

## Social Services Appropriations Subcommittee 2013 General Session Follow-Up for Ongoing and One-time Funding Requests

State Funds	Total Funds	Actually Funded State Funds	Chairs' Ongoing State Funds Building Block Priority List		Source	Status and Effect of Implementation	Ramifications of Not Funding
\$ 213,600	\$ 427,200	\$ 300,000	<p><b>DOH - Data Security and Privacy Office</b> - Money is for 6 FTEs to address security gaps in the Department's information systems as recommended by a study by Deloitte.</p> <p><b>How Measure Success? Outcome Measures:</b> (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 security incidents resulting in data breach) (See #1 in one-time list for performance measures)</p>	DOH	Gov. & Agency	<p>Established the Office of Health Information Security, Privacy, and Compliance.</p> <p>Hired Information Security Manager (1 FTE), Office Director (1 FTE) who also serves as Privacy and Compliance Officer, and administrative support (.5 FTE).</p> <p>Notice of Privacy Practices and Business Associate Agreements modified to comply with recent HIPAA Omnibus regulatory changes.</p> <p>Risk Assessments completed for 80 "Restricted" information systems.</p> <p>Developed and conducting on-going employee training on breach assessment and incident response protocols in compliance with state and federal (HIPAA Omnibus) regulations.</p>	DOH requested \$427,200 in funding but was appropriated only \$300,000 (no indirect funds). We will not be getting federal match at this time for the Data Security Office. The Office is currently funded at 2.5 FTE. Level of support requires scaling back our approach to those areas that present the highest breach risk to the agency (employee errors and lost equipment/devices). Compliance with federal HIPAA regulation will take longer than anticipated.
\$500,000	\$500,000	\$110,000	<b>Primary Care Grants</b>	DOH	Cosgrove	All of this one-time appropriation will be distributed as part of the competitive Primary Grant process.	
\$1,983,700	\$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><b>How Measure Success?</b> (1) the proportion of Moderately and Severely delayed infants/toddlers who are served.</p> <p>(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.</p> <p>(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>	DOH	Gov. & Agency	\$1,763,700 in on-going funds and \$220,000 in one-time funds (total \$1,983,700) were awarded to the Baby Watch program for caseload funding. The funding was distributed to all 15 local contract providers. The funding will enable the program to preserve the current program eligibility criteria and fund program growth.	
\$810,100	\$810,100	\$0	DOH - Baby Watch Early Intervention - Provider Rate Increase Funds cumulative inflation since FY 2009 of 5%.	DOH	Gov. & Agency	Funding was not awarded	The local early intervention programs are limited in what they can pay professionals to deliver the services. Therefore, they may not be competitive in the market and may lose staff to higher paying jobs. More services may need to be delivered by non-clinical staff. Funding is not available to go toward fixed and rising overhead costs. Thus, those costs could affect the number and type of therapy services available to children.

\$608,800	\$608,800	\$0	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. 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.	DOH	Gov. & Agency		Children in the rural areas of the state have not received the medical attention needed in their area. Families and children have had to travel extended periods of time to have their medical needed attended to. Our own, rural clinics report that it takes 9 - 12 months before a child can be seen in one of our clinics. With our current capacity, we were only able to serve 807 of these children in FY 2012 . We are not aware of any data source that directly addresses the final question regarding how many are not being served, since some of these children have insurance and their families have the resources to take them to more urban areas for evaluation and treatment; ...one could easily expect that at least 2,600 of these children were uninsured and another 4,000 or so, rely on Medicaid/CHIP (which is a proxy for poverty, thus an inability to easily travel to urban areas for specialized health care).
\$30,800	\$30,800	\$34,800	HB 81 Cytomegalovirus Public Health Initiative	DOH	Menlove	Has allowed development of new screening protocols, development of educational materials and training of screening staff in birthing centers.	
\$100,000	\$100,000	\$100,000	Children's Hearing Aid Assistance Program	DOH	Edwards	Protocols for implementation are complete. Rule has been submitted for public comment. Advisory Committee is in place and functioning.	
\$69,900	\$69,900	\$8,000	HB 276 Newborn Screening for Critical Congenital Heart Defects	DOH	Ray	Has allowed further development of a statewide implementation plan for screening	
\$150,000	\$150,000	\$150,000	HB 118 Automatic External Defibrillator Account	DOH	<u>Cunningham</u>	Applications have been set out to entities to receive the funding	
\$115,000	\$235,000	\$0	DOH - Three FTEs for Health Facility Licensing - Money is for three FTEs to handle the licensing of the increased number of health care facilities. How Measure Success? (1) Decrease the time frames for surveys of nursing facilities to an average of every 12.9 months. (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. (3) Respond to complaints against licensed health care facilities within 90 days for safety of patients/residents.	DOH	Agency	Funds were available one-time within the Division to support survey activities. The Bureau of Health Facility Licensing and Certification was able to hire four surveyors in June 2013 to supplement the Nursing facility certification program. The bureau is currently working on catching up to the federal requirements for nursing facilities to allow them to participate in the Medicare/Medicaid programs.	Without funding, the bureau will continue to get further behind with surveys of nursing facilities. Time between reviews will continue to increase and will be out of compliance with federal regulations. Compliance with federal regulations decreases with increased time between surveys.

\$130,000	\$130,000	\$130,000	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 ( <a href="http://le.utah.gov/lfa/fnotes/2012/HB0497S02.fn.pdf">http://le.utah.gov/lfa/fnotes/2012/HB0497S02.fn.pdf</a> ) 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." How Measure Success? (See item with same title on the ongoing list for measures #1 & #2) (3) Increase the scope of background checks that also checks state regulatory registries and records. (4) Increase the scope of employees that are checked in the system.	DOH	Agency	This funding for FY14 has allowed the department to continue development of the new background screening process. This process allows individuals to apply for one clearance to work in health care. There are currently about 300 health care facilities using the new pilot system. It is expected to have all health providers using the system by July 2014.	
\$ 3,881,600	\$ 1,274,100		<b>DWS &amp; DOH - Optional Medicaid Expansion</b> three parts: (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). (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. (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. <b>How Measure Success?</b> Adequate staffing/resources to maintain acceptable service levels	DOH	Agency		The Department received no funding for an optional Medicaid expansion allowed under the ACA.
\$ 19,400,000	\$ 65,408,000	\$ 15,600,000	<b>DOH - Medicaid Affordable Care Act</b> - 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. <b>How Measure Success?</b> Actual Medicaid enrollment and associated per member per month (PMPM) costs.	DOH	Gov. & Agency	Preparing for implementation 1/1/14. Accuracy of enrollment and cost projections will not be known until later.	
\$ 2,700,000		\$ 1,350,000	DOH - Increase Accountable Care Organization Administration to 10%		Menlove	This increase was implemented and put into effect with the rates on 7/1/13.	
\$ 2,911,300	\$ 9,755,400	\$ -	<b>DOH - Provide Adult Dental Services in Medicaid</b> - Money is to provide dental benefits to all 60,000 Medicaid adults. Medicaid currently provides dental services to children and pregnant women. <b>How Measure Success?</b>	DOH	Agency		Adult Medicaid clients will continue to not have dental services except in emergency situations.

\$ 2,300,000	\$ 11,010,100	\$ 2,300,000	<p><b>DOH - Affordable Care Act Mandatory - CHIP Expansion</b> - 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><b>How Measure Success?</b> Actual costs of enhanced benefit package of Medicaid as compared to CHIP benefit package.</p>	DOH	Gov. & Agency	Preparing for implementation 1/1/14. Accuracy of enrollment and cost projections will not be known until later.	
\$ 2,543,300	\$ 8,395,000	\$ 2,543,300	<p><b>DHS - DSPD Structural Imbalance in Medicaid Waiver</b> - to replace one-time funds currently covering a structural imbalance in the Medicaid Community Supports Waiver program.</p> <p><b>How Measure Success?</b> DSPD will not have to impose a rate reduction to all contracted service providers effective July 1, 2013.</p>	DHS	Gov. & Agency	Request was fully funded. The funding of the DSPD structural imbalance allows the Medicaid Waivers to provide services without any rate reduction to all our contracted service Providers. DSPD continues to provide the level of care required to address the health and safety needs of our clients.	
\$ 1,866,000	\$ 6,210,700	\$ 1,866,000	<p><b>DHS - DSPD Mandated Additional Needs</b> - 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><b>How Measure Success?</b> DSPD will meet the basic health and safety needs of Medicaid waiver recipients and avoid the loss of federal funding for needed services.</p>	DHS	Gov. & Agency	Request was fully funded. The funding of the Mandated Additional Needs allowed DSPD to cover the increased health and safety needs of about 661 clients while remaining in compliance with federal requirements.	
\$ 1,054,100	\$ 1,054,100	\$ 1,054,100	<p><b>DHS - Youth Aging Out of DCFS Custody</b> - Maintain youth with intellectual disabilities on the Medicaid waiver who are aging out DCFS custody.</p> <p><b>How Measure Success?</b> DSPD will meet the basic health and safety needs of Medicaid waiver recipients and avoid the loss of federal funding for needed services.</p>	DHS	Gov. & Agency	Request was fully funded. The funding allowed DSPD to continue providing the basic health and safety of these Medicaid clients as they age-out to DSPD while remaining in compliance with federal requirements.	
\$ 47,700	\$ 47,700	\$ -	<p><b>DHS - State Hospital - Restore Funding Loss Due to Fed ACA</b> - restore a Disproportionate Share Hospital (DSH) funding loss resulting from provisions in the federal Affordable Care Act.</p> <p><b>How Measure Success?</b> clinical outcome tools demonstrate patient improvement</p>	DHS	Agency		Not Funded. The Utah State Hospital reduced other operating expenses on a short-term basis while maintaining sufficient patient care and treatment.
\$ 3,500,000	\$ 3,500,000	\$ 3,500,000	<p><b>DHS - Mental Health Early Intervention for Children/Youth</b> - children's mental health promotion/mental illness prevention, funded one time during the 2012 General Session.</p> <p><b>How Measure Success?</b> 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>	DHS	Agency	\$2,000,000 is ongoing; \$1,500,000 was appropriated one-time. Active status, being implemented throughout the State. Numbers served and outcomes are being reported.	
\$ 4,485,200	\$ 4,485,200	\$ 2,000,000	<p><b>DHS - Local Mental Health Authority Medicaid Match</b> - many of the local authorities are struggling to provide the Medicaid match with limited state and local county revenue.</p> <p><b>How Measure Success?</b> 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>	DHS	Agency	\$2,000,000 was funded one-time for State Medicaid Match.	\$2,485,200 was not funded. Mental health services curtailed or not provided due to lack of funding.

\$ 62,800	\$ 251,200	\$ -	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. <b>How Measure Success?</b> Complete evaluations within the required time frames (Feds, CMS)	DHS	Agency		Not funded. Evaluation process updated (Level I evaluation process abbreviated) to decrease up-front costs. The change delayed the need for additional funds for 1-2 years.
\$ 205,000	\$ 205,000	\$ 250,000	<b>The Children's Center</b>	DHS	Robles/Menlove	Funds contracted with provider. Increased funds allow a greater number of children to participate in the therapeutic pre-school. Funding is one-time.	
\$ 147,700	\$ 147,700	\$ 147,700	<b>Your Community Connection Family Crisis Center</b>	DHS	Christensen	Crisis Center is updating their facility and renovating housing to one area. They are able to providing greater outreach services with fewer clients being turned away.	
\$ 474,700	\$ 474,700	\$ 474,700	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. <b>How Measure Success?</b> A) Fewer adult and child clients being declined services. B) Improved services for victims who have experienced family violence	DHS	Gov. & Agency	The one-time funding of \$474,000 received provides temporary relief for ongoing Domestic Violence shelter needs.	Client needs have increased 11.6 percent over the past year with 2,809 client requests denied.
\$ 227,600	\$ 227,600	\$ -	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. <b>How Measure Success?</b> APS measures cases/caseload and # of dropped calls on the intake line.	DHS	Gov. & Agency		Request was not funded. Investigators are at risk of being overwhelmed by the number and complexity of cases they are required to handle, as well as covering larger geographic areas than is efficient. This is resulting in cases taking longer to complete, with a higher potential for clients to re-enter the system because of missed findings and increased caseworker turnover.
\$ 1,000,000	\$ 3,350,900	\$ 500,000	DHS - Disabilities Waiting List - Fund 8% instead of the requested 25% 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). <b>How Measure Success?</b> There will be a reduction in the number of people waiting for needed disability services.	DHS	Agency	Request partially funded with DSPD receiving \$500,000 ongoing General Fund. The funding allowed DSPD to reduce the number of people in the Waiting List. In FY2013, about 135 people were taken off the list.	
\$ 250,000	\$ 250,000	\$ 250,000	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. <b>How Measure Success?</b> The AAAs keep track of the # of meals served.	DHS	Gov. & Agency	Request was fully funded. This funding is passed through to the local Area Agencies on Aging who are anticipating not having to reduce the number of meals served in FY14 due to the loss of one-time State funding in FY13.	
\$ 253,500	\$ 263,900	\$ 253,500	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. <b>How Measure Success?</b> A) Greater ability to recruit and retain foster parents. B) Basic care and supervision needs of foster children are provided.	DHS	Agency	Request was fully funded. Retention of quality foster parents will improve with increased rates.	

\$ 1,161,900	\$ 2,256,000	\$ 1,161,900	<p><b>DHS - 1% Contract Provider Increase</b> - 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><b>How Measure Success?</b> Contract Monitoring, ability to recruit and retain qualified providers.</p>	DHS	Agency	Request was fully funded. Providers will be better able to maintain services with rising costs. The increase will also assist in the Department's ability to recruit and retain providers.	
\$ 97,500	\$ 157,200	\$ -	<p><b>DHS - Human Services Licensing Caseload Growth</b> - 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><b>How Measure Success?</b> Issuance of a license within 30 days after verification of compliance.</p>	DHS	Agency		The goal was to reduce days to licensure to 30. For FY13, the actual days to licensure after verification of compliance was 64.
\$ 99,300	\$ 292,200	\$ -	<p><b>DHS - ORS - Addition of System Development Staff</b> - add 2 system development staff to reduce a significant number of state and federally mandated system enhancements/changes backlogged.</p> <p><b>How Measure Success?</b> 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>	DHS	Gov. & Agency		ORS continues efforts to implement as many technological changes as possible with the existing staff; however, the list of enhancements to be done remains backlogged.
\$ 313,700	\$ 922,600	\$ -	<p><b>DHS - ORS - Child Support Staff Due to Federal Health Care Reform</b> - 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><b>How Measure Success?</b> 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>	DHS	Agency		The anticipated increases to the ORS caseload due to Federal Health Care Reform have not yet occurred as the reforms have not yet gone into effect.
\$ 823,300	\$ 1,120,200	\$ -	<p><b>DHS - DCFS - Out of Home Care Services</b> - 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><b>How Measure Success?</b> 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>	DHS	Agency		Higher service needs children may be placed at lower placement levels which may take a longer time to serve the needs of the child.

\$ 2,435,900	\$ 2,435,900	\$ 1,000,000	<p><b>DHS - Drug Courts</b> – 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><b>How Measure Success?</b> 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>	DHS	Agency	Partially funded. Legislature provided \$1,000,000. Eighty-seven percent (\$870,000) of this funding is allocated to local substance abuse authorities for treatment, case management and drug testing for drug court participants. DSAMH estimates this will serve between 250 and 350 individuals in SFY 2014. Thirteen percent (\$130,000) of the funds is allocated to the Administrative Office of the Courts for additional court costs.	
\$ 310,000	\$ 310,000	\$ 100,000	<p><b>DHS - Aging - Increase Caregiver/Respite Funding</b> - 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><b>How Measure Success?</b> The AAAs keep track of the # of clients served.</p>	DHS	Agency	This request received a One-Time General Fund appropriation of \$100,000. These funds were passed through to the Area Agencies on Aging who are anticipating providing an additional 115 people respite care for a total of 6,812 hours.	
\$ 150,000	\$ 150,000	\$ -	<p><b>DHS - DSPD Family Preservation and Service Broker Services</b> - 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><b>How Measure Success?</b> 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>	DHS	Agency		Request was not funded. As the population of people waiting for services through the Medicaid Waivers continue to wait, their needs grow more and more critical until the family reaches a breaking point. Once a family breaks up and family caregivers must be replaced by paid caregivers, the cost increases substantially.
\$ 895,000	\$ 895,000	\$ -	<p><b>DHS - Evidence-based Substance Abuse Prevention</b> - sustain and expand family-based programs for the prevention and treatment of child abuse and neglect related to substance use disorders.</p> <p><b>How Measure Success?</b> 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>	DHS	Agency		Not funded. Funding this request would have provided an evidence-based prevention service to up to 4,500 individuals.
\$ 500,000	\$ 500,000	\$ -	<p><b>DHS - Substance Abuse Medication Assisted Therapy</b> - 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><b>How Measure Success?</b> 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"> <li>- Abstinence from Alcohol and Drugs from intake to post six months.</li> <li>- Individuals currently employed or attending school from intake to post six months.</li> <li>- Individuals experiencing no alcohol or drug related health, behavioral or social consequences from intake to post six months.</li> <li>- Individuals with permanent housing from intake to post six months.</li> </ul>	DHS	Agency		Not funded. Medications are quickly becoming a critical component of substance use disorder treatment. The use of medications has been deemed an evidence-based practice by SAMHSA and NIDA. At least 200 individuals who would have likely benefited from access to medications will not receive them in SFY 2014.
\$ 175,000	\$ 175,000	\$ 175,000	<b>DORA</b>	DHS		Funding has been contracted to participating Local substance abuse authorities for treatment services for DORA clients. Box Elder County was provided with DORA funds for first time.	

\$ 95,000	\$ 95,000	\$ 95,000	<b>H.B. 147, Utah Marriage Commission</b>	DHS	L. Christensen	The one employee assigned to the Commission has been transferred from DWS to DHS and is continuing work on Commission priorities. Funding was one-time.	
\$ 250,000	\$ 250,000	\$ 250,000	<b>S.B. 56, Utah 2-1-1 Referral Network</b>	DHS	Weiler	A contract with United Way is in process. Funding was one-time.	
\$ 7,800	\$ 78,000	\$ 78,000	<b>H.B. 154, Suicide Prevention Programs</b>	DHS	Eliason	A Suicide Prevention Prevention Program Manager was hired in June and is working with other state agencies and organizations in regards to suicide prevention.	
\$ 54,200	\$ 542,000	\$ 54,200	<b>DWS - Health Care Exchange</b> - Ongoing administrative costs to run the operations of the health care exchange due to the mandatory provisions of the Affordable Care Act. <b>How Measure Success?</b> ACA compliant connection of public assistance to an exchange.	DWS	Gov. & Agency	DWS is set to have this system operational prior to the October 1 deadline. The ongoing costs of administering this have not begun as of September 2013.	DWS would not be able to meet federal requirements to implement ACA
\$ 4,215,000	\$ 8,430,000	\$ 1,800,000	<b>DWS - Affordable Care Act Mandatory Changes</b> - This is for the ongoing costs for 92 of the 140 requested FTEs and eligibility systems to support the increased caseload caused by the mandatory changes in Medicaid from the Affordable Care Act. <b>How Measure Success?</b> Adequate staffing/resources to maintain acceptable service levels	DWS	Gov. & Agency	DWS has begun to hire additional FTEs (15 so far) in order to prepare for the ACA enrollment beginning October 1, 2013.	DWS would not be able to meet federal requirements to implement ACA
\$ 8,241,600	\$ 8,241,600	\$ -	<b>DWS - Workforce Services - Structural Imbalance/Budget Deficit</b> - 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. <b>How Measure Success?</b> The department would be able to meet required expenses without claiming TANF MOE based on expenditures or in-kind contributions of outside entities.	DWS	Agency	This was not appropriated.	DWS would have to continue to use one-time strategies to fund ongoing costs.
\$ 2,043,100	\$ 12,000,000	\$ -	<b>DWS - Child Care Restore 2009 Reduction</b> - Money is to restore funding for child care subsidies to 2009 funding levels. <b>How Measure Success?</b> The department would be able to meet existing Child Care expenses without using TANF federal funds.	DWS	Agency	This was not appropriated.	DWS will have to rely on TANF funds to pay for these expenses, thereby forgoing other TANF activities in order to pay for Child Care.
\$ 3,881,600	\$ 1,274,100	\$ -	<b>DWS &amp; DOH - Optional Medicaid Expansion</b> three parts: (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). (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. (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. <b>How Measure Success?</b> Adequate staffing/resources to maintain acceptable service levels	DWS	Agency	This was not appropriated.	DWS will not implement the optional provisions of ACA.
\$ 1,000	\$ 1,000	\$ 1,000	<b>H.B. 145, Youth Development Organization Restricted Account and Income Tax Credit</b>	DWS	Eliason	H.B. 145 was effective July 1, 2013, and DWS will be implementing it soon.	

\$ 1,000	\$ 1,000	\$ 1,000	<b>S.B. 53, Intergenerational Welfare Reform</b>	DWS	Reid	S.B. 53 was effective July 1, 2013, and DWS will be implementing it soon.	
\$ 500,000	\$ 500,000	\$ 500,000	<b>Lantern House Homeless Shelter</b>	DWS		The Lantern House has raised \$7 of the \$8 cost of the shelter. DWS has carried the \$500,000 forward to pass it through to the Lantern House as soon as they reach their fundraising goal. Funding was one-time.	
\$ 500,000	\$ 500,000	\$ 500,000	<b>Pamela Atkinson Homeless Trust Fund</b>	DWS		Funding was one-time.	
\$ 500,000	\$ 500,000	\$ 500,000	<b>Road Home Homeless Shelter</b>	DWS		This was appropriated as a supplemental and DWS could not use it in that time frame. This lapsed back to the General Fund. Funding was one-time.	
\$ 152,000	\$ 152,000	\$ 80,000	<b>USOR - Client Service Delivery Enhancement for Vocational Rehabilitation</b> - addresses increasing caseloads for vocational rehabilitation counselors by 3 paraprofessional rehabilitation technicians. <b>How Measure Success?</b> Increased numbers of clients served and placed into employment	USOR	Gov. & Agency	Funded the hiring of two Rehabilitation Technicians, one each in Salt Lake and Ogden. Effects seen so far include cost savings on purchased services and 30 more clients successfully rehabilitated into employment than the same time last year for these areas.	Note: \$152,000 requested, \$80,000 funded (one-time)
\$ 100,000	\$ 100,000	\$ 100,000	<b>USOR - Restore Utah Assistive Technology Program at USU and Independent Living Centers</b> - 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). <b>How Measure Success?</b> For ILC's: increased numbers of AT devices and services provided. For USU: number of mini grants funded and client progress evaluations	USOR	Agency	<b>\$70,000 to ILC's:</b> Funds being used to increase staff time for loan bank responsibilities. An increase of 702 AT services is anticipated through the 6 ILC's in FY2014. <b>\$30,000 to UATF:</b> 25 mini-grants are in the set up process to be awarded to low income children and adults with disabilities to enhance education, employment, independent living and community integration.	
\$ 100,000	\$ 100,000	\$ 100,000	<b>USOR - Restore Independent Living Staff Reductions</b> - This request will pass through \$100,000 to the state's six independent living centers to restore staff lost over the past four years. <b>How Measure Success?</b> Increased number of clients served in centers, numbers diverted from or transitioned out of nursing homes	USOR	Gov. & Agency	The Centers for Independent Living are in the process of increasing staff, some from part to full time, and some new staff who will be part time. Anticipated results will be an increase of 590 consumers served and 33 consumers diverted or transitioned from institutions.	
\$ 50,000	\$ 50,000	\$ 50,000	<b>USOR - Restoration of Funds for Hard of Hearing Services</b> - 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. <b>How Measure Success?</b> Number of hard of hearing clients served outside St George and Wasatch Front	USOR	Agency	The 10 hard of hearing specialists have been hired and recently completed training for their responsibilities. They are in the process of transitioning to their duties in providing services. The \$50,000 is one-time funding.	
\$ -	\$ 100,000	\$ -	<b>USOR - 1 Traveling Rehabilitation Teacher for the Blind</b> - certified traveling rehabilitation teacher to serve the approximately 2,000 blind and visually impaired individuals living in the southern part of the state. <b>How Measure Success?</b> Number of clients served in S. Utah	USOR	Agency	\$100,000 requested, but not funded	Limited service provision to the So. Utah area coming from SLC largely not meeting the needs of approximately 2,000 individuals who are blind and visually impaired.
<b>One-time State Funds</b>	<b>Total Funds</b>	<b>Actually Funded State Funds</b>	<b>Chairs' Ongoing State Funds Building Block Priority List</b>		<b>Source</b>	<b>Status and Effect of Implementation</b>	<b>Ramifications of Not Funding</b>

\$ 213,600	\$ 427,100	\$ -	<p><b>DOH - Data Security and Privacy Office</b> - Money is for 6 FTEs to address security gaps in the Department's information systems as recommended by a study by Deloitte.</p> <p><b>How Measure Success?</b> (See #6 in ongoing list for outcome measures)</p> <p><b>Performance Measures:</b> (1) Implement the 100 HIPAA Privacy and Security Policies and update policies, procedures and standards as required (2) Conduct annual training for all HIPAA covered employees (3) Coordinate risk assessment and implement risk management for 116 "confidential/restrict" information systems annually (4) In year 1 establish and implement the business mechanism to assure management of security controls and system application changes. (5) Review and audit third-party IT products to assure contractors/vendors meet the DOH privacy and security requirements (6) Develop, update, and test contingency/emergency operation plans annually (7) Coordinate an efficient information security governance.</p>	DOH	Gov. & Agency		<p>Prior to July 2013 the agency used one time non-lapsing agency funds to establish comprehensive policies, develop and implement HIPAA training, inventory and classify agency information systems. More work is needed to implement and monitor procedures, conduct on-going training, and create a plan to move the agency towards compliance. In addition, effective March 2013 new HIPAA Omnibus Rule requirements must be addressed including review and updates to near 100 business associate agreements, and revisions to agency Notice of Privacy Practices. DOH must also provide annual employee HIPAA training to educate employees regarding their obligations to protect PHI and state IT assets, and complete the breach assessment and notification process.</p>
\$ 200,000	\$ 200,000	\$ 25,000	<b>Health Emergency Assistance</b>	DOH	Weiler & agency	<p>The purpose of the fund is to assist Local Health Departments with unanticipated events that require a local public health response. The funds will be used to facilitate the consistent delivery of all mandated and necessary public health services, even during an emergency, by providing funding to offset a portion of the costs incurred by a local health department's response to an unanticipated emergency. Utah's Local Health Departments have the state mandated responsibility to investigate infectious and other diseases of public health importance and implement measures to control the causes of epidemic and communicable diseases.</p>	<p>DOH requested \$200,000 in funding but was appropriated only \$25,000. This level of funding is insufficient for a disaster of significance. The Department appreciates the willingness of the Legislature to initiate any funding for this request. The Department will request additional funds in a building block request to supplement this fund.</p>
\$ 150,000	\$ 150,000	\$ 200,000	<b>Traumatic Brain Injury</b>	DOH	Ray	<p>Two hundred individuals with TBI and their families will receive resource facilitation services (and neuro-psych exams to assess the TBI if needed) enabling them to be referred to appropriate sources of care, support, resources and other benefits for which the individual may be eligible in 2014. The number of individuals with TBI receiving resource facilitation services will increase from 75 in 2012 to 200 in 2014. More professionals and general public will be educated on the treatment and prevention of TBI. In the general population, awareness and knowledge of TBI will be increased from a baseline of 15% in 2012 to 30% in 2014. These objectives will be accomplished through contracts with agencies based upon the RFP Bid process which is in development. Actual appropriation is \$200,000.</p>	

\$ 650,000	\$ 650,000	\$ -	<p><b>DOH - Healthy Eating &amp; Active Living in Utah Neighborhoods - 1 FTE</b> statewide coordinator and money for local interventions to try and reduce the prevalence of obesity.</p> <p><b>How Measure Success?</b> (1) Increase the percentage of Utahans who meet the physical activity recommendations  (2) Increase the number of business, school, religious and community partnerships in funded local health departments  (3) Increase the percentage of Utahans who consume 2 cups of fruit and 2.5 cups of vegetables per day</p>	DOH	Gov. & Agency	State and Local Health Departments will not receive the necessary funding to implement additional evidenced-based programs in communities. As a result, fruit and vegetable consumption and physical activity in Utahns will remain low. Obesity levels will increase in some areas of the State. The current level of activities was maintained during the year which have focused on two key initiatives: healthy family meals and improving physical activity in schools. Research shows that vigorous physical activity conducted in a school environment can improve health and academic achievement.
\$25,000	\$25,000	\$0	Utah Hemophilia Foundation	DOH		Without this building block, 4 to 5 additional individuals with Bleeding Disorders would not receive funding to obtain hemophilia services or for the cost of insurance premiums for coverage of hemophilia services. These individuals would have no other options other than seeking assistance from family or others, including entering the health care system where the cost of treatment would either be donated as charity care, written off as not collectable, or care and services would not be provided.
\$ 130,000	\$ 130,000	\$ 130,000	<p><b>DOH - Health Facility Licensing Funding for HB 497</b> - 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 (<a href="http://le.utah.gov/lfa/fnotes/2012/HB0497S02.fn.pdf">http://le.utah.gov/lfa/fnotes/2012/HB0497S02.fn.pdf</a>) 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><b>How Measure Success?</b> (See item with same title on the ongoing list for measures #1 &amp; #2) (3) Increase the scope of background checks that also checks state regulatory registries and records. (4) Increase the scope of employees that are checked in the system.</p>	DOH	Agency	This funding for FY13 has allowed the department to continue development of the new background screening process. This process allows individuals to apply for one clearance to work in health care. There are currently about 300 health care facilities using the new pilot system. It is expected to have all health providers using the system by July 2014.
\$ (477,200)	\$ 2,355,400		<p><b>DWS &amp; DOH - Optional Medicaid Expansion - One-time Offsets</b> Assumes that Medicaid Expansion costs and savings appropriated as ongoing. Since Medicaid expansion would start in January 2014, assumes that new FTEs not needed until November 2013. Three parts:</p> <p>(1) DOH - Medicaid Optional Expansion Administration - one-time savings of \$190,000 General Fund \$380,000 total fund.</p> <p>(2) DOH - Medicaid Optional Expansion Services - assumes that the Primary Care Network ends in January so only a half year of savings in year one. One-time offset of ongoing savings of \$2,450,000 General Fund and \$8,209,800 total fund.</p> <p>(3) DWS - Optional Medicaid Expansion - 203 FTEs - one-time savings of \$2,737,200 General Fund and \$5,474,400 total fund.</p>	DOH	LFA	Funding for Medicaid Expansion was not appropriated and the Governor has indicated he will make a decision on Medicaid Expansion in 2014. Because a decision on Expansion is not expected before 1/1/14, it is unknown how much of an offset the referenced requests would provide. The Primary Care Network program is expected to expire in November 2013 but a six-month transition period is expected to utilize most of the existing funding through May 2014 and ongoing unmet needs would exist if the State decides not to expand Medicaid.

		\$ 9,000	<b>HB140 Consumer Focused Health</b>	DOH		HB 140 relates to consumer-focused health care delivery and payment reform. To date Medicaid has not spent any of the \$9,000. A meeting is planned for October to develop this project.	
\$ 922,000	\$ 922,000	\$ 922,000	<b>DOH - Credit Monitoring</b> - Provide an additional year of credit monitoring for up to 59,000 data breach victims. <b>How Measure Success?</b>	DOH	Gov.	\$809,300 was the actual cost for the second year credit monitoring. The second year extension was automatic, with notifications sent to all enrollees. The number of enrollees (56,345) were down in the second year due to deaths, unsuccessful enrollments, or individuals choosing not to have second year credit monitoring.	
\$ 3,000,000	\$ 30,000,000		<b>DOH - MMIS Replacement Phase 3 of 4 (FY 2014)</b> - Money is for phase 3 of 4 for the replacement of the Medicaid Management Information System. The Department estimates that another \$2,000,000 one-time General Fund would finish the replacement. <b>How Measure Success?</b> Project completed and performing functions as specified in the system design.	DOH	Gov. & Agency		The MMIS LKA line item closed out SFY 2013 with a balance of \$3,653,000. The non-lapsing balance will be used in FY 2014 as matching funds for the MMIS replacement project. Projected expenses for the project show this amount will be exhausted in the spring of 2014. A supplemental in FY '14 will be required.
\$ 42,900	\$ 171,600		<b>DHS - Federal Pre-admission Screening and Resident Review (PASRR) (FY 2013)</b> - 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. <b>How Measure Success?</b> Complete evaluations within the required time frames (Feds, CMS)	DHS	Agency		Not funded. Evaluation process updated (Level I evaluation process abbreviated) to decrease up-front costs. The change delayed the need for additional funds for 1-2 years.
\$ 284,500	\$ 284,500		<b>DHS - Drug Courts (FY 2013)</b> – 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. <b>How Measure Success?</b> 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).	DHS	Agency		Not funded. Salt Lake County Juvenile Drug Court ceased operations in SFY 2013. Numerous drug courts capped enrollment.
\$ 70,000	\$ 70,000		<b>Volunteers of America Detox Center</b>	DHS	Eliaison	Funding allocated to Volunteers of America. Project completed.	
\$ 100,000	\$ 100,000		<b>DORA</b>	DHS		Funds were contracted to Salt lake County and expended during SFY 13.	
\$ 70,000	\$ 70,000		<b>Alliance House</b>	DHS		The funds will be used to either remodel a guesthouse located at 1736 South Main Street, Salt Lake City, Utah or purchase a new facility in Salt Lake City. A contract has been drafted and is currently in the Department's review and approval process.	
\$ 419,600	\$ 4,196,000		<b>DWS - Health Care Exchange</b> - Administrative costs to implement the health care exchange due to the mandatory provisions of the Affordable Care Act. <b>How Measure Success?</b> Affordable Care Act compliant connection of public assistance to an exchange.	DWS	Gov. & Agency	DWS is set to have this system operational prior to the October 1 deadline.	DWS would not be able to meet federal requirements to implement ACA

\$ 642,400	\$ 2,616,100		<p><b>DWS - Affordable Care Act Mandatory Changes</b> - This is for the implementation costs to prepare eligibility systems and get the necessary infrastructure (equipment, space, etc.) in place for the mandatory provisions of the Affordable Care Act.</p> <p><b>How Measure Success?</b> Successful implementation of the mandatory provisions of Affordable Care Act.</p>	DWS	Gov. & Agency	DWS has begun to hire additional FTEs (15 so far) in order to prepare for the ACA enrollment beginning October 1, 2013. We have purchased equipment (computers, office equipment, etc), but no remodels or additional office space has been needed so far.	DWS would not be able to meet federal requirements to implement ACA
\$ (477,200)	\$ 2,355,400		<p><b>DWS &amp; DOH - Optional Medicaid Expansion - One-time Offsets</b> Assumes that Medicaid Expansion costs and savings appropriated as ongoing. Since Medicaid expansion would start in January 2014, assumes that new FTEs not needed until November 2013. Three parts:</p> <p>(1) DOH - Medicaid Optional Expansion Administration - one-time savings of \$190,000 General Fund \$380,000 total fund.</p> <p>(2) DOH - Medicaid Optional Expansion Services - assumes that the Primary Care Network ends in January so only a half year of savings in year one. One-time offset of ongoing savings of \$2,450,000 General Fund and \$8,209,800 total fund.</p> <p>(3) DWS - Optional Medicaid Expansion - 203 FTEs - one-time savings of \$2,737,200 General Fund and \$5,474,400 total fund.</p>	DWS	LFA	This was not appropriated.	DWS will not implement the optional provisions of ACA.
\$ 203,200	\$ 203,200	\$ 250,000	<p><b>USOR - One-time Assistive Technology Funding</b> - assist individuals with disabilities to be more independent in their homes and communities - provides items such as wheelchairs for mobility, ramps to get into their homes, grab bars to transfer to the toilet, and hand bars to drive a car.</p> <p><b>How Measure Success?</b> Number of AT devices provided. Number of individuals whose independence has increased because of AT to the VR program and become employed</p>	USOR	Gov. & Agency	The USOR IL-AT fund has fully used the \$250,000 appropriated to provide an increase of 106 Assistive Technology devices that eliminated the waiting list of 82 consumers that existed until that time.	