

Priority #	State Funds	Total Funds	Ongoing State Funds Building Block List - Chair Proposal	Source	Alternative Funding Sources?
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<u>A</u>	\$ (9,679,800)	\$ (798,300)	<u>Reductions realized in SB 7</u> (http://le.utah.gov/~2015/bills/static/SB0007.html or http://le.utah.gov/interim/2015/pdf/00001093.pdf)		
<u>B</u>	\$ (410,300)	\$ (1,301,900)	USOR - reduce payment to the USOE Indirect Cost Pool: The Utah State Office of Education (USOE) maintains an indirect cost pool to help maximize the amount of federal dollars obtained. An indirect cost pool is where common costs are identified and allocated to divisions based on derived benefit. The Utah State Office of Rehabilitation (USOR), as a division under the State Board of Education, shares some of the costs common to USOE. USOR is facing a structural imbalance shortfall of state funding in the current 2015 fiscal year of \$6.3 million. The issues surrounding this structural imbalance go back five or six years. However, oversight and support from the State Board of Education or USOE seem to have been lacking in identifying or reconciling this issue. As a result, the analyst is recommending USOR reduce its payment to USOE for such support.	http://le.utah.gov/interim/2015/pdf/00000750.pdf	
<u>C</u>	\$ (58,200)	\$ (58,200)	DHS - Review and follow Legislative audit (2011-02) regarding adoption subsidies: 1) increase consistency in the use and frequency of subsidies across regions (SL was 46% and others as high as 71%) and 2) increase consistency in average amounts paid per region for new subsidies (SL averaged \$135 and others as high as \$220 per individual per month).	http://le.utah.gov/interim/2015/pdf/00000750.pdf	

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D	\$ (1,097,300)	\$ (1,097,300)	DHS - DCFS - Review and follow up of Legislative audit (2011-02, p. 7+ - "Caseworkers need to perform work more efficiently"): 1) reduce the amount of travel by relying on caseworkers in other regions to visit clients who are placed outside their regions, 2) improved efficiency achieved internally by providing caseworkers with more technology and training.	http://le.utah.gov/int/erim/2015/pdf/00000750.pdf	
E	\$ (650,000)	\$ (650,000)	DHS - DSAMH - Maximize Medicaid Drug Court Funding - A recent performance audit points out that Drug Courts have room to improve Medicaid eligibility. "It appears that 122 drug court participants were eligible for but not enrolled in Medicaid . . . the use of . . . Medicaid for qualified FDC participants would reduce annual drug court costs . . . The state could potentially offset its annual FDC treatment costs by approximately \$650,000 or increase capacity in FDCs by 113 participants by coordinating with DWS to enroll eligible FDC participants in Medicaid . . . The reduction in state costs could have been used to divert 113 qualified offenders into FDC from more expensive programs, like prison. Enrolling 113 additional FDC participants could have reduced prison costs by more than \$3.1 million, assuming the qualified clients were incarcerated rather enrolled in an FDC" (Performance Audit No. 14-06, A Performance Audit of Utah's Adult Felony Drug Courts, pp. 18-19) [http://financialreports.utah.gov/saoreports/2014/PA14-06UtAdultFelonyDrugCourtsAdministrativeOfficeoftheCourts.pdf]	http://le.utah.gov/int/erim/2015/pdf/00000750.pdf	

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<u>E</u>	\$ (100,000)	\$ (336,900)	<p>DHS - DSPD - Ongoing Savings from System Improvements: From an October 2014 audit from the Legislative Auditor General (http://le.utah.gov/audit/08_dilr.pdfhttp://le.utah.gov/interim/2014/pdf/0004878.pdf): The Legislative Audit recommended 6 specific improvements in the DSPD process. For example, the DSPD budget has grown significantly through the Request for Additional Services (RAS) process. The auditors stated, "DSPD lacks standardized assessment tools and procedures to evaluate additional service requests . . . There is no mechanism for consistently weighing and reviewing additional services allocations." The DSPD response states, "DSPD has been working on the areas noted by these audit recommendations." \$336,900 in a \$250,994,300 FY15 budget equates to one tenth of 1 percent savings. The subcommittee could determine the amount of expected efficiency to be higher and adjust the amount accordingly.</p>	http://le.utah.gov/interim/2015/pdf/00000750.pdf	
<u>G</u>	\$ (75,000)	\$ (75,000)	<p>DHS - DCFS - Review and follow Legislative audit (2011-02) recommendations regarding consistent foster care contracting: 1) "One area where potential savings may occur is the increased use of lower-cost structured foster care homes instead of the current practice of using higher-cost proctor homes (Level III versus Level IV). Although both types of homes are family-based, the daily rate for the proctor home care is more than double the rate for structured home placement." At the time of the audit, only 3% of Salt Lake Region's foster homes were "Structured" as compared to Western that had 65%.</p>	http://le.utah.gov/interim/2015/pdf/00000750.pdf	

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H	\$ (100,000)	\$ (100,000)	DHS - DSAMH - Savings to local mental health and substance abuse systems for both children and adults that have already occurred resulting from passage of federal health care reform (ACA) - Under the ACA, the state is required to modify its Medicaid eligibility requirements as follows: 1) elimination of asset test for children 6 to 18 if under 100% of FPL (or up to 138% of FPL if previously eligible for CHIP), 2) elimination of the asset test for pregnant women, and 3) elimination of the asset test for adults who meet the old AFDC program income limits (37% of FPL). Amount represents less than four tenths of 1% of state General Fund pass through provided. Savings would involve newly covered groups where local agencies had paid the full amount before.	http://le.utah.gov/int/erim/2015/pdf/00000750.pdf	
I	\$ (221,800)	\$ (221,800)	DHS - Childrens' Ombudsman - eliminate duplication of constituent response functions with DCFS - this function, located in the Executive Director Operations line item - presents some duplication with constituent response efforts in the Division of Child and Family Services.	http://le.utah.gov/int/erim/2015/pdf/00000750.pdf	

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1	\$ 3,400,000	\$ 11,455,500	<p>DOH - Medicaid Caseload Growth - The following areas create costs for the state in Medicaid in FY 2016: (1) estimated increase of 1,900 or 1% clients in FY 2016, (2) \$3.9 million for a 2% projected increase in accountable care organization contracts starting in January 2016, (3) \$3.0 million for a new federal regulation to provide autism spectrum disorder-related services when medically necessary up to age 21, and (4) \$3.1 million for cost increases over which the state has no control due to federal regulation or has opted not to exercise more state control. FY 2014 ended and FY 2015 will likely end under budget which reduces the baseline costs for FY 2016.</p> <p>How Measure Success? HEDIS measures (https://health.utah.gov/myhealthcare/reports/hedis) for access to care and how much appropriate care was received.</p>	http://e.utah.gov/int/erim/2014/pdf/00005196.pdf	(1) decouple Medicaid outpatient rates from Medicare increases (\$1.7 million) (2) Provider assessments (3) Pull out managed care inflationary increases, have that pursued as a separate building block (\$4.2 million) (4) have hospital assessment pay proportion of the increase based on current contribution levels
<u>J</u>	\$ <u>(1,700,000)</u>	\$ <u>(5,763,700)</u>	<p>DOH - Decouple Medicaid Outpatient Rates from Medicare Increases - Currently Utah pays 100% of Medicare outpatient hospital rates. Medicare has increases planned for 2015 and 2016. This reduction would keep Utah Medicaid outpatient rates at current levels and tell the Department of Health to decouple Utah Medicaid outpatient hospital rates from Medicare. The Department of Health is concerned that this would create a separate reimbursement system and generate questions from providers. There would be an ongoing reduction from the building block consensus estimate of \$1.7 million General Fund.</p>	http://e.utah.gov/int/erim/2015/pdf/00000753.pdf	
2	\$ 1,530,600	\$ 5,157,000	<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, 660 or 13.8 % identified as having increased health and safety needs. The Governor recommended funding this item one-time using carryforward funding.</p> <p>How Measure Success? "Percent of people who are satisfied with their staff, support coordinator, and fiscal agent."</p>	Gov. & Agency	DHS: "No Alternate Funding Available." Use DSPD nonlapsing carry forward funds one-time.

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3	\$ 554,300	\$ -	<p>DHS - FMAP Increase -The Federal Medical Assistance Percentage (FMAP) represents the federal share of the programmatic costs for Medicaid and federal Title IV-E (of the Social Security Act) programs. Title IV-E funds are used to support foster care and adoption assistance in the Division of Child and Family Services. The federal government utilizes a formula to determine its annual percent of FMAP. The projected FMAP rate for State Fiscal Year 2016 for Utah is 70.32 percent. This represents a 0.185 percent decrease from the State Fiscal Year 2015 FMAP rate.</p> <p>How Measure Success?</p>	Gov. & Agency	DHS: "No Alternate Funding Available." Use DSPD nonlapsing carry forward funds one-time.
4	\$ 220,000	\$ 220,000	<p>DOH - Baby Watch Early Intervention Caseload - The Legislature funded ongoing caseload with \$220,000 one-time for FY 2015. The \$220,000 represents a 0.9% increase in ongoing funding for this 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.	(1) The requested amount could be offset to a small extent by increasing parent contributions. Currently, monthly parent contributions total \$350,000 annually and are based on a monthly sliding fee schedule of \$0 to \$200 based on income. (2) Use TANF (federal funds) for coordinated services and free up General Fund.

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5	\$ 3,260,000	\$ 10,983,800	<p>DOH - Tax on Medicaid and CHIP Health Plans From Federal Health Care Reform - the contracted Medicaid and CHIP health plans for Utah will have about a \$3.3 million ongoing cost to them of new taxes as part of federal health care reform. The State has the option to pay this on their behalf and receive the normal state/federal match rate of 30% state and 70% federal. The cost started in January 2014.</p> <p>How Measure Success? Report on distribution of reimbursement of the provider tax.</p>	Gov.	Have the contracted plans pay for the cost either the full total fund cost or via a new assessment.

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6	\$ 5,000,000	\$ 16,846,400	<p>DHS - DSPD Direct Care Staff Salary Increase - DHS states, "The current rate that DSPD is paying its providers is inadequate. The wages paid by providers to direct care staff is roughly \$9.14/hour for respite services to people with disabilities . . .This low wage has made it difficult for disability service providers to compete with comparable wage industries such as fast food, housekeeping, child care, and other service industries. The inadequate wage has reportedly led to high turnover rates within DSPD contracted providers. The inability to hire, train, and retain quality staff can create instability for vulnerable adults and children with disabilities. Stable staff are necessary to uniquely adapt to the routines of each person's complex behavior, medical, and daily living assistance needs. Without adequate rates, the basic health and safety needs of people with disabilities can be compromised. . . . DSPD is obligated to maintain basic health and safety needs of those people participating in Home and Community Based Medicaid waivers. " The Governor recommended \$2.9 million in one-time funding for this purpose and \$2.1 million in addition from any leftover carry forward dollars after funding other priorities allowed for in the intent language such as additional waiver services, individuals aging out, individuals court ordered into DSPD, etc.</p> <p>How Measure Success? Percentage of the appropriated increase that goes to DSPD provider direct care salaries (Target: 100%).</p>	Gov. & Agency /Weiler	DHS: "No Alternate Funding Available." Use DSPD nonlapsing carry forward funds one-time.

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7	\$ 1,500,000	\$ 1,500,000	<p>DHS - Mental Health Early Intervention for Children/Youth - children's mental health promotion/mental illness prevention, amount funded one time during the 2013 and 2014 General Sessions. The Governor recommended continued one-time funding.</p> <p>How Measure Success? 1. Youth outcome questionnaire (YOQ) School based services. 2. School Office Disciplinary Referrals (ODR). 3. .Mental health early intervention data and outcomes report</p>	Gov. & Agency	DHS: "No Alternate Funding Available." Local taxes or increase the 20% match (statute change) - if Legislature wanted to change local sharing. One-time TANF (since TANF is already being used for this program).
8	\$ 1,100,000	\$ 1,100,000	<p>DHS - State Hospital - Restore Funding Loss Due to DOH Medicaid Allocation Methods - auditors recommended various changes to the Utah State Hospital (USH) cost allocation methods previously agreed upon by DOH and USH which will now lower the annual Medicaid payments to the State Hospital. The Governor recommended funding this item ongoing. <u>Reduced down \$100,000.</u></p> <p>How Measure Success? 1. The Joint Commission accreditation is current. 2. Certification by the centers for Medicare/Medicaid Service Rapid Remission (within 30 days of discharge). 3. Adult BPRS (avg reduction in symptoms). 4. Adult SOQ score (Severe and Persistent Outcome) improvement from admission to discharge.</p>	Gov. & Agency	DHS: "No Alternate Funding Available."

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9	\$ 393,500	\$ 393,500	<p>DHS - Domestic Violence Shelters - Address the higher demand for family violence shelter and support services in Utah. There are two requests consisting of: 1) \$393,500 to provide safe shelters, case management, therapy, and children's services (this amount was funded one-time for FY 2015) and 2) \$728,600 to assist domestic violence agencies in partnership with local police departments to provide intervention and prevention through a 'Domestic Violence Lethality Assessment Program.' The request to make the \$393,500 ongoing would be divided up equally between all domestic violence shelters in FY 2016. DCFS plans to implement a new funding formula in SFY17 and beyond.</p> <p>How Measure Success? Number of shelter nights provided; statewide supportive services hours provided.</p>	Other - 12-12-14 SS Meeting/Redd	<p>(1) Private donations to shelters and donations from individuals obtaining a marriage license. Change statute to include a fee on marriage licenses and direct the proceeds to this purpose.</p> <p>(2) TANF block grant</p>
10	\$ 1,250,000	\$ 4,211,600	<p>DHS - DSPD Disabilities Waiting List - <u>Make ongoing funding for the Waiting List that was provided one-time during the 2014 General Session.</u></p> <p>Fund approximately 150 individuals currently on the waiting list for services.</p> <p>How Measure Success? "Percent of people who are satisfied with their staff, support coordinator, and fiscal agent." <u>Increased by \$250,000.</u></p>	Gov. & Agency potential uses of Nonlapsing	DHS: "No Alternate Funding Available." Use DSPD nonlapsing carry forward funds one-time.
11	\$ 537,900	\$ 537,900	<p>DHS - Youth Aging Out of DCFS Custody - <u>Make ongoing funding for Youth Aging Out that was provided one-time during the 2014 General Session.</u></p> <p>Maintain youth with intellectual disabilities on the Medicaid waiver who are aging out of DCFS custody. The Governor recommended funding this item one time using carryforward funding.</p> <p>How Measure Success? "Percent of people who are satisfied with their staff, support coordinator, and fiscal agent."</p>	Gov. & Agency potential uses of Nonlapsing	DHS: "No Alternate Funding Available." Use DSPD nonlapsing carry forward funds one-time.

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12	\$ 728,600	\$ 728,600	<p>DHS - Domestic Violence Shelters - Address the higher demand for family violence shelter and support services in Utah. D19There are two requests consisting of: 1) \$393,500 to provide safe shelters, case management, therapy, and children's services (this amount was funded one-time for FY 2015) and 2) \$728,600 to assist domestic violence agencies in partnership with local police departments to provide intervention and prevention through a 'Domestic Violence Lethality Assessment Program.' The request to make the \$393,500 ongoing would be divided up equally between all domestic violence shelters in FY 2016. DCFS plans to implement a new funding formula in SFY17 and beyond.</p> <p>How Measure Success? Number of shelter nights provided; statewide supportive services hours provided.</p>	Other - 12-12-14 SS Meeting	Private donations to shelters and donations from individuals obtaining a marriage license. Change statute to include a fee on marriage licenses and direct the proceeds to this purpose.
13	\$ 56,000	\$ 357,700	<p>DOH - Health Facility Certification Staffing - Provide ongoing funding for four FTEs to continue more timely inspections of health care facilities to meet state licensing and Medicare/Medicaid certification requirements. The Department of Health internally funded these four extra FTEs for FY 2014. The Department anticipates being able to inspect 100 facilities annually compared to 56 inspections in 2013. The Department indicates the federally-required frequency of inspections is 12.9 months, Utah was at 23 months in 2013. For FY 2014 the State Auditor indicates that the average inspection frequency was 12.9 months with all inspections less than 15.9 months since the last inspection.</p> <p>How Measure Success? (1) Average inspection frequency less than 13 months. (2) No nursing home inspected twice in a 16 month period.</p>	Gov.	Raise fees on state health facilities. Currently General Fund costs for federal certification and state licensing are about \$900,000. Facilities pay about \$1.2 million in annual licensing fees into the General Fund.

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14	\$ 6,400,000	\$ 6,400,000	<p>DHS - Local Authority Outpatient Medicaid Match - many of the local authorities are struggling to provide the Medicaid match with limited state and local county revenue. The Governor recommended \$6.4 million one-time funding for this request.</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>	Gov. & Agency, Other - LFA Discussion and phone meeting with LMHCs	"No Alternate Funding Available." Local taxes or increase the 20% match requirement (statute change) - if Legislature wanted to change local sharing. Redirect state pass through dollars to only cover Medicaid match
15	\$ 350,000	\$ 350,000	<p>DHS - Aging Nutrition - to address federal sequestration reductions affecting meals to a "vulnerable aging population either at senior centers or through the meals on wheels program." The Governor recommended funding \$150,000 one-time for "Meals on Wheels." The Governor also recommended using \$150,000 from the DHS federal reserve. <u>Reduced down \$150,000.</u></p> <p>How Measure Success: Number of clients served & number of meals served.</p>	Gov., Agency, Other - LFA Meeting with AAAs / Henderson	DHS: "No Alternate Funding Available" Use one-time federal grant excesses. Governor recommended \$150,000 from this use. DHS states, "This item would be eligible for use of Title III C1 and Title III C2. The Division of Aging and Adult Services has worked with local partners to not obligate grant funds until after the award has been received."
16	\$ 200,000	\$ 200,000	Traumatic Brain Injury - "Resource facilitation, education, and counseling for [traumatic brain injury] patients."	Ray	

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<u>17</u>	\$ 58,000	\$ 58,000	Office of Medical Examiner - "Fund 3 part-time additional morgue clerks so that funeral homes can deliver and pick up bodies from the Medical Examiner's office 24/7 - currently restricted pick up times."	Redd	
<u>18</u>	\$ 2,000,000	\$ 6,738,500	DOH - Increase Nursing Home Medicaid Rates - The Legislature provided \$2 million one-time in FY 2015 to raise nursing home rates 3.6% in Medicaid. This funding would make that rate increase ongoing. In order to keep the cost neutral for the State \$110,600 of the appropriation would be used for the increased cost to the State for hospice costs. The number of Medicaid clients in nursing homes has declined annually from a high of 3,130 in FY 2011 to 2,938 clients in FY 2014. This is a decline of 6.1% or 192 clients. How Measure Success? Report on rates implemented.	Gov./Shiozawa	(1) Use \$287,800 restricted balance (2) Raise nursing home provider assessment (currently at 5.1% (FY 2013 base), max is 6%. Could raise about \$3.9 million based on FY 2013 revenues. Agency recommends against going to 6% max as total revenue base changes yearly).
<u>19</u>	\$ 1,000,000	\$ 1,000,000	DWS - Case Managers for Chronically Homeless - retain <u>18</u> case managers to manage caseloads associated with the 10-Year Plan to End Chronic Homelessness. The case managers would provide daily support to about 20-30 clients each. Support includes coordination of services, benefit assistance, and training. This account currently receives \$565,000 ongoing from the General Fund. The Governor funded this with one-time money. How Measure Success? A reduction in the number of chronically homeless in Utah.	Gov./Eliason	Use TANF reserve (federal funds) for those clients eligible for TANF

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<u>20</u>	\$ 300,000	\$ 300,000	<p>DHS - Forensic Competency Restoration - Waiting List Reduction - The Utah State Hospital Forensic Services is at full capacity and the hospital has been monitoring a waiting list for a number of years. The waiting list has increased to the point that further attention must be given to the increased demand for Forensic Services. The State Hospital has found success in reaching out and providing competency restoration services to individuals committed to the Department of Human Services and waiting admission in jail and individuals released on their Own Recognizance to the community. The Governor recommended one-time funding for this item.</p> <p>How Measure Success? 1. The Joint Commission (TJC) accreditation is current. 2. Certification by the Centers for Medicare/Medicaid Services (CMS). 3. Rapid Readmission (within 30 days of discharge). 4. Adult BPRS (avg reduction in symptoms). 5. Adult SOQ score (Severe and Persistent Outcome Questionnaire) improvement from admission to discharge.</p>	Gov. & Agency	DHS: "No Alternate Funding Available"
<u>21</u>	\$ 150,000	\$ 508,600	<p>DHS - Increased Funding for Transportation for the DSPD for Individuals with Disabilities - Increases the rate for transportation services for people with disabilities to get from their homes to day programs, jobs, and other activities. This item was funded with one-time money during the 2014 General Session. Intent language was included to study the issue and provide a report to the LFA (which was done). The report included a number of recommendations almost all of which consisted of increasing the rates in various ways.</p> <p>How Measure Success?</p>	Other - 9-9-14 and 12-12-14 SS Meetings.	Use DSPD nonlapsing carry forward funds one-time.

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<u>22</u>	\$ 300,000	\$ 300,000	<p>DHS - Contract Monitoring Staff - A recent Pew Charitable Trusts article discussed the challenge states have in monitoring contracts for services. Pew indicates most states lack appropriate contract monitoring tools (i.e. - trained staff, up-to-date contract databases, enforcement of contract penalties) and instead end up 'auditing' programs once problems are realized. Pew states that the 'pay and chase' method via audits comes after the state has provided the funding without receiving the expected services. Pew stresses moving the entire process <i>forward</i> so that contract monitoring is done in <i>real time</i> where corrections can be made in order to receive the expected services and outcomes.</p> <p>How Measure Success?</p>	Chairs	Require a certain percentage of funds be held out of provider contracts to assist in the cost of monitoring those contracts.
<u>23</u>	\$ 229,700	\$ 229,700	<p>DHS - Adult Protective Services Staffing - This funding will allow APS to hire three additional staff members - another field investigator, another intake worker, and a forensic accountant to investigate financial abuse cases. The Governor recommended funding this item one-time.</p> <p>How Measure Success? Protective needs resolved positively (Target: 95%).</p>	Gov. & Agency	DHS: "No Alternate Funding Available." Since these efforts support resolution of some cases in the courts, consider the use of court fees on fines by including this item in the distribution formula.

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<u>24</u>	\$ 621,100	\$ 621,100	<p>DHS - DCFS Mental Health Services Rates - Some DCFS mental health rates are lower than Medicaid rates due to two reductions taken in FY10 and FY11. Medicaid also added the requirement these contract providers use a more complex enrollment and bill directly through the Medicaid payment system (presented in the 2/14/13 Social Services Appropriations Subcommittee meeting). \$559,600 (\$169,000 General Fund) was added to DCFS mental health service rates during the 2014 General Session. Providers are requesting an additional amount to bring the reimbursements for 'Individual Therapy' to parity with current Medicaid rates. A parallel request is being asked to increase Juvenile Justice Services rates.</p> <p>How Measure Success? 1. Did children in foster care receive mental health assessments in required time frames (SAFE Measure) 2. Is the child making reasonable progress toward stable and adequate functioning emotionally and behaviorally, at home and at school? (Qualitative Case Review Measure)</p>	Other, 12-12-14 SS Meeting/Hollins	Abolish Medicaid state administrative fee assessed to the Department of Human Services (\$69,000 for DCFS).
<u>25</u>	\$ 250,000	\$ 250,000	<p>DHS - Aging Local Caregiver Support - This funding will be passed through to the local Area Agencies on Aging to provide additional respite services to the caregivers of seniors. The Governor recommended funding \$100,000 ongoing for this item.</p> <p>How Measure Success: Provide caregiver support (Target: serve 66 additional clients with new funds).</p>	Gov., Agency, Other - LFA Meeting with AAAs/Henderson	DHS: "No Alternate Funding Available" Use one-time federal grant excesses. DHS states, "This item would be eligible for use of Title III E. The Division of Aging and Adult Services has worked with local partners to not obligate grant funds until after the award has been received."

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<u>26</u>	\$ 366,000	\$ 1,233,200	<p>DOH - Technology Dependent Waiver Capacity Expansion - this will fund 10 of the 75 Medicaid individuals on the waiting list for this waiver. The 10 to be served are chosen based on severity of needs and duration of time on the waiting list. The Department of Health indicates that these individuals are being served currently in higher cost settings and are not all on Medicaid, but there will be no savings from expanding the waiver as the agency estimates new individuals to take up the higher cost settings freed up by new waiver clients. The waiver currently serves about 110 individuals. The waiver allows parental income to be excluded when determining an individual's eligibility for Medicaid. About 75% of the 10 individual's costs will be for regular Medicaid services and 25% for the waiver costs.</p> <p>How Measure Success? Count and cost of new individuals enrolled (via annual cost effectiveness report to federal government).</p>	Gov.	Provider assessment
<u>27</u>	\$ 86,900	\$ 86,900	<p>DOH - Health Facility State Licensing Staffing - One FTE to perform about 25 inspections and to try and have more timely inspections of state licensed facilities (i.e. - assisted living, personal care agencies, and psychiatric hospitals). The agency indicates that currently state-only facilities are inspected every 4.5 years by 3 FTEs. This appropriation should bring the frequency to every 3.5 years. <u>Health recommends a two year frequency for inspections as ideal.</u></p> <p>How Measure Success? (1) Facility inspections completed annually. (2) Time between inspections. (3) Class 1 deficiencies per inspection.</p>	Gov.	Raise fees on state health facilities. Currently General Fund costs for federal certification and state licensing are about \$900,000. Facilities pay about \$1.2 million in annual licensing fees into the General Fund.

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<u>28</u>	\$ 275,000	\$ 275,000	<p>USOR - Independent Living Center (ILC) Services - USOR states, "Assist the six Centers for Independent Living to continue their efforts to serve youth and others with disabilities in training and education of independence and community integration skills (to include transition out of and diversion from nursing homes or other institutions). The \$275,000 is pass through funds to these centers, who requested a similar amount last year but had it funded one-time." The Governor recommended \$250,000 one-time funding. This is an increase from the base of 8.9%.</p> <p>How Measure Success? 1. Number of consumers served by IL Centers will meet or exceed previous year (target 6,678). 2. Percentage of consumers served by IL Centers who are new consumers will meet or exceed 30% (target 1,950 consumers). 3. For consumer records closed, the percentage of consumers who achieved all planned goals will meet or exceed 15% (target XXX consumers).</p>	Gov. & Agency - 12-12-14 SS Meeting	Implement a client co-pay concept.
<u>29</u>	\$ 500,000	\$ 500,000	<p>USOR - Independent Living Assistive Technology Program - USOR states that the request is, "to assist individuals with disabilities to be more independent in their homes and communities, the IL AT Program is asking for \$100,000 one-time funding of an overall \$500,000 request to eliminate a waiting list of individuals with disabilities needing assistive technology devices. "</p> <p>How Measure Success? 1. Total number of consumers provided services will exceed previous year (target 216). 2. Total number of assistive technology devices provided will exceed previous year (target 257).</p>	Gov. & Agency - 12-12-14 SS Meeting, <u>Redd</u>	USOR: "None available." Implement a 'co-pay concept.'

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<u>30</u>	\$ 118,000	\$ 81,700	<p>USOR - Sensory Impairment Specialist and Rural Outreach - USOR states, "Sensory Impairment Specialist (\$67,950): For provision of youth transition services, adult education classes, senior programs, parenting and family support classes to individuals who are deaf/hard of hearing. Rural Outreach (\$50,000): To fund continuing outreach to those with deafness or who are hard of hearing in rural Utah. This amount was previously requested ongoing, but was funded with one time money."</p> <p>How Measure Success? 1. Provide 96 educational classes/programs for 1,400 deaf youth, adults and/or their family members in ASL. 2. Provides a variety of senior citizen program activities to 52 deaf seniors, weekly, for 50 weeks each year. 3. Provide rural outreach to 4,000 hard of hearing individuals in rural Utah. (educational classes and assistive technology program services)</p>	Agency - 12-12-14 SS Meeting	USOR: "None available." Use funds from the available balance of the Speech and Hearing Impaired Fund.
<u>31</u>	\$ 3,333,600	\$ 11,262,000	<p>H.B. 199 Pilot Program for Assistance for Children with Disabilities and Complex Medical Conditions - "This bill directs the Department of Health to apply for a Medicaid waiver for children with disabilities and complex medical conditions."</p> <p>How Measure Success? "Waiver services will be less costly than costs that would have been incurred if the child was served in a nursing facility."</p>	Redd	
<u>32</u>	\$ 746,800	\$ 746,800	<p>SB 42 - General Assistance Program Changes - This bill provides that a refund that offsets a benefit provided to a recipient of General Assistance shall be retained by the division and may be used by the division to provide General Assistance to other recipients, unless the refund is required to be credited to the federal government.</p> <p>How Measure Success? <u>SSI Achievement or Closed with Earnings.</u></p>	Escamilla/Agency	

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<u>33</u>	\$ 60,000	\$ 120,000	DOH - Assistant Attorney General at the Department of Health - the Department of Health has had five FTEs since around 2001. The Department of Health is paying for one of its five attorney FTEs to do work for the Office of Inspector General. Last year the Legislature directed the Office of Inspector General to pay for the attorney one-time in FY 2015. The \$120,000 total funds represent a 22.4% increase in spending for attorney generals in the Department of Health. How Measure Success? Success is determined by competent legal advice and timely review of contracts and rules.	LFA	If the attorney is working for the Office of Inspector of General, have that organization pay for it (via intent language or statute).
<u>34</u>	\$ 2,000,000	\$ 6,738,500	Accountable Care Organization Administrative Fee increase from 8.3% to 9%, which is \$2M.	Chairs	
<u>35</u>	\$ 200,000	\$ 673,900	Agging Waiver - "Fund 66 seniors on waiting list to keep elderly people from needing to be admitted to nursing homes (\$65,000 vs \$10,000)"	Chairs	
<u>36</u>	\$ 6,000,000	\$ 20,215,600	Medicaid Physician Reimbursement	Chairs	
<u>37</u>	\$ 2,000,000	\$ 2,000,000	DOH - Primary Care Grants - "increase access for uninsured."	Christensen, A.	
<u>38</u>	\$ 2,000,000	\$ 6,738,500	Medicaid Dental Reimbursement - "Increase reimbursement rates to pediatric dental providers."	Hillyard	
<u>39</u>	\$ 3,226,000	\$ 10,869,300	DOH - Dental Coverage for Elderly and Persons With Disabilities on Medicaid - provide dental services to about 55,000 clients who are elderly and people with disabilities on Medicaid. The costs are about 26% for the elderly and 74% for those with disabilities. How Measure Success? Report on implementation and costs.	Gov.	Dental provider assessment (about 0.3% tax of gross receipts would generate funding needed).
<u>40</u>	\$ 550,000	\$ 550,000	DWS - 211 Information and Referral System at United Way – the Governor recommended funding this request. How Measure Success? Management of workforce and IVR (Target 90% of calls to referral line answered within 3 minutes); Knowledgeable resource staff (Target 75% of eligible staff nationally certified).	Gov. & Other/Weiler	Assess a 911-like phone surcharge.

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<u>41</u>	\$ 1,000,000	\$ <u>3,369,300</u>	Anesthesia Services - "Medicaid anesthesia services."	Gibson/Dee	
<u>42</u>	\$ <u>1,000,000</u>	\$ <u>1,000,000</u>	Nurse Family Partnership - "Early and intensive interventions in high-risk pregnancies and family situations up to 2 years of age to improve outcomes and decrease short and long-term social services costs."	<u>Chairs</u>	
<u>43</u>	\$ 500,000	\$ <u>600,000</u>	Workforce Financial Assistance - "Partial loan forgiveness for health care professionals."	Shiozawa	
<u>44</u>	\$ 500,000	\$ <u>1,684,600</u>	Intermediate Care Facilities - Intellectually Disabled - "Provider care for the intellectually disabled population."	Shiozawa	
<u>45</u>	\$ 492,800	\$ <u>492,800</u>	Foster Parents Reimbursement Rate Increase - increase the rate paid by the "Division of Child and Family Services for foster parents by \$1 a day"	Eliason	
<u>46</u>	\$ 490,000	\$ 490,000	DOH - High Quality Dementia Care - "(1) provide a dementia-competent workforce (2) initiate telehealth consultations for underserved areas."	Shiozawa	
<u>47</u>	\$ 450,000	\$ 1,516,200	DOH - Utah Family Medicine Residency - "increase annual output of family physicians from all Family Medicine Residency Programs from 25 to 30 graduates annually."	Shiozawa	
<u>48</u>	\$ 330,000	\$ 514,400	Human Services - Background Checks & HB 145 - Vulnerable Adult Worker Amendments - "to enable background checks of employees working with vulnerable adults."	Sanpei	
<u>49</u>	\$ 300,000	\$ 600,000	S.B. 76 Rural Physician Loan Repayment Program - "This bill creates the Rural Physician Loan Repayment Program." How Measure Success? "Number of physicians working in the program as determined by actual allocation of funding."	Hinkins	
<u>50</u>	\$ 300,000	\$ <u>300,000</u>	Eye Care 4 Kids - "Mobile eye care clinics treating under and unserved children who are visually impaired and low income."	Edwards	

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<u>51</u>	\$ 161,200	\$ 161,200	H.B. 175 Alzheimer's State Plan Amendments - "requires the Department of Health to designate Alzheimer's disease and related dementia as a public health issue and implement a state plan for Alzheimer's disease and related dementia."	Rep- Ray	<u>Preventive Health and Health Services block grant</u>
<u>52</u>	\$ 120,000	\$ 120,000	Clubhouse Utah/Alliance House - "\$120,000 per year for 3 years to achieve our employment goals. Fund will be used to support members to obtain or further their employment."	Weiler	
<u>53</u>	\$ 100,000	\$ 100,000	H.B. 18 Children's Hearing Aid Program Amendments -"converts the Children's Hearing Aid Pilot Program to a permanent program." How Measure Success? "[Number] of children receiving hearing aids. [Number] of [hearing aids] fit."	Edward s	<u>Maternal and Child Health Block Grant</u>
<u>54</u>	\$ 55,000	\$ 81,200	S.B. 77 Adoption Records Access Amendments - "provides for funding, automating, improving, and advertising...a mutual-consent, voluntary adoption registry (the registry) and other requests for adoption records." How Measure Success? "Automated system that records use and successful matches of parents and adoptees."	Weiler	
<u>55</u>	\$ 25,926,400	\$ 60,226,400	S.B. 153 Access to Health Care - "extends access to health care to individuals not currently eligible for Medicaid who are: below 100% of the federal poverty level; medically frail; uninsured; and vulnerable to becoming disabled." (<u>Ongoing funds listed is the ongoing amount for FY 2021, FY 2016 would be \$15.9 million</u>).	Christe nsen, A.	

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<u>56</u>	\$ 52,382,300	\$ 587,597,200	<p>DOH & DWS - Healthy Utah/S.B. 164 Access to Health Care Amendments - <u>"This bill authorizes an application for a waiver to the state Medicaid program to expand access to health care to individuals who do not qualify for the state's traditional Medicaid program."</u> Administrative increases to handle anticipated increase of 72,500 or 23% in clients in FY 2016 (estimated increase of 95,000 or 30% clients in FY 2017). The increased funding request for total funds is a 2% increase in administration. <u>(Ongoing funds listed is the ongoing amount for FY 2021, FY 2016 would be a savings of \$10.3 million).</u></p> <p>How Measure Success? (1) Number of uninsured adults in the state. (2) Federal ACA tax dollars recovered through the program. (3) Individuals who participate in the integrated work program.</p>	Shioza wa/Gov	End Primary Care Network (\$5.0 million), behavioral health savings (\$6.0 million), provider assessments
<u>57</u>	\$ 12,449,300	\$ 42,208,100	<p>DSPD Waiting List - "fund the waiting list and ensure that services are available for existing new people."</p>	Thurston/Eliason	
<u>58</u>	\$ 3,241,600	\$ 3,241,600	<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.</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	

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59	\$ 160,000	\$ 761,900	<p>USOR - Vocational Rehabilitation Program - USOR states, "Request is for State funding (21.3% match) portion for provision of services to transitioning youth with disabilities as they move from secondary education to post-secondary training and careers (matched at \$565,000). \$18,500 of the amount would be to fund the State match funding for one benefits planner position for youth receiving Social Security disability benefits transitioning from secondary education.</p> <p>How Measure Success? 1. Program will serve an additional 400 students. 2. An additional 75 students with disabilities will achieve competitive career/self-sufficiency outcomes.</p>	Gov. & Agency 12-12-14 SS Meeting	An "Order of Selection" (Wait List) can be implemented as an alternative to funding this request.
	<u>\$ 138,718,200</u>	<u>\$ 827,201,100</u>	Total		
Items Combined with Others Above					
61	??	??	<p>S.B. 164 Access to Health Care Amendments — "This bill authorizes an application for a waiver to the state Medicaid program to expand access to health care to individuals who do not qualify for the state's traditional Medicaid program."</p>	Shiozawa	<u>Combined with Healthy Utah above.</u>
32	\$ 1,000,000	\$ 1,000,000	<p>DWS — General Assistance (GA) — ensures GA enrollment remains open. GA serves disabled adults with no dependent children in the home. Because of caseload increases, DWS temporarily closed GA enrollment in FY 2013.</p> <p>How Measure Success? SSI Achievement or Closed with Earnings.</p>	Agency, Other	<u>Combined with SB 42 Above</u>