

# Budget Brief – Health Systems Improvement

DEPARTMENT OF HEALTH

DOH BB 08-03

## SUMMARY

The Division of Health Systems Improvement (HSI) facilitates, coordinates, assures and improves the quality of the Utah health care system. Its mission is fulfilled through the examination, analysis, and actions to improve service availability, accessibility, acceptability, continuity, quality, and cost. The Division seeks to create partnerships between the Health Department and community providers to improve health care delivery outcomes.

## ISSUES AND RECOMMENDATIONS

The Analyst recommends a budget for Health Systems Improvement of \$15,645,800. The Division line item includes a director’s office, three bureaus and one office. They are:

Director’s Office	\$ 367,700
Emergency Medical Services	\$ 5,234,400
Child Care Licensing	\$ 2,617,600
Health Facility Licensure, Certification, and Resident Assessment	\$ 5,159,700
Primary Care and Rural Health	\$ 2,266,400

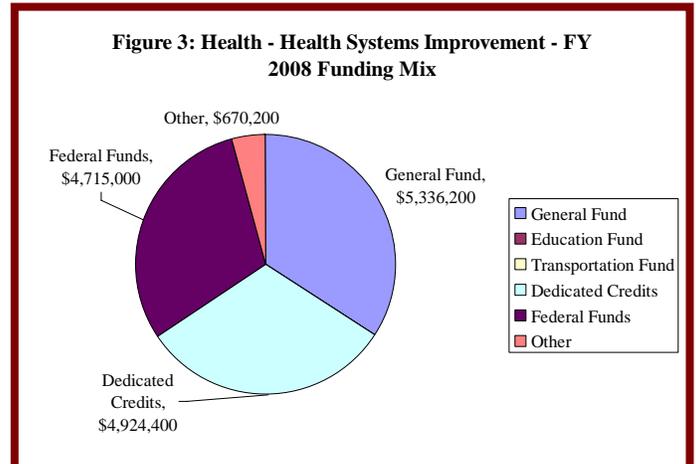
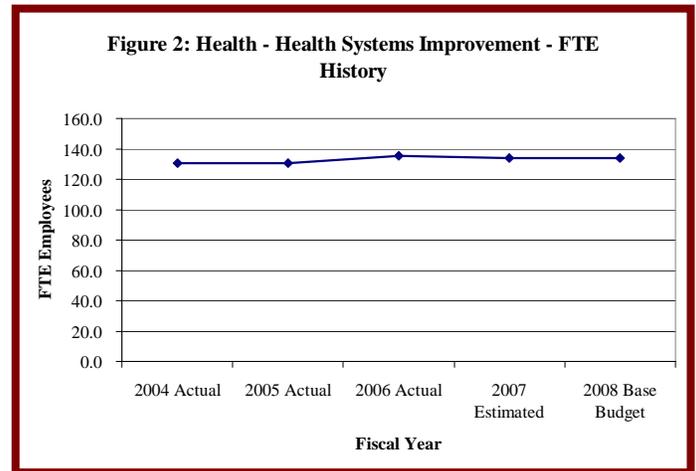
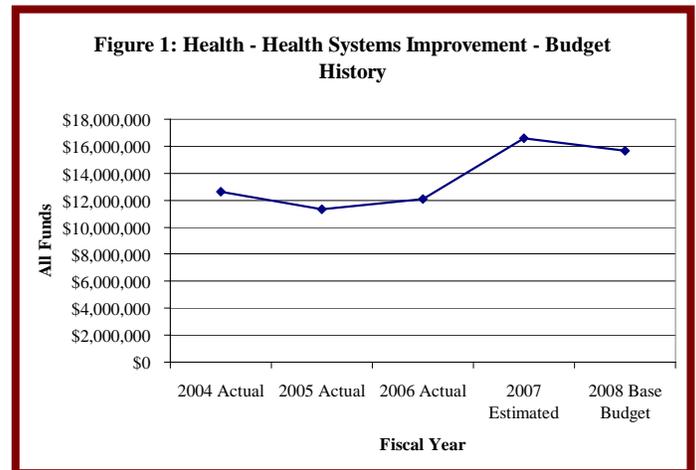
The HSI line item includes funding for 133.77 FTE positions.

## ACCOUNTABILITY DETAIL

The Division has numerous performance measures related to the variety of programs within the Division. See the Compendium of Budgetary Information for more detail. The following items are the primary performance measure summary for the bureau or program. Specific activities also have performance measures.

### *Division Director’s Office*

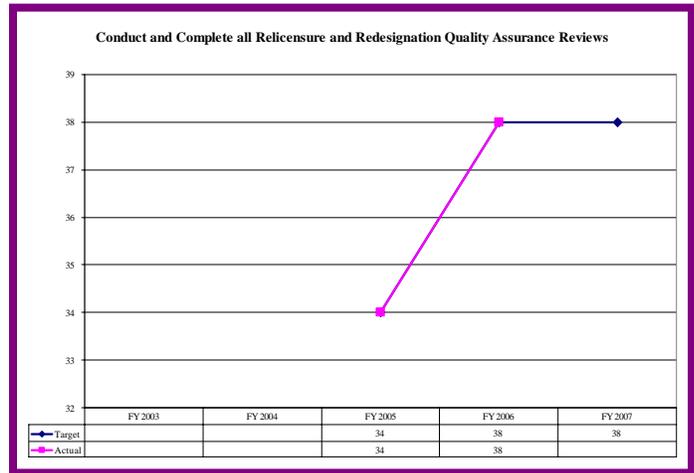
The Division Director’s Office provides ongoing leadership, support, technical assistance and direction to the rest of the division as well as to the regulatory arm of the Department. The Division also has responsibility for the Utah Patient Safety Initiative. Direct administrative support is provided to the Office of Primary Care and Rural Health. The Division has organized to provide the administrative support to the various programs in light of the budget reductions and funding adjustments of the last few years. Generally, the Division provides ongoing regulatory oversight of the healthcare industry and this office works at assure adequate administrative support for efficient operations of the program areas.



**Emergency Medical Services (EMS)**

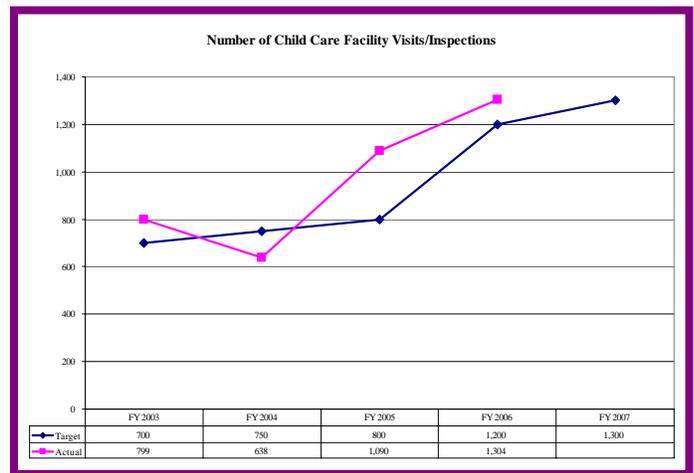
EMS works to encourage and improve the quality of EMS provider agencies and assure they are trained, equipped and capable to respond and deliver prompt and appropriate medical interventions. The COBI details the history of the certifications and recertifications of providers. The key performance measure is outlined in the table to the right. The program has been meeting its goal since establishing these benchmarks.

Bio-Terrorism preparedness is an added responsibility which impacts training and certification. It is not separately identified in the performance measures.



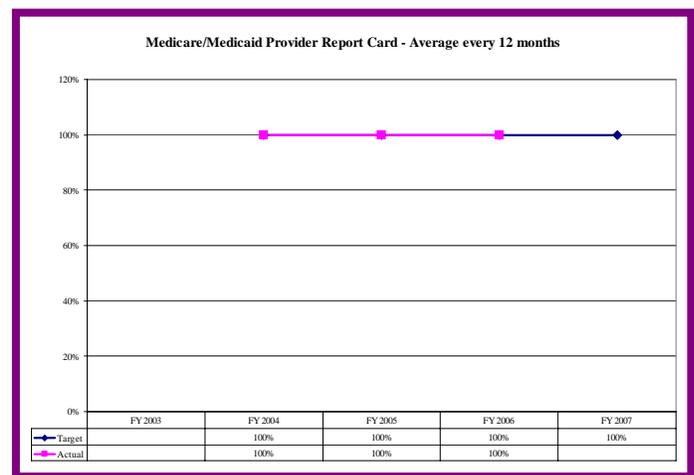
**Child Care Licensing**

In 1997, the legislature transferred the responsibility of licensing child care providers to the Department of Health. The Division protects the health and improves the quality of life of children through inspection, licensing and monitoring child care facilities. There are five types of licenses, depending on the type of care and the setting where the care is provided. While the overall trend in the number of licenses is increasing, a complicating factor in the workload is the turnover of providers. The bureau also processes Management Information System (MIS) and Bureau of Criminal Identification (BCI) checks on child care providers to reduce the chance of licensing a provider who has a criminal record. The reported performance factors are detailed in the chart to the right.



**Bureau of Health Facility Licensing, Certification and Resident Assessment**

This Bureau licenses and inspects all licensed and Medicare/Medicaid certified Health Care providers, investigates complaints made about providers and does pre-admission screenings for all Utah Medicaid recipients seeking nursing home or institutional care. The number of facilities to be licensed and inspected has been growing each year since before these measures were being tracked. The performance measure is that every Medicare/Medicaid certified nursing home must be inspected no longer than every 15 months, while maintaining a 12 month average. They have been meeting these requirements during the reporting period.



### Primary Care and Rural Health

The Office of Primary Care and Rural Health makes grants to public and nonprofit entities to help provide primary health care services to medically underserved populations throughout the State. The program targets low-income populations who have no health insurance, or whose health insurance does not cover primary health care services and do not qualify for Medicare, Medicaid, CHIP or other government sponsored insurance. The table on the right shows the performance measures of the Primary Care and Rural Health Program as reported by the Department. Funding for this program has fluctuated with both one-time and ongoing FY 2007 funding increases.



### BUDGET RECOMMENDATION

For the Health Systems Improvement line item, the Analyst recommends ongoing base budget funding in the amount of \$15,645,800 as appropriated in the base budget bill. Of this amount \$5,336,200 is from the General Fund, \$4,715,000 is from Federal Funds, \$4,924,400 from Dedicated Credits, \$135,000 is from Transfers- Public Safety, \$1,894,300 from Beginning Nonlapsing balances, and (\$1,359,100) from Closing Nonlapsing balances. The recommendation covers the budgets for the Director's Office; Emergency Medical Services; Child Care Licensing; Health Facility Licensure, Certification and Resident Assessment; and Primary Care and Rural Health.

### *Intent Language*

The Legislature approved four intent statements for this line item for FY 2007. Because these intent statements have been restated for several years, and again requested for FY 2008, the Legislature may want to consider adding these items to State statute. The Analyst recommends the continuation of these items with statutory consideration. The recommended intent statements are:

*It is the intent of the Legislature that the fees collected for the purpose of plan reviews by the Bureau of Health Facility Licensure, Certification, and Resident Assessment be nonlapsing.*

*It is the intent of the Legislature that civil money penalties collected for child care and health care provider violations be considered nonlapsing.*

*It is the intent of the Legislature that funds for the Primary Care Grants Program be nonlapsing*

*It is the intent of the Legislature that funds appropriated for assistance for people with bleeding disorders be nonlapsing.*

### LEGISLATIVE ACTION

The Executive Appropriations Committee requests that the Subcommittee adopt base budgets for each agency under the Subcommittee's purview, fund Subcommittee priorities, first by reallocating revenue among programs, and provide a prioritized list of desired items for funding. Adoption of this base budget as listed in this document enables the programs to continue for the next fiscal year at relatively the same level as the current fiscal year.

1. The Analyst recommends that the Health and Human Services Appropriations Subcommittee approve a base budget for FY 2008 for Health Systems Improvement in the amount of \$15,645,800.
2. The Analyst recommends the adoption of the proposed fees for this line item for FY 2007. (See separate Issue Brief DOH IB 08-02.)
3. The Analyst recommends the adoption of the four items of intent language as listed above.

**BUDGET DETAIL**

<b>Health - Health Systems Improvement</b>						
<b>Sources of Finance</b>	<b>FY 2006 Actual</b>	<b>FY 2007 Appropriated</b>	<b>Changes</b>	<b>FY 2007 Revised</b>	<b>Changes</b>	<b>FY 2008* Base Budget</b>
General Fund	4,705,200	5,336,200	0	5,336,200	0	5,336,200
General Fund, One-time	0	346,100	0	346,100	(346,100)	0
Federal Funds	3,539,100	4,789,700	(72,800)	4,716,900	(1,900)	4,715,000
Dedicated Credits Revenue	4,311,600	4,854,900	729,700	5,584,600	(660,200)	4,924,400
Transfers - Public Safety	131,400	145,400	(1,200)	144,200	(9,200)	135,000
Transfers - Within Agency	52,100	0	0	0	0	0
Beginning Nonlapsing	1,716,600	1,196,400	1,144,700	2,341,100	(446,800)	1,894,300
Closing Nonlapsing	(2,341,100)	(1,199,400)	(694,900)	(1,894,300)	535,200	(1,359,100)
Lapsing Balance	(3,600)	0	0	0	0	0
<b>Total</b>	<b>\$12,111,300</b>	<b>\$15,469,300</b>	<b>\$1,105,500</b>	<b>\$16,574,800</b>	<b>(\$929,000)</b>	<b>\$15,645,800</b>
<b>Programs</b>						
Director's Office	276,600	316,700	50,000	366,700	1,000	367,700
Emergency Medical Services	4,184,000	4,760,300	637,500	5,397,800	(163,400)	5,234,400
Child Care Licensing	2,281,900	2,562,600	666,100	3,228,700	(611,100)	2,617,600
Health Facility Licensure, Certification, and Re	4,116,300	5,275,000	(128,000)	5,147,000	12,700	5,159,700
Primary Care and Rural Health	1,252,500	2,554,700	(120,100)	2,434,600	(168,200)	2,266,400
<b>Total</b>	<b>\$12,111,300</b>	<b>\$15,469,300</b>	<b>\$1,105,500</b>	<b>\$16,574,800</b>	<b>(\$929,000)</b>	<b>\$15,645,800</b>
<b>Categories of Expenditure</b>						
Personal Services	7,188,700	8,407,500	(211,700)	8,195,800	26,500	8,222,300
In-State Travel	235,100	237,400	7,300	244,700	(1,100)	243,600
Out of State Travel	97,100	114,800	(700)	114,100	(5,400)	108,700
Current Expense	2,405,300	3,466,100	254,600	3,720,700	(197,400)	3,523,300
DP Current Expense	288,300	287,500	350,000	637,500	(17,600)	619,900
DP Capital Outlay	24,000	0	0	0	0	0
Other Charges/Pass Thru	1,872,800	2,956,000	706,000	3,662,000	(734,000)	2,928,000
<b>Total</b>	<b>\$12,111,300</b>	<b>\$15,469,300</b>	<b>\$1,105,500</b>	<b>\$16,574,800</b>	<b>(\$929,000)</b>	<b>\$15,645,800</b>
<b>Other Data</b>						
Budgeted FTE	135.6	136.0	(2.3)	133.8	0.0	133.8
Vehicles	23	24	(1)	23	0	23

\*Does not include amounts in excess of subcommittee's state fund allocation that may be recommended by the Fiscal Analyst.