

Rank	State Funds	Total Funds	<u>Chairs'</u> Ongoing State Funds Building Block Priority List	Source	Alternative Funding Sources?
<u>1</u>	\$ 19,400,000	\$ 65,408,000	<p>DOH - Medicaid Affordable Care Act - The following areas create costs for the state in Medicaid from federal health care reform: (1) currently eligible but not enrolled individuals signing up for Medicaid due to increased awareness, (2) income determination to be based on modified adjusted gross income, (3) asset test elimination for adults and pregnant clients, and (4) Medicaid must cover youth for whom foster care was discontinued at age 18 or older until they are age 26. Utah currently covers up to age 21. (5) Children must be eligible to receive hospice services, which Utah Medicaid does not currently cover.</p> <p>How Measure Success? Actual Medicaid enrollment and associated per member per month (PMPM) costs.</p>	Gov. & Agency	Department would recommend using the \$21.2 million negative request to offset this increase.
<u>2</u>	\$ 2,300,000	\$ 11,010,100	<p>DOH - Affordable Care Act Mandatory - CHIP Expansion - Shift of about 66% or 25,460 of CHIP children onto Medicaid due to the elimination of the asset test for children ages 6 to 18. These children newly shifted onto Medicaid will cost the state \$1.8 million more General Fund in FY 2014 due to Medicaid's richer benefit package. 2,850 currently eligible but not enrolled individuals signing up for CHIP at a cost of \$0.5 million General Fund.</p> <p>How Measure Success? Actual costs of enhanced benefit package of Medicaid as compared to CHIP benefit package.</p>	Gov. & Agency	Department would recommend using the \$800,000 negative request to offset this increase.

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<u>3</u>	\$ 54,200	\$ 542,000	<p>DWS - Health Care Exchange - Administrative costs to implement the mandatory changes in <u>Ongoing administrative costs to run the operations of the health care exchange due to the mandatory provisions of the Affordable Care Act.</u></p> <p>How Measure Success? ACA compliant connection of public assistance to an exchange.</p>	Gov. & Agency	None.
<u>4</u>	\$ 1,983,700	\$ 1,983,700	<p>DOH - Baby Watch Early Intervention - Caseload Funding for a total of 921 children who will have been added through FY 2014 since the last increase in state funding as per Department of Health's estimates for the Baby Watch/Early Intervention program.</p> <p>How Measure Success? (1) the proportion of Moderately and Severely delayed infants/toddlers who are served. (2) the number of families reporting that early intervention services have helped their family effectively communicate their child's needs and help their child develop and learn. (3) development closer to typically developing children in the following ways: Acquisition and use of knowledge and skills Use of appropriate behaviors to meet their needs Positive social and emotional skills. (4) at least 85% of these children will complete the program with improvement. (5) Continue to serve both severely delayed and moderately delayed children rather than having to restrict this program to only the severely delayed.</p>	Gov. & Agency	The requested amount could be offset to a small extent by increasing parent contributions. Currently, monthly parent contributions <u>total \$340,000 annually and</u> are based on a sliding fee schedule based on income.
<u>5</u>	\$ 2,543,300	\$ 8,395,000	<p>DHS - DSPD Structural Imbalance in Medicaid Waiver - to replace one-time funds currently covering a structural imbalance in the Medicaid Community Supports Waiver program.</p> <p>How Measure Success? DSPD will not have to impose a rate reduction to all contracted service providers effective July 1, 2013.</p>	Gov. & Agency	None

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<u>6</u>	\$ 1,866,000	\$ 6,210,700	<p>DHS - DSPD Mandated Additional Needs - a Medicaid requirement that the health and safety service needs of individuals receiving waivers be met. Of the 4,800 covered individuals, 650 or 13.0 % identified as having increased health and safety needs.</p> <p>How Measure Success? DSPD will meet the basic health and safety needs of Medicaid waiver recipients and avoid the loss of federal funding for needed services.</p>	Gov. & Agency	None
<u>7</u>	\$ 1,054,100	\$ 1,054,100	<p>DHS - Youth Aging Out of DCFS Custody - Maintain youth with intellectual disabilities on the Medicaid waiver who are aging out DCFS custody.</p> <p>How Measure Success? DSPD will meet the basic health and safety needs of Medicaid waiver recipients and avoid the loss of federal funding for needed services.</p>	Gov. & Agency	None
<u>8</u>	\$ 4,215,000	\$ 8,430,000	<p>DWS - Affordable Care Act Mandatory Changes - This is for the ongoing costs for <u>92</u> of the <u>140</u> requested FTEs and eligibility systems to support the increased caseload caused by the mandatory changes in Medicaid from the Affordable Care Act.</p> <p>How Measure Success? Adequate staffing/resources to maintain acceptable service levels</p>	Gov. & Agency	Aren't there some employees who are more productive than others? Could you get more employees working at similar levels?
<u>9</u>	\$ 102,000	\$ 102,000	<p>USOR - Client Service Delivery Enhancement for Vocational Rehabilitation - addresses increasing caseloads for vocational rehabilitation counselors by hiring <u>2</u> of the <u>3</u> requested paraprofessional rehabilitation technicians.</p> <p>How Measure Success? Increased numbers of clients served and placed into employment</p>	Gov. & Agency	Re-allocate funds from direct client service budget
<u>10</u>	\$ 608,800	\$ 608,800	<p>DOH - Children with Special Needs - Funding to replace prior years reductions to funding of the Children with Special Health Care clinics serving children with disabilities.</p> <p>How Measure Success? Documentation of the increased number of children that need, and are able to receive, these specialized diagnostic services for disabled children with the return of these funds.</p>	Gov. & Agency	Are we charging as much copays as we could/should?

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<u>11</u>	\$ 100,000	\$ 100,000	<p>USOR - Restore Assistive Technology at USU and Independent Living Centers - restore ongoing funding lost over the past four years that provided assistive technology to individuals with disabilities. The funding will be passed through to the six independent living centers (\$70,000) and the Utah Assistive Technology Foundation (UATF) at Utah State University (\$30,000).</p> <p>How Measure Success? For ILC's: increased numbers of AT devices and services provided. For USU: number of mini grants funded and client progress evaluations</p>	Agency	For ILC's None For USU Individual and foundation donations
<u>12</u>	\$ 150,000	\$ 150,000	<p>USOR - Restore Independent Living Staff Reductions - This request will pass through \$<u>100,000</u> to the state's six independent living centers to restore staff lost over the past four years.</p> <p>How Measure Success? Increased number of clients served in centers, numbers diverted from or transitioned out of nursing homes</p>	Gov. & Agency	Fund raising and donations but they really should not be used for staffing
<u>13</u>	\$ 3,500,000	\$ 3,500,000	<p>DHS - Mental Health Early Intervention for Children/Youth - children's mental health promotion/mental illness prevention, funded one time during the 2012 General Session.</p> <p>How Measure Success? Is the child/youth living at home? Is the child/youth in school? Is the child/youth staying out of trouble? Is there a reduction in symptoms, are they in recovery or returned to the community norm? Is there an increase in the child/youth's ability to cope?</p>	Agency	Re-Prioritize services and take money that has traditionally gone out on formula for general services to the Local Mental Health Authorities (LMHA) and require funding for Mental Health Early Intervention Services (decrease other services). One-time DCFS non-lapsing of \$1.5 m.

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<u>14</u>	\$ 62,800	\$ 251,200	<p>DHS - Federal Pre-admission Screening and Resident Review (PASRR) - to help ensure individuals with a mental illness or intellectual disability-related condition, and who have no substantial physical impairments, are not warehoused in nursing facilities.</p> <p>How Measure Success? Complete evaluations within the required time frames (Feds, CMS)</p>	Agency	None. All States are required to pay the match for Medicaid for this service
<u>15</u>	\$ 227,600	\$ 227,600	<p>DHS - Adult Protective Services Caseload Increases - 3 additional caseworkers, 2 of which will help with increasing field caseloads (particularly in rural areas of the state) and 1 with increasing intake caseloads.</p> <p>How Measure Success? APS measures cases/caseload and # of dropped calls on the intake line.</p>	Gov. & Agency	None
<u>16</u>	\$ 97,500	\$ 157,200	<p>DHS - Human Services Licensing Caseload Growth - Current licensing specialist caseloads are at 146 cases with a projected caseload of 159 cases by FY 2014 if current trends continue. Of particular concern is the licensing of foster parents.</p> <p>How Measure Success? Issuance of a license within 30 days after verification of compliance.</p>	Agency	A 50% licensing fee increase across the board for all Human Service licensed programs could generate as much as \$92,000 for the General Fund (based on FY12 collections) to offset the cost of this building block.
<u>17</u>	\$ 1,000,000	\$ 3,350,900	<p>DHS - Disabilities Waiting List - Fund <u>8%</u> instead of the requested <u>25%</u> of the current Disabilities Waiting List. As of June 30, 2012, there were 1,825 individuals with severe disabilities waiting for services at a total calculated cost of \$43,006,800 (\$12,461,200 in state General Fund).</p> <p>How Measure Success? There will be a reduction in the number of people waiting for needed disability services.</p>	Agency	None

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<u>18</u>	\$ 115,000	\$ 235,000	<p>DOH - Three FTEs for Health Facility Licensing - Money is for three FTEs to handle the licensing of the increased number of health care facilities.</p> <p>How Measure Success? (1) Decrease the time frames for surveys of nursing facilities to an average of every 12.9 months.</p> <p>(2) Decrease the time frames for surveys of licensed-only health care facilities - assisted living facilities (189) and personal care agencies (69). Assisted living every 18 months, and personal care agencies every 24 months.</p> <p>(3) Respond to complaints against licensed health care facilities within 90 days for safety of patients/residents.</p>	Agency	A \$300 increase in licensing fees would generate \$115,000 for the General Fund. Facility fees were increased two years ago. Please note that all fees collected are recorded as free revenue within the General Fund. Monies would need to be appropriated to the Department.
<u>19</u>	\$ 50,000	\$ 50,000	<p>USOR - Restoration of Funds for Hard of Hearing Services - provide services to the hard of hearing by hiring 10 hard of hearing assistants who would work part time providing assistance in the remainder of the state outside of Salt Lake and St. George where staff are currently located.</p> <p>How Measure Success? Number of hard of hearing clients served outside St George and Wasatch Front</p>	Agency	Re-allocate resources from St George and Wasatch Front
<u>20</u>	\$ 100,000	\$ 100,000	<p>USOR - 1 Traveling Rehabilitation Teacher for the Blind - certified traveling rehabilitation teacher to serve the approximately 2,000 blind and visually impaired individuals living in the southern part of the state.</p> <p>How Measure Success? Number of clients served in S. Utah</p>	Agency	Shift resources from Wasatch Front to S.Utah

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<u>21</u>	\$ 99,300	\$ 292,200	<p>DHS - ORS - Addition of System Development Staff - add 2 system development staff to reduce a significant number of state and federally mandated system enhancements/changes backlogged.</p> <p>How Measure Success? This is a difficult measurement to predict. The results would depend on the skill sets possessed by the individuals hired and which projects those individuals could immediately impact. Two potential project areas where new developers could have a significant impact are the further automation of ORS accounting systems (where success would be measured by the increased number of payments received and posted automatically) or the ongoing document generation system replacement (where success would be measured by the increased number of forms generated from the new system; and the associated savings for postage, mail preparation time, printing costs, etc).</p>	Gov. & Agency	There are no external alternative funding sources to access. The only option would be to decrease staff members dedicated to caseload management and customer service and shift those FTE positions to the technical group to meet the federally mandated enhancement deadlines.
<u>22</u>	\$ 313,700	\$ 922,600	<p>DHS - ORS - Child Support Staff Due to Federal Health Care Reform - As a condition of eligibility for Medicaid, participants are required to cooperate with the federal child support program (ORS in the state of Utah) to establish paternity, child support, and medical support. This results in at least one child support case per family.</p> <p>How Measure Success? The successful use of additional staff members would be demonstrated by continuing to meet the federally regulated performance standards, improving overall collection totals, and demonstrating the mitigated increases to individual caseload sizes due to the additional staff members, despite the fact that the total number of cases handled by ORS continues to rise each year.</p>	Agency	There are no external alternative funding sources to access. ORS will continue its current practice of cutting non-personnel-related costs where options become available in favor of funding as many of the necessary staff positions as possible.

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<u>23</u>	\$ 250,000	\$ 250,000	<p>DHS - Replace One-time Meals on Wheels Fund with Ongoing Funding - program provides one meal a day that meets 1/3 of the dietary reference intake for elderly persons who are age 60 or over, home bound, and who have limited capacity to provide nutritionally-balanced meals for themselves.</p> <p>How Measure Success? The AAAs keep track of the # of meals served.</p>	Gov. & Agency	None
<u>24</u>	\$ 130,000	\$ 130,000	<p>DOH - Health Facility Licensing Funding for HB 497 - The agency estimates \$130,000 annual General Fund costs beginning in FY 2013 to implement the provisions of HB 497 Clearance for Direct Patient Access from the 2012 General Session. The fiscal note (http://le.utah.gov/lfa/fnotes/2012/HB0497S02.fn.pdf) for the bill stated that there would be ongoing costs to the state but not until FY 2015. From the fiscal note: "The Department of Health will have increased costs of \$15,200 one-time in FY2012 and \$105,000 ongoing beginning in FY2013 for 0.5 FTE and data maintenance contracts for a new system for administering background checks. In FY2013 and FY2014 these administrative increases will be paid for with the federal funds mentioned above. Beginning in FY2015 these ongoing costs would be paid for with General Fund."</p> <p>How Measure Success? (1) Decrease the number of health care employees that have serious criminal background issues. (2) Maintain a background screening system that will require only one screening of an individual working in multiple health care settings. (See <u>item with same title on the one-time list for measures #3 & #4</u>)</p>	Gov. & Agency	<p>One-time FY13 Medicaid surpluses could be used to address the FY13 need for this request as well as the FY14 one-time funding included in the Governor's budget.</p> <p>How much of an increase in background fees would be needed to cover the \$130,000?</p>

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<u>25</u>	\$ 823,300	\$ 1,120,200	<p>DHS - DCFS - Out of Home Care Services - there is an increase in the numbers and costs for children in custody with severe needs. These children require high cost, individualized residential treatment services.</p> <p>How Measure Success? A) There would be a decreased time that clients are in foster care. When proper service is provided, it decreases the likelihood that a child's time in foster care is extended.</p>	Agency	DCFS received permission to use nonlapsing funds for ongoing programs
<u>26</u>	\$ 2,435,900	\$ 2,435,900	<p>DHS - Drug Courts – Drug courts provide treatment, community supervision, and intensive judicial review to individuals with serious and chronic substance use disorders - provided through coordinated efforts of the judiciary, prosecution, defense counsel, probation, law enforcement, and social services.</p> <p>How Measure Success? Alcohol and drug use at admission and discharge. Arrests 30 days prior to admission and 30 days prior to discharge. Percentage of patients who are homeless at admission and discharge. Employment at admission and discharge. Number of children reunified with parents (reduce the number of participants who have their parental rights terminated).</p>	Agency	No alternative funding sources
<u>27</u>	\$ 47,700	\$ 47,700	<p>DHS - State Hospital - Restore Funding Loss Due to Fed ACA - restore a Disproportionate Share Hospital (DSH) funding loss resulting from provisions in the federal Affordable Care Act.</p> <p>How Measure Success? clinical outcome tools demonstrate patient improvement</p>	Agency	reduce staff hours or services

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<u>28</u>	\$ 4,485,200	\$ 4,485,200	<p>DHS - Local Mental Health Authority Medicaid Match - many of the local authorities are struggling to provide the Medicaid match with limited state and local county revenue.</p> <p>How Measure Success? The DSAMH has a broad array of performance measures for each local authority and these measures, with the corresponding results, are published annually in a scorecard. The performance scorecards are available on the DSAMH website.</p>	Agency	No alternative funding sources. Clients are indigent and have no resources to pay for services.
<u>29</u>	\$ 150,000	\$ 150,000	<p>DHS - DSPD Family Preservation and Service Broker Services - provide 30 percent of individuals on the disabilities waiting list (575) and their families with family preservation and service broker services. DSPD states that both programs are helpful in defraying and delaying high cost residential placements.</p> <p>How Measure Success? At least 575 individuals currently on the DSPD waiting list will receive temporary, one-time services to help prevent the break-up of families and to connect families with available community resources.</p>	Agency	None
<u>30</u>	\$ 474,700	\$ 474,700	<p>DHS - Domestic Violence Shelters - Caseload Increases - DCFS provides federal and state funds to 12 private domestic violence shelters. Shelters had to deny 2,515 requests for services in the past year.</p> <p>How Measure Success? A) Fewer adult and child clients being declined services. B) Improved services for victims who have experienced family violence</p>	<u>Gov.&</u> Agency	None
<u>31</u>	\$ 310,000	\$ 310,000	<p>DHS - Aging - Increase Caregiver/Respite Funding - This program is meant to support many older adults who desire to live at home and stay close to their families for as long as appropriate.</p> <p>How Measure Success? The AAAs keep track of the # of clients served.</p>	Agency	None

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<u>32</u>	\$ 895,000	\$ 895,000	<p>DHS - Evidence-based Substance Abuse Prevention - sustain and expand family-based programs for the prevention and treatment of child abuse and neglect related to substance use disorders.</p> <p>How Measure Success? Increase parents' sense of self-worth, personal empowerment, empathy, bonding, and attachment. Increase the use of alternative strategies to harsh and abusive disciplinary practices. Increase parents' knowledge of age-appropriate developmental expectations. Reduce abuse and neglect rates.</p>	Agency	No alternative funding sources.
<u>33</u>	\$ 500,000	\$ 500,000	<p>DHS - Substance Abuse Medication Assisted Therapy - provide Medication Assisted Therapies (MAT) to 200 qualifying individuals through the Access to Recovery (ATR) provider network in Salt Lake, Utah, and Weber counties.</p> <p>How Measure Success? The performance of the program will be measured by the Government Performance Results Act (GPRA) outcome measure tool.</p> <ul style="list-style-type: none"> - Abstinence from Alcohol and Drugs from intake to post six months. - Individuals currently employed or attending school from intake to post six months. - Individuals experiencing no alcohol or drug related health, behavioral or social consequences from intake to post six months. - Individuals with permanent housing from intake to post six months. 	Agency	No alternative funding sources.

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34	\$ 253,500	\$ 263,900	<p>DHS - Foster Parent Rate Increase - Foster parent rates were reduced as part of budget reductions in the 2009 General Session. This request has two components: 1) \$188,900 General Fund to restore foster parent rates back to 2009 General Session levels and 2) \$64,500 General Fund to make rates paid by DCFS to disability providers consistent with the rates paid by DSPD to those same providers.</p> <p>How Measure Success? A) Greater ability to recruit and retain foster parents. B) Basic care and supervision needs of foster children are provided.</p>	Agency	None
35	\$ 1,161,900	\$ 2,256,000	<p>DHS - 1% Contract Provider Increase - UCA 63J-1-201(4-5) requires the Governor to consider "the same percentage increase for wages and benefits that he includes in his budget for persons employed by the state" for certain contract providers. UCA 63J-1-201.7 requires the Legislature to also make a similar 'consideration.' (\$1,150,800 for all 'named' providers within Social Services)</p> <p>How Measure Success? Contract Monitoring, ability to recruit and retain qualified providers.</p>	Agency	None
36	\$ 810,100	\$ 810,100	<p>DOH - Baby Watch Early Intervention - Inflation Funds cumulative inflation since FY 2009 of 5%.</p>	Gov. & Agency	The requested amount could be offset to a small extent by increasing parent contributions. Currently, monthly parent contributions total \$340,000 annually and are based on a sliding fee schedule based on income.

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<u>37</u>	\$ 8,241,600	\$ 8,241,600	<p>DWS - Workforce Services - Structural Imbalance/Budget Deficit - DWS is currently using time-limited excess TANF funds to cover ongoing expenditures. This has created a structural imbalance. Using these excess TANF funds will run out under current spending patterns by 2015.</p> <p>How Measure Success? The department would be able to meet required expenses without claiming TANF MOE based on expenditures or in-kind contributions of outside entities.</p>	Agency	Unencumbering General Fund that would be used for TANF MOE by claiming costs of outside entities as TANF MOE.
<u>38</u>	\$ 2,043,100	\$ 12,000,000	<p>DWS - Child Care Restore 2009 Reduction - Money is to restore funding for child care subsidies to 2009 funding levels.</p> <p>How Measure Success? The department would be able to meet existing Child Care expenses without using TANF federal funds.</p>	Agency	TANF funds.
<u>39</u>	\$ 427,100	\$ 854,200	<p>DOH - Data Security and Privacy Office - Money is for 6 FTEs to address security gaps in the Department's information systems as recommended by a study by Deloitte.</p> <p>How Measure Success? Outcome Measures: (1) Maintain compliance with the federal regulations to reduce potential financial penalty for noncompliance (Measured by HHS OCR audits) (2) Reduced number of security vulnerabilities for protected health information (Measured by DTS security vulnerability scan and analysis) (3) Increased safeguards and protection for Utah citizens' protected health information (Measured by reduced number of I security incidents resulting in data breach) (See #1 in one-time list for performance measures)</p>	Gov. & Agency	
<u>40</u>	\$ 2,911,300	\$ 9,755,400	<p>DOH - Provide Adult Dental Services in Medicaid - Money is to provide dental benefits to all <u>60,000</u> Medicaid adults. Medicaid currently provides dental services to children and pregnant women.</p> <p>How Measure Success?</p>	Agency	Any possibility of getting a private provider to donate to cover the costs?

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41	\$ 3,881,600	\$ 1,274,100	<p>DWS & DOH - Optional Medicaid Expansion three parts:</p> <p>(1) DOH - Medicaid Optional Expansion Administration - \$570,000 ongoing General Fund (\$1,140,00 Total Fund) for 20 FTEs: 11 HPRs (staff who educate Medicaid clients and enroll them in an ACO), 3 Prior Authorization Nurses (for the expansion population not enrolled in an ACO), 3 Restriction Program Staff (for the expansion population not enrolled in an ACO and coordinating pharmacy issues with ACOs), 2 Claims Techs (for the expansion population not enrolled in ACOs and for retroactive claims), 1 Encounter Data Specialist (for the expansion population enrolled in ACOs).</p> <p>(2) DOH - Medicaid Optional Expansion Services - a Medicaid expansion should replace the spending for the Primary Care Network. The \$4.9 million General Fund (\$16,419,500 total fund) reduction assumes that the Primary Care Network ends.</p> <p>(3) DWS - Optional Medicaid Expansion - This is for the \$8,211,600 ongoing General Fund and \$16,553,600 total fund costs for 203 FTEs and eligibility systems to support the increased caseload caused by the Medicaid expansion.</p> <p>How Measure Success? Adequate staffing/resources to maintain acceptable service levels</p>	Agency	Aren't there some employees who are more productive than others? Could you get more employees working at similar levels?
42	\$ (60,100)	\$ (60,100)	<p>DOH - HB 256, 2011 General Session Funding Not Needed - The Legislature provided the Department of Health \$60,100 in SB 3 to implement capitated dental contracts as per HB 256 Children's Health Insurance and Medicaid Administrative Simplification from the 2011 General Session. The Department has indicated that they did not have a vendor that would save the State money in an urban area. This money is available beginning in FY 2013.</p> <p>How Measure Success? The Department did not award a contract from the first RFP. However, the Department has re-issued the RFP and will need the funding if a contract is awarded.</p>	LFA	N/A

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43	\$ (59,800)	\$ (140,600)	DOH - 3% from the Nursing Care Facilities Account - There is a 3% maximum for administration from the Nursing Care Facilities Account as permitted by UCA 26-35a-106. There is \$59,800 ongoing available beginning in FY 2013.	LFA	N/A
44	\$ (501,600)	\$ (1,003,200)	DWS - Savings From Issuing Plastic Eligibility Cards – the fiscal analyst recommends that the Legislature remove ongoing funding of (\$1,003,200) (\$501,600 General Fund) total funds to reflect a low range of savings for switching to plastic eligibility cards based on FY 2011 actual clients served. The base budget includes this recommendation. The auditors noted: “If Utah updated its process to provide recipients with a onetime card rather than a monthly paper card, the state could save card distribution costs.” (page 33 of http://le.utah.gov/audit/12_07rpt.pdf) How Measure Success? The Department of Health is not in a position yet to move to its original plan of the smart card technology for all Medicaid populations. However, it is exploring an interim solution that would move select Medicaid populations to a plastic card. This would not generate all of these savings at once.	N/A	
45	\$ 160,000	\$ 160,000	<u>The Children's Center</u>	<u>Robles/</u> <u>Menlove</u>	
46	\$ 30,800	\$ 30,800	<u>HB 81 Cytomegalovirus Public Health Initiative</u>	<u>Menlove</u>	
47	\$ 147,700	\$ 147,700	<u>Your Community Connection Family Crisis Center</u>	<u>Christensen</u>	
48	\$ 150,000	\$ 150,000	<u>Traumatic Brain Injury</u>	<u>Ray</u>	
49	\$ 50,000	\$ 50,000	<u>Utah Hemophilia Foundation</u>		
50	\$ 100,000	\$ 100,000	<u>Children's Hearing Aid Assistance Program</u>	<u>Edwards</u>	
51	\$ 95,000	\$ 95,000	<u>Human Services Licensing Modifications</u>	<u>Christensen</u>	
52	\$ 69,900	\$ 69,900	<u>HB 276 Newborn Screening for Critical Congenital Heart Defects</u>	<u>Ray</u>	

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53	\$ 300,000	\$ 300,000	<u>HB 118 Automatic External Defibrillator Account</u>	Cunningham	
54	\$ 250,000	\$ 500,000	<u>Health Policy Amendments</u>	Robles	
55	\$ 500,000	\$ 500,000	<u>Primary Care Grants</u>	Cosgrove	
56	\$ 1,000,000	\$ 1,000,000	<u>SB 71 Results-based Financing for Early Childhood Education</u>	Osmond	
57	\$ 425,900	\$ 425,900	<u>Workforce Financial Assistance</u>	Okerlund	

\$ 72,832,800 \$ 161,660,500 Total

Moved to one-time list

7	\$ 1,300,000	\$ 1,300,000	<p>DOH – Healthy Eating & Active Living in Utah Neighborhoods 1 FTE statewide coordinator and money for local interventions to try and reduce the prevalence of obesity.</p> <p>How Measure Success? (1) Increase the percentage of Utahans who meet the physical activity recommendations</p> <p>(2) Increase the number of business, school, religious and community partnerships in funded local health departments</p> <p>(3) Increase the percentage of Utahans who consume 2 cups of fruit and 2.5 cups of vegetables per day</p>	Gov. & Agency	<p>(1) Cigarette Tax increases or a change in the current cigarette tax distributions could be used to fund this request.</p> <p>(2) One-time FY13 Medicaid surpluses with non-lapsing could be used to fund the \$650,000 one-time funding included in the Governor's budget.</p>
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Removed from the list, likely to be addressed by the Executive Appropriations Committee

1	\$ (800,000)	\$ (3,829,600)	<p>DOH – CHIP Caseload Growth Inflation Actual caseloads and per member per month costs have been lower than originally forecasted.</p> <p>How Measure Success?</p>	Gov. & Agency	Are we being aggressive in negotiating capitated rates with providers?
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Rank	State Funds	Total Funds	<u>Chairs'</u> Ongoing State Funds Building Block Priority List	Source	Alternative Funding Sources?
10	\$(21,200,000)	\$(71,039,600)	<p>DOH – Medicaid Caseload Decrease – Medicaid ended FY 2012 with unexpected unspent balances of \$19.1 million or 5% in unspent General Fund. The surplus is 1.4% due to caseload and 3.6% due to per member per month (PMPM) cost estimates. Additionally this building block includes the following: (1) Estimated increase of 5,900 or 2% clients in FY 2013 and 3,000 or 1% in FY 2014. A utilization increase of 3% in FY 2013. (2) Forced provider inflation of \$6.8 million. (3) Federal medical assistance percentage favorable change of 0.2% for a savings of about \$2.7 million. (4) Preferred Drug List additional projected savings of \$1.4 million. (5) A 2% State-funded increase in physician rates now to be paid by the federal government for a savings of \$0.8 million.</p> <p>How Measure Success? Actual enrollment and associated per member per month (PMPM) costs.</p>	Gov. & Agency	Any Additional Savings from Switching to Actual Acquisition Cost for Pharmacy Prices?
<u>23</u>	\$(512,500)	\$	<p>DHS – Federal Medical Assistance Percentage (FMAP) Rate Change – represents the change in the federal share of the programmatic costs for Medicaid and federal Title IV E (of the Social Security Act) programs.</p> <p>How Measure Success?</p>	LFA	