	83854
Kaniksu Health Services - Bonners Ferry Clinic	6615 Comanche St	Bonners Ferry	ID	83805
Kaniksu Health Services - Boundary Regional CHC - Rural Mobile Clinic	6615 Comanche St	Bonners Ferry	ID	83805
Kaniksu Health Services - Priest River Clinic	6509 Highway 2 Ste 101	Priest River	ID	83856
Kaniksu Health Services - Sandpoint Clinic	30410 Highway 200	Ponderay	ID	83852
Sandpoint Pediatrics - Kaniksu Health Services	420 N. 2 nd Ave Ste 100	Sandpoint	ID	83864
Shoshone-Bannock Community Health Center	Building 70 Navajo Dr	Fort Hall	ID	83203
Terry Reilly - Boise Clinic	300 S 23 rd St	Boise	ID	83702
Terry Reilly - Caldwell Clinic	2005 Arlington Ave	Caldwell	ID	83605
Terry Reilly - Caldwell Elgin	1411 Hope Way	Caldwell	ID	83605
Terry Reilly - Homedale Clinic	116 E Idaho St	Homedale	ID	83628
Terry Reilly - Marsing Clinic	201 Main St	Marsing	ID	83639
Terry Reilly - Medical and Behavioral Health	207 1 st St S	Nampa	ID	83651
Terry Reilly - Melba Clinic and Dental	150 2nd St	Melba	ID	83641
Terry Reilly – Middleton	201 S First Ave E	Middleton	ID	83644
Terry Reilly - Nampa Clinic and Pharmacy	223 16 th Ave N	Nampa	ID	83687
Valley Family Health Care - Emmett Medical and Behavioral Health Clinic	207 E 12 th St	Emmett	ID	83617
Valley Family Health Care - New Plymouth Medical Clinic	300 N Plymouth Rd	New Plymouth	ID	83655
Valley Family Health Care - Payette Medical and Dental Clinics	1441 NE 10 th Ave	Payette	ID	83661
Valley Health Center	350 Main St	Grand View	ID	83624

The Coverage Gap

Frequently Asked Questions



July 2015

How many Idahoans don't have affordable access to health insurance even with Idaho's new health care exchange and current Medicaid?

The most recent estimate is that approximately 78,000 Idahoans fall into "the coverage gap" because they earn too much to qualify for traditional Medicaid, but not enough to qualify for tax credits to purchase private health insurance. The majority of these Idahoans are employed, but either earn lower-wages or have jobs where wages and hours fluctuate.

What specific recommendations did the Governor's Medicaid Redesign Workgroup make?

The Workgroup recommended the **Healthy Idaho Plan** to redesign Idaho's Medicaid system and integrate it with the state's Your Health Idaho insurance exchange. Under this public/private, or "hybrid" option, Idahoans earning 100-138 percent of the federal poverty level – for example, a family of four that earns up to \$32,913 per year – will get help purchasing private coverage in the health exchange. Idahoans below 100 percent of the federal poverty level – for example, a family of four making \$23,850 per year – will access coverage through state-run managed care contracts. The initial costs are covered by federal funds and are heavily subsidized after that, ultimately saving Idaho millions of dollars.

Is Direct Primary Care part of the proposed Medicaid Redesign plan for Idaho?

The Governor's Workgroup did recommend a pilot program for Direct Primary Care to accompany Medicaid Redesign.

How does Medicaid Redesign help me if my family and I already have affordable health insurance?

Having a large population of uninsured Idahoans means higher health care costs and higher health insurance premiums for those with insurance. If more Idahoans are covered, it will mean lower health care costs for residents and businesses.

How are parents unfairly penalized in the current system?

A single, childless worker at minimum wage qualifies for help to purchase coverage in the exchange. If that same worker is a parent and the sole-earner for the family, the family's income falls below the poverty level. This penalizes single parents for having a job since they have to choose between working and Medicaid eligibility.

How do we all pay for the uninsured now?

In Idaho, those without insurance rely on the state's Catastrophic Health Insurance Fund and the counties' indigent funds. That means our tax dollars fund health care for the uninsured in the form of property taxes, state taxes and higher insurance premiums.

How does Medicaid Redesign save lives?

Conservative estimates indicate that expanding access to health insurance in Idaho could save between 76 and 179 lives a year. That estimate is based on national research, applied to Idaho coverage gap numbers, which show a real correlation between lack of access to health care and premature death.¹

How does Medicaid Redesign help the mentally ill?

In the last year, 75,000 Idahoans experienced a severe mental illness. Some 41,000 Idahoans are seriously impaired by their mental illness, but Medicaid currently covers only 9,000 of them. By redesigning Medicaid, the mentally ill would have access to essential community-based mental health services to keep our residents healthy and productive.²

Is Medicaid investment efficient?

Idaho's Medicaid program is incredibly efficient and cost-effective. Every \$1 of State General Fund invested in Medicaid yields over \$4 of investment by the Department of Health and Welfare because of the federal match. Of that spending, 97 percent goes directly to health care services for Medicaid participants, with just 3 percent going to administrative costs.³

How will Medicaid redesign provide a needed economic boost for Idaho?

Medicaid redesign would create nearly 15,000 new jobs in its first year and not just in health care. The spillover effects of the new economic activity will provide a boost for a variety of local businesses. In fact, Idaho will see approximately \$700 million in new economic activity each year.⁴

How does Medicaid redesign save money for Idaho?

Redesigning Medicaid and closing the coverage gap would save Idahoans millions of dollars in state and local funds over several years.⁵ The state will likely reap additional savings that are difficult to estimate, including reduced costs for corrections, law enforcement, emergency response, and the courts, since these systems are often the only response available for untreated mental and behavior health problems. The economic boost will also generate new tax revenues that are above and beyond the calculated savings.

How can Idaho be sure that funding will continue if we close the Coverage Gap?

Federal funding to close the coverage gap is guaranteed at 100 percent until 2016, and tapers to cover 90 percent of the costs, on an ongoing basis, after 2020. Since the Center for Medicaid and Medicare Services (CMS) was founded in 1965, funding for its programs has never been rescinded.⁶

Would the cost of redesigning Medicaid in Idaho significantly contribute to the federal deficit?

No. Between 2016 and 2018, the cost of redesign in Idaho would be minute, ranging from .118% to .126%. That means the investment of federal dollars for Idaho's Medicaid redesign would represent 1/1000th of the United States budget deficit. If the federal deficit is a thousand spilled marbles, picking up one marble is not going to make much of an impact.⁷

Who decides whether Idaho will redesign Medicaid and when?

The Idaho Legislature must vote on whether Idaho will take advantage of federal funds to provide an affordable insurance option to Idahoans in the coverage gap.

How many states have redesigned Medicaid?

Thirty states (including Washington, DC) redesigned their Medicaid systems as of July 2015. Idaho lawmakers will have another opportunity to close the coverage gap by passing the Healthy Idaho Plan again in early 2016.

What does Idaho lose if we wait to redesign Medicaid?

If Idaho does not redesign Medicaid, we will send \$1.2 billion in taxpayer money over the next eight years to states that have chosen to take advantage of the available federal dollars.⁸ Idaho will also forego a cost-saving solution to several problems: unequal access to affordable health coverage, needless medical bankruptcies, and untreated illness for Idahoans.

End Notes

1. University of Idaho College of Business and Economics, Peterson, Steven, "The Economic Impacts of Medicaid and Proposed Medicaid Expansion," http://www.healthandwelfare.idaho.gov/Portals/0/AboutUs/FromTheNewsroom/0814_PetersonMedicaidExp.pdf (August 14, 2014).
2. Disability Rights, Baugh, Jim, "Medicaid Redesign Idaho: Presentation to Workgroup," <http://www.healthandwelfare.idaho.gov/Portals/0/Medical/MoreInformation/08142014%20Medicaid%20Redesign%20for%20People%20with%20Disabilities%20Jim%20Baugh.pdf> (August 14, 2014).
3. Idaho Department of Health and Welfare, Hettinger, Lisa, "The Facts About Idaho Medicaid," <http://www.healthandwelfare.idaho.gov/Portals/0/Medical/MoreInformation/08-14-2014%20Medicaid%20Overview%20Lisa%20Hettinger.pdf> (August 14, 2014).
4. University of Idaho College of Business and Economics, Peterson, Steven, "The Economic Impacts of Medicaid and Proposed Medicaid Expansion," http://www.healthandwelfare.idaho.gov/Portals/0/AboutUs/FromTheNewsroom/0814_PetersonMedicaidExp.pdf (August 14, 2014).
5. Milliman, Birrell, Justin, Diederich, Benjamin, "Idaho Medicaid Expansion Population and Cost Forecast, Including Direct Primary Care Model," <http://www.healthandwelfare.idaho.gov/Portals/0/Medical/MoreInformation/08-14-2014%20Milliman%20Analysis.pdf> (August 14, 2014).
6. Milliman, Birrell, Justin, Diederich, Benjamin, "Revised Financial Impact Review of the Patient Protection and Affordable Care Act on the Idaho Medicaid Budget Including State and Count Costs Offsets," November 7, 2014.
7. Congressional Budget Office, "An Update to the Budget and Economic Outlook: 2014 to 2024," <https://www.cbo.gov/publication/45653> (August 2014) and Milliman, Birrell, Justin, Diederich, Benjamin, "Revised Financial Impact Review of the Patient Protection and Affordable Care Act on the Idaho Medicaid Budget Including State and Count Costs Offsets," November 7, 2014.
8. University of Idaho College of Business and Economics, Peterson, Steven, "The Economic Impacts of Medicaid and Proposed Medicaid Expansion," http://www.healthandwelfare.idaho.gov/Portals/0/AboutUs/FromTheNewsroom/0814_PetersonMedicaidExp.pdf (August 14, 2014).



CLOSE THE GAP

I D A H O

www.CloseTheGapIdaho.org



'The Heart of Teton Valley'
Inc. 1910

CITY OF DRIGGS

OFFICE OF COMMUNITY DEVELOPMENT

February 12, 2016

Bill Leake, Chair
Board of County Commissioners
150 Courthouse Drive – Room 208
Driggs, ID 83422

RE: July 4th Fireworks & Celebration

Dear Chairman Leake and Commissioners Park and Riegel,

The City of Driggs is planning the 2016 Independence Day Celebration for Monday, July 4, 2016, to include a 20 minute fireworks show and approximately 3 hours of pre-fireworks entertainment and activities located in the Driggs City Center Plaza and Tribute Stage. To address feedback from last year's event, this will be a slightly smaller event with a more concentrated spatial focus.

We have currently raised \$15,000 towards the \$25,000 event budget and the city is requesting a contribution from Teton County towards this gap in order for the fireworks and celebration program to proceed. A contribution of between \$5,000 and \$10,000 is suggested and would be immensely appreciated. Teton County would be recognized on all promotional ads and materials.

Thank you for considering this request.

Sincerely,

Doug Self, AICP
Community Development Director

History of County donations to July 4th Fireworks	
1993	\$300
1995	\$300
1996	\$300
1997	\$325
1998	\$300
2000	\$300
2001	\$325
2002	\$325
2003	\$350
2004	\$325
2005	\$325
2006	\$325
2008	\$1,500
2009	\$1,000
2010	\$0
2011	Glen Beck & Fireworks at Huntsman Springs
2012	Fireworks at Huntsman Springs June 30
2013	Fireworks at Huntsman Springs
2014	Fireworks at Huntsman Springs
2015	\$6,000
2016	?

FY 2017 Teton County Budget Preparation & Tax Levy Schedule	
February 22	Board review proposed budget schedule & discuss any new issues for this budget cycle
March 14	EODH receives budget schedule <i>(include training about budget process?)</i>
March 28	BOCC discuss other budget issues as needed <i>(should Clerk provide Budget officer amount?)</i>
	BOCC determine salary plan guidelines & procedure for FY 2017 raises
April 11	April EODH meeting canceled due to Justice Meeting
April 18	EODH receive forms to prepare budget requests <i>(31-1602)</i>
May 9	BOCC discuss ther budgets and other budget issues as needed
	EODH discuss salary plan & procedure for raises for FY 2017
May 10	State Tax Commission Budget & Levy training in Idaho Falls <i>(AM session helpful for BOCC)</i>
May 16	EODH submit budget requests to Auditor <i>(31-1602 & 31-1603)</i>
May 17-June 8	Auditor compiles budget requests, consults with EODH & prints draft budget
May 23	BOCC discuss budget issues as needed
June 7-9	Idaho Association of Commissioners & Clerks meeting in Burley
June 10	Red-lined job descriptions to Clerk if updates needed
June 13	BOCC discuss budget requests with non-profit organizations <i>(afternoon of regular meeting)</i>
June 15 ?	BOCC discuss budget requests with EODH <i>(day-long meeting)</i>
??	Hospital golf tournament
June 17 ?	BOCC discuss budget requests with EODH <i>(day-long meeting)</i>
June 27	BOCC discuss budget with revisions per work sessions with EODH
	Decision regarding future ambulance services
June 29 & 30	Reserved for Board of Equalization <i>(if needed)</i>
June 30	Updated Pay Grade Chart Available <i>(if altered by changing job descriptions)</i>
	Merit raise requests delivered to Clerk <i>(or County Executive?)</i>
July 11	BOCC sets tentative budget, including merit/equity raises
	Last day for Board of Equalization <i>(if needed)</i>
	Ambulance Service District sets tentative budget <i>(may be for 3 months or 12 months)</i>
July 25	Health Insurance update from American Insurance
	Last chance to change budget prior to publication <i>(without holding a special meeting)</i>
Aug 11 & 18	Publish legal notices for budget hearings
Aug 22	2:00 pm Public Hearing for County budget
	2:10 pm Public Hearing for Ambulance District budget
	2:15 pm Public Hearing for Mosquito Abatement District budget
	2:20 pm Public Hearing for Special Road Levy budget
Sept 1 & 8	Publish legal notices for fee increases greater than 5%
Sept 7	Taxing District L2 forms due in Auditor's office <i>(63-803[3])</i>
Sept 12	BOCC sets 2016 tax levies <i>(for FY 2017 budgets)</i>
	2:00 pm Public Hearing for Fee Increases greater than 5% <i>(if any)</i>
Oct/Nov	Health Insurance decisions made, changes become effective January 1
Dec 1	Annual Employee Meeting, start of Open Enrollment period



FROM: County Executive Assistant, Holly Wolgamott
TO: Board of County Commissioners
RE: Performance Evaluations for BoCC Staff
MEETING: February 22, 2016

We are approaching the time of year for the BoCC to complete Performance Evaluations for the 5 staff members they supervise directly. Last year's evaluation form is attached to this memo. If there are no changes to the form, I would suggest the following timeline for completing evaluations:

- Give evaluation forms to staff for them to complete their portion with a due date of March 22nd.
- At the March 28th BoCC meeting, an executive session will be held during which the BoCC will discuss each employee and complete the Supervisor portion of the form.
- At the April 25th and May 9th meetings an executive session will be held to give the BoCC time to meet with each staff member individually for 30 – 45 minutes to discuss their performance.
- Performance evaluations will be complete by May 9th allowing time for any performance related budget discussions to be held before budget work sessions begin in mid-June.

This timeline is up for discussion however there is not a great deal of flexibility due to other meeting priorities. Please let me know how to like me to proceed.



TETON COUNTY

Employee Performance Review

EMPLOYEE INFORMATION	
Name	Date
Job Title	Supervisor
Department	Review Period

RATINGS (Employee Self-Evaluation) **Be sure to read "Performance Rating Definitions" by clicking tab below**				
	Unacceptable	Needs Improvement	Fully Competent	Exceeds Expectations
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				

RATINGS (Supervisor Evaluation) **Be sure to read "Performance Rating Definitions" by clicking tab below**				
	Unacceptable	Needs Improvement	Fully Competent	Exceeds Expectations
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				

AS A TETON COUNTY GOVERNMENT TEAM MEMBER, HOW HAVE YOU HELPED MAKE THIS A BETTER ORGANIZATION?
<i>Supervisor Comments:</i>

LIST TWO SPECIFIC JOB GOALS FOR THE COMING YEAR AND HOW/WHEN YOU PLAN TO ACCOMPLISH THEM.
Goal 1
Goal 2
<i>Supervisor Comments:</i>

PLEASE COMMENT ON FACTORS CONTRIBUTING TO YOUR PROFESSIONAL DEVELOPMENT DURING THIS EVALUATION PERIOD: OFFSITE SEMINARS/CLASSES, ONSITE TRAINING, COACHING OR MENTORING, ON-THE-JOB EXPERIENCE, BETTER EXPOSURE TO CHALLENGING PROJECTS, OTHER (PLEASE DESCRIBE).
<i>In what areas do you feel that you need added support, guidance, structure and direction?</i>
<i>What can your supervisor and/or elected official do to ensure that you are fulfilling your career goals by building a solid portfolio of skills?</i>
<i>Supervisor Comments:</i>

WHAT ARE YOUR IDEAS FOR IMPROVING TETON COUNTY'S EMPLOYEE SATISFACTION AND RETENTION?

SUPERVISOR SUMMARY OR ADDITIONAL COMMENTS

VERIFICATION OF REVIEW	
<i>By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.</i>	
Employee Signature	Date
Supervisor Signature	Date

PERFORMANCE RATING DEFINITIONS

EXCEEDS EXPECTATIONS	Results exceed expectations. Demonstrated superior results in some areas, and solid results in others. Respected and valued by Teton County staff as a resource for information or advice on business issues. Used own initiative to suggest and work on improvement activities without adversely impacting other areas and assigned duties. Accomplished more than would have been expected of the majority of employees in this position and required little direction or supervision. Developed and implemented challenging work-related goals. Exhibited leadership skills.
FULLY COMPETENT	Made strong contributions to Teton County. Provided positive business results while demonstrating commitment to core County values, especially working cooperatively and constructively with fellow workers and members of the public to provide public service of the highest quality and quantity. Delivered superior results on occasion and rarely fell short of expectations. Considered a valuable, solid member of the team. Gave sound input and recommendations the majority of the time. Supported management and coworkers in delivering services and achieving County goals and objectives. Had little difficulty in dealing with others.
NEEDS IMPROVEMENT	Met the minimum requirements for the position. Delivered results, but often required management prompting and follow-up; sometimes had difficulty performing up to expectations. Would have met the position requirements more frequently if more initiative and interest had been shown. Minimally supported management and coworkers in delivering services and achieving County goals and objectives. Has the tools and training to perform better.
UNACCEPTABLE	Did not keep up with normal work requirements, even under close supervision and prompting. Performed some tasks adequately, but also required support of team members or management to fix problems. Skills and overall job proficiency has not been developed. Did not demonstrate either the initiative or the know-how to do the job consistently. Did not support management and coworkers in providing services or achieving County goals. Has received prescribed training and has been on the job long enough to be expected to perform at an acceptable level. Employee whose performance is at this level should be on a written warning with a corrective action plan. If performance does not substantially improve, termination action is likely.



FROM: County Executive Assistant, Holly Wolgamott
TO: Board of County Commissioners
RE: Communication Update
MEETING: February 22, 2016

As listed as one of my priorities for 2016, I am working to improve communication with the public and County staff. To keep you informed of current progress, I will give a communications update at each BoCC meeting.

1. Social Media Presence
 - a. We are close to having 200 followers on Facebook now. We started with only 4 followers in January so I am very pleased with how quickly we are attracting people to our page. I will continue to work with all departments to increase postings of County business and postings that are applicable to our area.
2. Priorities List on BoCC Webpage
 - a. I had our web administrator create a *Current Priorities* link on the BoCC webpage. I have added each priority group with the corresponding PDF file but have not published it since the priority list is still in draft form. During the meeting on February 22nd I will show you how it looks online for your approval. Once the priority list is complete it can be published.
3. E-newsletters
 - a. At the BoCC meeting on February 8th, the board agreed to begin an e-newsletter that will go out on an as needed basis (preferably once a month). It was decided to start sending out the e-newsletter in late March. Since I will not be at the next BoCC meeting on March 14th, I am presenting suggested topics for the first e-newsletter now. I have created a draft e-newsletter template for our first publication that is attached to this report. *Please note that the template is designed for electronic use so the print version is not perfect and has some formatting inconsistencies.* Keeping e-newsletters brief, to the point, and visually stimulating is key. Each topic will guide readers to links for more information. Possible topics are:
 - i. Welcome and Thank You for Signing Up Article
 - ii. Emergency Management Update
 - iii. Weed Article Written with Teton County Weed Superintendent
 - iv. Summary of the Roads Work Session Held on March 21st
 - v. Upcoming Meetings and Important Dates Section (standard template)
 - vi. Pictures of County Events During the First Quarter of 2016 (standard template)
 - vii. Contact Us Section with Links to All Departments (standard template)
4. Internal Communications with County Staff
 - a. Within the first edition of the e-newsletter, a section for County employees will be created. This way, employees will be kept abreast of everything being sent out to the public but will also receive information that is only applicable to them. I will have both versions of the e-newsletter ready by the March 28th BoCC meeting for your review.

- b. Access to the Common Drive for all employees and elected officials was discussed at the last BoCC meeting. I have put in a request with IT to look into this and they responded that it is something they can likely make happen. They were already making changes to the network and felt that this request could be worked in at the same time. Once I receive an update from them I will report back to the board.

5. Adobe Acrobat Pro

- a. I use Adobe Acrobat Pro on a regular basis for various reasons but most importantly I use it to make the BoCC meeting packets. Greg recently purchased a new lap top for me which has replaced my regular computer. It is a great machine however, in getting rid of my old machine, I lost the Adobe Acrobat Pro software. It was installed on the computer but there are no disks for it to be installed on my new lap top. So, for now, I am utilizing a 30-day free trial period so I can have access to the software but that will expire soon.

It costs \$370 to purchase the software. Here are some options on how we could pay for it from the BoCC budget: *Office Supplies* with \$246 remaining and *Other Misc.* with \$493 remaining.

6. Increasing Communication with Teton County Wyoming

- a. In my last report I indicated that I had been in touch with the Town of Jackson about meeting with me to talk about communication efforts on common issues for both states. They suggested I first meet with the Town Clerk to get the conversation started. We are still trying to work out a date and time to meet up and when we have something confirmed I will let you know. I do have a meeting scheduled with the new Public Information Specialist for Teton County Wyoming on March 4th at noon in Jackson.