

Office of the
Legislative Fiscal Analyst

FY 2001 Budget Recommendations

Joint Appropriations Subcommittee for
Health and Human Services

Utah Department of Health
Community and Family Health Services

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1.0 Department of Health – Community and Family Health Services

Summary

The Division of Community and Family Health Services assures that women, infants, children, and their families have access to comprehensive, coordinated, affordable, community-based quality health care. Division services are available to all citizens of the State according to their ability to pay, but primary clients are women, infants, and children who have special health care needs and are low income. The Division coordinates efforts, identifies needs, prioritizes programs, and develops resources necessary to reduce illness, disability and death from:

- Adverse Pregnancy Outcomes
- Chronic Diseases
- Disabling Conditions
- Injury and Violence
- Vaccine-Preventable Infections

The Division is organized into a Director's Office and five functional bureaus.

	Analyst FY 2001 Base	Analyst FY 2001 Changes	Analyst FY 2001 Total
Financing			
General Fund	\$11,428,800		\$11,428,800
Federal Funds	50,499,000		50,499,000
Dedicated Credits Revenue	12,768,200		12,768,200
GFR - Cigarette Tax Restricted Account	250,000		250,000
Transfers	3,168,300		3,168,300
Total	\$78,114,300		\$78,114,300
Programs			
C.F.H.S. Director's Office	\$585,500		\$585,500
Division Resources	2,464,300		2,464,300
Health Education	5,826,300		5,826,300
Maternal and Child Health	48,859,100		48,859,100
Chronic Disease	4,385,700		4,385,700
Children with Special Health Care Needs	15,993,400		15,993,400
Total	\$78,114,300		\$78,114,300
FTE	264.0		264.0

2.0 Issues: Community and Family Health Services

2.1 FY 2000 Legislative Action

Last year, the Legislature passed House Bill 289, “Healthy Community Act”, which placed the Healthy Community program under the Department of Health and provided \$100,000 for grants to community-based nonprofit organizations which serve youth in high-risk neighborhood settings.

2.2 Critical Funding Issues

Due to considerable growth in the Early Intervention program within the Children with Special Health Care Needs program, there is a need to increase funding by \$300,000. This program assists both developmentally delayed children and their families with therapies to help the child gain age-appropriate skills. This funding increase is not part of the Analyst’s recommendation, given the amount of available revenue.

3.1 Community and Family Health Services – Director’s Office

Recommendation The Analyst's recommendation for the Director's Office is based on a staffing level of 3.5 FTEs. The Analyst recommends a budget of \$585,500. The funding sources are the General Fund and Dedicated Credits.

The Robert Wood Johnson Foundation has provided the state with funds in the amount of \$323,500 for FY 2001 for the “Covering Kids Utah” grant.

	FY 1999	FY 2000	FY 2001	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	\$253,200	\$261,000	\$262,000	\$1,000
General Fund, One-time		700		(700)
Dedicated Credits Revenue	5,250	324,000	323,500	(500)
Total	<u>\$258,450</u>	<u>\$585,700</u>	<u>\$585,500</u>	<u>(\$200)</u>
Expenditures				
Personal Services	\$212,537	\$253,700	\$251,200	(\$2,500)
In-State Travel	817	4,200	4,200	
Out of State Travel	3,486	8,500	6,200	(2,300)
Current Expense	39,778	277,500	282,100	4,600
DP Current Expense	1,832	1,800	1,800	
Other Charges/Pass Thru		40,000	40,000	
Total	<u>\$258,450</u>	<u>\$585,700</u>	<u>\$585,500</u>	<u>(\$200)</u>
FTE	3.0	3.5	3.5	

Purpose The Office of the Director of the Division of Community and Family Health Services (CFHS) leads and manages all the resources and programs of the Division. The office consists of the Director, the administrative secretary, a community health specialist, and one-half FTE secretary. The director oversees five bureaus, including Division Resources, Health Education, Maternal and Child Health, Chronic Disease, and Children with Special Health Care Needs.

FY 2000 Budget Increase Last year, the Legislature passed House Bill 289, “Healthy Community Act”, which placed the Healthy Community program under the Department of Health and provided \$100,000 in one-time funding for grants to community-based nonprofit organizations which serve youth in high-risk neighborhood settings. Two grant contracts have been awarded to develop or enhance existing family-focused youth development and early intervention programs. Services will target at-risk pregnant women, children from birth through adolescence, and their families. The contracts were made to the Boys and Girls Club of Greater Salt Lake (\$60,000) and the Family Support Center (\$40,000). The bill requires each organization that receives grant funding to provide an annual report to the Legislature.

3.2 Community and Family Health Services – Division Resources

Recommendation The Analyst recommends a budget of \$2,464,300 for this bureau for FY 2001. This recommendation is a decrease of 6.5 percent compared to the FY 2000 estimated level. This is mainly due to a reduced level of federal funds expected in FY 2001.

The recommended level of Federal Funds includes funding in the amount of \$487,500 of preventative block grants and \$1,536,700 of Maternal and Child Health block grants, which are distributed, by contract, among the 12 local health departments and a Public Health Services Local Grant of \$106,800.

The Dedicated Credits in FY 1999 are from a one-time sale of an interactive Internet query system which the state of Wisconsin purchased.

	FY 1999	FY 2000	FY 2001	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	\$368,600	\$392,900	\$333,300	(\$59,600)
General Fund, One-time		800		(800)
Federal Funds	1,707,380	2,242,600	2,131,000	(111,600)
Dedicated Credits Revenue	12,200			
Transfers	(10,000)			
Lapsing Balance	40,456			
Total	<u>\$2,118,636</u>	<u>\$2,636,300</u>	<u>\$2,464,300</u>	<u>(\$172,000)</u>
Expenditures				
Personal Services	\$1,029,736	\$1,015,100	\$879,200	(\$135,900)
In-State Travel	1,661	2,800	3,000	200
Out of State Travel	4,807	19,700	7,500	(12,200)
Current Expense	84,115	143,300	128,900	(14,400)
DP Current Expense	67,824	25,100	27,900	2,800
DP Capital Outlay	8,402	10,000		(10,000)
Other Charges/Pass Thru	922,091	1,420,300	1,417,800	(2,500)
Total	<u>\$2,118,636</u>	<u>\$2,636,300</u>	<u>\$2,464,300</u>	<u>(\$172,000)</u>
FTE	21.3	19.4	17.5	(2.0)

Purpose The Bureau of Division Resources provides financial, data, planning and evaluation services to the Division Director and all Division programs. Budgeting, contracting, grants management, purchasing, accounts receivable, staff management, data processing, data analysis and Division planning are examples of the Bureau's major activities.

Financial Resources Financial Resources provides financial management for the division by:
 Managing budgets, contracts, and grants.
 Ensuring compliance with financial policies and regulations.
 Ensuring the accuracy of all financial transactions.
 Providing billing services for public health services.

Data Resources	The Data Resources Program leads the Division efforts related to Department-wide projects, and provides objective data analysis for Division-level planning, evaluation, and reporting. It publishes statistical reports and conducts special analyses on alternative means of providing public health services throughout the State. It also provides for maintenance of databases, computer equipment, and administration of the Division's local area network (LAN).
Oral Health Program	The Oral Health Program improves access to dental care for all Utah persons by promoting effective prevention programs and dental access programs within local health departments. The formation of local oral health coalitions is facilitated by conducting needs assessments, organizing partnerships, providing oral health technical consultation and reporting progress toward oral health objectives.
Utah Statewide Immunization Information System (USIIS)	<p>The Utah Statewide Immunization Information System is an electronic tool to consolidate children's immunization records, improve immunization services and increase immunization rates. Utah's rates for adequately immunized children have improved since 1998. However, this statewide tracking system is crucial to sustain and improve this level. Health plans, private physicians, local health departments, and the Centers for Disease Control and Prevention support implementation of the Utah Immunization tracking system. The program has achieved the following during 1999:</p> <ul style="list-style-type: none">▶ USIIS software (PC and Web versions) has been developed and tested by public and private providers▶ WIC clinics have been linked to USIIS▶ Populating 40 percent of the immunization records of children under six years of age into USIIS▶ Coalitions and support from many areas have been developed. <p>Future goals of the USSIS include:</p> <ul style="list-style-type: none">▶ Connecting USIIS to approximately 300 public and private providers, health plans, and children in the State▶ Providing immunization information to all public and private providers, health plans, and children in the WIC program▶ Increasing the State's immunization rate for children under two years of age. <p>The 1999 Legislature authorized new funding in the amount of \$275,000 for the USIIS project, and designated the funds as nonlapsing.</p>

3.3 Community and Family Health Services – Health Education

Recommendation The Analyst recommends \$5,826,300 for FY 2001 for this bureau. Of this amount, \$1.7 million is passed through to local health departments for tobacco prevention and control contracts, violence and injury prevention contracts, and pregnancy riskline contracts.

A new source of funding for this program is the Cigarette Tax Restricted Account. This funding source comes as a result of House Bill 404 in the 1998 Session, "Use of Cigarette Tax", which annually diverts \$250,000 from the tax on cigarettes (which was increased during the 1997 General Session by 25 cents per pack) and deposits that amount in the restricted account. Appropriations from the restricted account are to be used to continue the media campaign geared toward children and adolescents to discourage them from using tobacco products.

The Revenue Transfer comes from Medicaid matching funds for (1) Baby Your Baby outreach programs (\$541,000), (2) the Pregnancy Riskline (\$40,200), and (3) the Tobacco Media Campaign (\$66,900). The Children's Health Insurance Program also contributes \$50,000 for the Baby Your Baby program. Also included is \$48,700 for Pedestrian Safety from the Department of Public Safety; and \$10,000 from the Department of Human Services for the Child Fatality Review.

	FY 1999	FY 2000	FY 2001	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	\$1,692,000	\$1,757,400	\$1,764,200	\$6,800
General Fund, One-time		1,700		(1,700)
Federal Funds	2,367,488	2,870,900	2,853,200	(17,700)
Dedicated Credits Revenue	280,922	210,100	202,100	(8,000)
GFR-Cigarette Tax Rest. Acct.	250,000	250,000	250,000	
Transfers	736,932	766,900	756,800	(10,100)
Lapsing Balance	(400)			
Total	\$5,326,942	\$5,857,000	\$5,826,300	(\$30,700)
Expenditures				
Personal Services	\$1,545,344	\$1,796,500	\$1,756,200	(\$40,300)
In-State Travel	14,285	24,200	24,700	500
Out of State Travel	22,152	45,800	44,000	(1,800)
Current Expense	2,039,286	2,213,594	2,223,900	10,306
DP Current Expense	85,019	25,406	26,000	594
Capital Outlay	5,396			
Other Charges/Pass Thru	1,615,460	1,751,500	1,751,500	
Total	\$5,326,942	\$5,857,000	\$5,826,300	(\$30,700)
FTE	42.0	42.7	41.6	(1.1)

Purpose

The Bureau of Health Education implements programs designed to improve personal health. The Bureau is committed to the following goals:

1. Identifying preventable risk factors which are associated with the leading causes of death and disability, and develop effective program strategies to reduce risks. Priorities include injury prevention, tobacco prevention, healthy pregnancies, physical activity, and coordinated school health.
2. Assist local health departments and other agencies in the delivery of services consistent with Bureau priorities.
3. Assume the lead role in facilitating and supporting health education activities statewide.

Violence and Injury
Prevention Program
(VIP)

The mission of the Violence and Injury Prevention Program (VIP) is to reduce the incidence of fatal and non-fatal injuries among Utah residents. To accomplish this, VIP collaborates with many partners including other Department programs, state and local agencies, local health departments, private business as well as non-profit community organization, health care providers, and other. Injuries are a leading cause of death among Utah residents, resulting in the death of 1,163 people in 1997. In the same year, the cost of injury-related hospitalizations in Utah exceeded \$195 million. These figures do not include the cost of long-term disability or injuries treated in emergency departments, outpatient clinics, or doctors' offices. Strategies to reduce fatal and non-fatal injuries include the following:

1. Collaborate with UDOH and community partners to improve injury data collection, epidemiology, and research for use in planning, implementing, and evaluating injury prevention programs.
2. Conduct education to: a) increase awareness about the causes and preventability of injuries; and b) promote behaviors that help prevent injuries, e.g., use of seat belts, bicycle helmets, smoke detectors, etc.
3. Promote policy changes, legislation and enforcement activities that will reduce injury hazards or increase safe behaviors, e.g., standard seat belt law, graduated driver licensing, school zone speed limit enforcement, etc.

The Violence and Injury Prevention Program conducts and/or provides significant support to the following projects and activities: Motor Vehicle Seat Belt Campaign, Youth Suicide Study, Suicide Prevention Task Force, Child Fatality review Committee, Rape and Sexual Assault Prevention Project, Domestic Violence/Partner Abuse Prevention Project, Traumatic Brain Injury Surveillance Project, Adolescent Pedestrian Safety Project, Utah Safe Kids Campaign, and others. The VIP contracts with all local health departments, providing funding and technical support for local injury prevention programs that address adult seat belt and child car seat use, bicycle safety and helmet use, pedestrian safety, school playground safety, fall prevention, community and family violence prevention, etc.

Baby Your Baby Outreach (BYB)

The BYB Outreach Program strives to improve the health of families in Utah through programs such as Baby Your Baby, Check Your Health, and the new Children's Health Insurance Program (CHIP). The program provides hotline services, develops education strategies, outreach consultation and program coordination. The BYB Hotline provides information and referral services, to approximately 40,000 callers annually for BYB, Check Your Health, Immunize by Two, Truth about Tobacco, CHIP, and other division programs. The outreach program establishes public-private partnerships to promote healthy lifestyles, reduce health risks, and increase access to health care. This is accomplished through public service announcements, and other television programs, radio, and printed materials which address goals dealing with low birth weight, birth defects, SIDS, folic acid, vaccine-preventable infections, injury and violence, dental disease, and other important Maternal and Child Health issues.

<u>Service</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999 est.</u>
Number of hotline callers served	21,059	23,073	31,141	44,000

Pregnancy Riskline Program

The Pregnancy RiskLine Program uses a state-wide toll-free telephone number to provide information to health care practitioners and the public about the effects of drugs/medicines, chemicals, infections and other maternal states on a fetus or breast-fed infant. Information regarding exposures in pregnancy and lactation is often not easily accessible to health care practitioners or consumers.

The following data shows the number of calls received by the Riskline.

<u>Service</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>
Number of clients served	9,232	8,760	9,314	10,403

Tobacco Prevention and Control Program (TPC)

TPC provides technical expertise and coordination at state and community levels to prevent and reduce tobacco use in Utah. This is accomplished through educational programs and policy development to reinforce healthy social norms.

Tobacco is the single most preventable cause of premature mortality. Approximately 1,200 Utahns die each year due to tobacco-related illnesses. The goals of this program are to:

- Promote quitting among adults and youth
- Prevent initiation among youth
- Eliminate environmental tobacco smoke exposure of Utahns and visitors to the state
- Identify and eliminate disparities among populations
- Provide training and technical assistance to community-based organizations and local health departments

The Tobacco Prevention Control Program uses CDC's current Best Practices guidelines to develop tobacco prevention and control interventions for use by local health departments and community-based organizations. The program receives General Funds, federal funds, and dedicated credits. Almost 97 percent of the state funds are passed through to local health departments and the Youth Anti-Tobacco campaign. Local health department services include youth tobacco access, youth cessation, school-based training and prevention, and retailer education. Additional federal funds are passed through to local health departments and to other community based organization. The Youth Anti-Tobacco campaign utilizes television and radio and the Truth for Youth Anti Tobacco Advertising contest. Youth ambassadors are recruited and trained throughout the state to carry an anti-tobacco message to their peers and promote the advertising contest. The best of the TV and radio ads are produced and aired throughout the State.

Physical Activity Program

The Physical Activity program promotes regular physical activity and healthy lifestyles. Despite indications that engaging in regular physical activity plays a vital role in maintaining physical and mental health and well-being, approximately 50 percent of Utahns have sedentary lifestyles.

The Physical Activity Program has developed a statewide strategic plan with prioritized and focused interventions on children and adolescents. The program promotes physical activity in schools through FIT KIDS, Utah's model for coordinated school health. Physical activity is also working with two local health departments to increase opportunities for adolescent physical activity. Physical activity at worksites is promoted through the annual Utah Council on Health and Physical Fitness Worksite Health Promotion Conference.

3.4 Community and Family Health Services – Maternal and Child Health

Recommendation The Analyst recommends a budget of \$48,859,100 for Maternal and Child Health for FY 2001.

The Analyst's General Fund recommendation includes \$931,700 from the General Fund, for FACT dental programs, contracts, and Technical Assistance staff and training purposes, and pass-through funding which goes to the local health departments.

The majority of the funding for this program comes from federal funds for the federal Women, Infants, and Children (WIC) program, a supplemental food program for pregnant, breast-feeding or postpartum women, infants, and children up to five years of age. The Public Health Services Local Grant is another significant portion of the total budget, although this grant is projected to be decreased by over \$300,000 in FY 2001.

Infant formula manufacturers rebate funds to the State from WIC formula purchases. These rebates, projected at \$9.4 million are listed as dedicated credits, together with private contributions.

Of the \$239,300 identified as Revenue Transfers, \$219,300 is funding from the Medicaid program for the following programs: (1) Pregnancy Risk Assessment and Management, (2) Home Visitation, (3) Immunization Media Campaign, (4) Utah Statewide Immunization Information System (USIIS), and (5) Immunization private donation. The balance of the funding (\$20,000) from the State Office of Education for the Head Start program.

	FY 1999	FY 2000	FY 2001	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	\$2,367,000	\$2,567,100	\$2,568,000	\$900
General Fund, One-time		400		(400)
Federal Funds	34,544,186	34,443,400	35,994,000	1,550,600
Dedicated Credits Revenue	9,517,478	8,996,600	10,057,800	1,061,200
Transfers	453,449	262,400	239,300	(23,100)
Lapsing Balance	9,900			
Total	<u>\$46,892,013</u>	<u>\$46,269,900</u>	<u>\$48,859,100</u>	<u>\$2,589,200</u>
Expenditures				
Personal Services	\$2,346,491	\$2,915,900	\$2,875,200	(\$40,700)
In-State Travel	29,405	42,800	34,500	(8,300)
Out of State Travel	37,274	72,600	58,300	(14,300)
Current Expense	(960,921)	3,561,925	3,567,500	5,575
DP Current Expense	476,237	333,375	300,500	(32,875)
DP Capital Outlay		30,000		(30,000)
Other Charges/Pass Thru	44,963,527	39,313,300	42,023,100	2,709,800
Total	<u>\$46,892,013</u>	<u>\$46,269,900</u>	<u>\$48,859,100</u>	<u>\$2,589,200</u>
FTE	54.6	57.0	57.5	0.5

Purpose

This program covers five specific areas of Maternal and Child Health: Reproductive Health, Early Childhood Health; School and Adolescent Health, Immunization; and the Women, Infants, and Children (WIC) programs.

Reproductive Health Program (RHP)

The Reproductive Health Program (RHP) is comprised of the following components: prenatal, Wee Care, Perinatal mortality, Sudden Infant Death Syndrome (SIDS), abstinence education, and the pregnancy risk assessment monitoring system.

The Prenatal component improves access to prenatal care through expedited eligibility to Medicaid, enhanced prenatal and delivery services within Medicaid, and by covering prenatal care for uninsured women.

The Wee Care component offers perinatal telephone case management of high-risk PEHP clients throughout the State.

The Perinatal mortality review component reviews fetal deaths, infant deaths, and the deaths of women who have recently delivered an infant, so that strategies can be developed to prevent them in the future.

The Sudden Infant Death Syndrome (SIDS) component involves tracking of all SIDS deaths, suspected SIDS, suffocation and undetermined causes of death in the state, linking families with support resources and educating the public and healthcare providers about factors that may reduce the risk of SIDS.

The Abstinence Education component oversees the implementation of the federal abstinence education program. Community organizations and agencies provide abstinence education to youth between the ages of 9 and 14 years through this program to reduce teen pregnancy and sexually transmitted diseases.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based surveillance system that monitors Utah mothers about their experiences before, during, and after pregnancies.

Early Childhood Health

The Nurse Home Visitation program conducts home visits incorporating a variety of outreach, clinical, and referral services for pregnant women and at-risk children from birth to five years of age. These visits help strengthen the family’s capacity to meet their health and related needs and those of their children, and assist them in gaining access to needed health care services.

Child Health Conferences are conducted statewide for children with limited geographic and/or financial access to preventive health care. Children receive health assessments, immunization screening, medical referrals, and health education.

The Child Care Health and Safety provides child care providers with training on health, safety, and the Child Care Licensing Rules. This training, taught by registered nurses, has been expanded to train all early childhood providers, including Early Intervention programs, Pre-school Special Education, Head Start, and other child care providers on health and safety.

The Head Start Collaboration Project creates interagency partnerships between Head Start and other early childhood services providers to improve access to services for low income children and their families.

School and, Adolescent Health

The School and Adolescent Health Program provides technical assistance, training, and nursing consultation to local and state health and educational agencies and programs; health care providers; local health department and school health nurses; migrant education programs; parents and the general public in issues related to the health care needs of school-age children and adolescents.

School and Adolescent Health partners with local health departments in the FACT initiative. Interagency coordination of services at the community level is accomplished through a local case management team. Many services are delivered in non-traditional ways, including home-based, school-based, and community-based sites and during non-traditional working hours. Dental screenings and weekly fluoride mouth rinses are conducted in all FACT schools.

<u>Service</u>	<u>1997 est.</u>	<u>1998 est.</u>	<u>1999</u>	<u>2000 est.</u>
FACT-Targeted Children	2,800	2,100	5,869	6,000

Immunization Program (IMM)

IMM promotes immunization as part of comprehensive health care for all ages – children/adolescents, parents and other adults. Special emphasis is placed on efforts to improve the immunization coverage for pre school-age children, especially those under two years of age. The IMM is comprised of the following components:

- ▶ Vaccines for Children (VFC) provides vaccine free of charge for children age 0 through 18 years who are uninsured, underinsured, American Indians, or are covered by Medicaid.
- ▶ Population Based Assessment provides retrospective school entrance surveys and validation audits of schools and day care/Head Start centers. It also monitors second MMR levels of all school children through grade 12.
- ▶ Vaccine Adverse Event Reports System provides a reporting system for adverse events following receipt of any U.S. licensed vaccine.
- ▶ Public and Professional Information and Education provides current immunization information, education, and training.
- ▶ Immunization Registry supports a population-based immunization registry.
- ▶ Perinatal Hepatitis B Prevention program promotes Hepatitis B immunization to prevent perinatal Hepatitis B transmission.
- ▶ Adolescent Immunization supports activities to prevent vaccine preventable diseases in adolescents ages 11-21.

Adult Immunization supports activities to prevent vaccine preventable diseases among adults, with an emphasis on influenza and pneumococcal disease.

Women, Infants, and Children (WIC)

WIC provides supplemental food and nutritional education to pregnant, breast-feeding or postpartum women, infants and children up to five years of age. Included are individuals from low-income families who are determined to be at nutritional risk because of inadequate nutrition, health care, or both. WIC is specifically designed to serve as an adjunct to good health care during critical periods of human growth and development.

Applicants must meet the following criteria to receive food:

Resident of area or member of population served by the local clinic.

Income at or below 185 percent of the poverty guidelines established by the Federal Government.

Certified to be at nutritional need through a medical and/or nutritional assessment.

Recertified every six months to determine continuing eligibility.

In 1998, the average monthly participation was 57,391. In 1999, the participation increase to 59,550.

3.5 Community and Family Health Services – Chronic Disease Prevention and Control

Recommendation The Analyst recommends a budget for this program in the amount of \$4,385,700. The Federal funds come through the Public Health Services Local grant and the Preventative Block grant.

The majority of the dedicated credits are funds from Healthy Utah collections and PEHP's contributions to Healthy Utah.

	FY 1999	FY 2000	FY 2001	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	\$863,200	\$894,500	\$891,900	(\$2,600)
General Fund, One-time		1,400		(1,400)
Federal Funds	1,963,880	2,968,300	2,963,000	(5,300)
Dedicated Credits Revenue	511,976	531,800	530,800	(1,000)
Total	\$3,339,056	\$4,396,000	\$4,385,700	(\$10,300)
Expenditures				
Personal Services	\$1,750,819	\$1,899,300	\$1,880,800	(\$18,500)
In-State Travel	27,491	36,500	36,500	
Out of State Travel	40,742	34,000	34,000	
Current Expense	1,040,559	1,512,300	1,520,200	7,900
DP Current Expense	53,514	32,000	32,300	300
Other Charges/Pass Thru	425,931	881,900	881,900	
Total	\$3,339,056	\$4,396,000	\$4,385,700	(\$10,300)
FTE	42.9	41.3	41.3	

Purpose The goal of Chronic Disease Prevention and Control is to reduce illness and death through:

- ▶ Improved early detection and management of chronic diseases (heart disease, certain cancers, and diabetes);
- ▶ Prevention of conditions leading to chronic diseases; and
- ▶ Prevention of complications and disabilities caused by chronic diseases.

Since FY 1996, much of this program's funding has gone to the local health departments and other health care providers to provide actual health services. The Chronic Disease Prevention and Control program concentrates its efforts on training and education.

Cancer Screening and Control Breast cancer is the leading cause of cancer death for Utah women and the leading cause of death for women ages 44-65. In 1997, 191 Utah women died of breast cancer and 910 new cases of cancer were diagnosed. Late stage diagnosis is the primary predictor of poor survival and subsequent mortality.

The programs help reduce morbidity and mortality from breast and cervical cancers by working with LHDs and other community providers statewide to: Provide low cost or free breast and cervical cancer screening (including mammograms) to medically underserved women;

Provide public and professional education about the need for early detection and availability of screening services;
Develop and use a statewide surveillance system to plan and evaluate screening and education efforts.

Cardiovascular
Disease Program

Cardiovascular disease (CVD), which includes heart disease and stroke, has been the leading cause of death and disability in Utah since 1910. Each year over 3,800 Utahns die from CVD. CVD accounts for 37% of all deaths in Utah, even though approximately 54% of early CVD (before the age of 65 years) can be prevented or controlled through healthy lifestyle choices. CVD deaths have decreased significantly in Utah and the U.S. since 1980, but the prevalence of risk factors for CVD has not.

The goal of the Cardiovascular Health Program(CHP) is to decrease premature death and disability due to CVD through the following:
Reawaken awareness of the need for improved cardiovascular health;
Establish effective cardiovascular prevention programs;
Enhance the core capacity to provide community-based cardiovascular health services in school, community, work and health care sites.

Some of the initiatives this program is currently working on include:
Early Start for a Healthy Heart (ESFAHH), which encourages healthy lifestyle choices in 87 percent of public schools.
5-A-Day, which promotes the message to eat five servings of fruits and vegetables each day for better health. Awareness of 5-A-Day has increased six-fold since 1994. Educational tours of local grocery stores have been provided to over 30,000 third graders.

Heart at Work, which includes cardiovascular health programs and community clinics, provides high blood pressure and cholesterol detection, follow-up, referral, skill-building, education and counseling.

Healthy Utah
Program

Healthy Utah targets public employees to assist them in adopting healthy lifestyle behaviors. Healthy Utah pursues increased employee productivity, decreased employee absenteeism, and decreased medical claims costs.

Health Utah works with schools and public employees, oversees work site health promotion programs conducted at various agencies within state and local government, and communicates information to the public to encourage action.

Healthy Utah also offers physical assessments, personal health sessions, weight management classes, smoking cessation classes and counseling, seminars on a variety of health topics, and group health promotion programs to public employees and their spouses.

The following table demonstrates some of the program's accomplishments for FY 1999.

<u>FY 1999 Service</u>	<u>Outcome</u>
State employees and their families in contact with Healthy Utah	19,065
Healthy Utah clients participated in testing sessions	3,548
People participated in Wellness Connection seminars	1,190
Healthy Utah participants in Personal Health Sessions	3,700
Participants in a group physical activity and/or nutrition program	1,045
Healthy Utah participants in weight management class	40
Number of people who quit smoking	44
Number of people completing a physical activity log	2,035
Average number of visits to the web site per day	314

Diabetes Control Program (DCP)

It is estimated that about 116,000 Utahns have diabetes, and that only half are aware of it. DCP improves the prevention, detection and treatment of diabetes and its complications (end-stage kidney disease, blindness, amputations, hospitalizations and long-term reduction in activity).

DCP has accomplished the following:

- ▶ Completed, analyzed and reported on surveys of providers and Utahns with diabetes;
- ▶ Worked with health insurance companies to access care provided to their members with diabetes;
- ▶ Compiled and distributed profiles of the burden of diabetes in each local health department and the state as a whole;
- ▶ Developed and implemented a certification program for diabetes self-management education;
- ▶ Contracted with the University of Utah to provides diabetes updates to primary care physicians throughout the State;
- ▶ Assisted private and public health care providers to improve diabetes knowledge and care practices through implementation of a quality improvement project;
- ▶ Supported diabetes community coalitions in four areas of the state;
- ▶ Developed a strategic plan for the diabetes community; and
- ▶ Developed a media and public education campaign to improve awareness of diabetes and its treatment among high risk populations.

3.6 Community and Family Health Services – Children with Special Health Care Needs

Recommendation The Analyst recommends \$15,993,400 for Children with Special Health Care Needs for FY 2001. This program receives a substantial amount of its funding from federal funds, but also requires over \$5.6 million of state General Funds.

The Dedicated Credit revenue comes mainly from collections for the direct services provided by this program, including Early Intervention, Newborn Screening, and the specialty clinics for children with special needs.

The Revenue transfer of \$2,172,200 represents \$604,300 received from the Department of Human Services for the Fostering Health Children program to cover qualified children. These funds are then utilized to draw down an additional \$833,400 from the Medicaid program. The balance of the Revenue Transfers come from Medicaid funds for administrative case management (\$620,000) and community based services under the Home Health Care waiver (\$114,500).

	FY 1999	FY 2000	FY 2001	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	\$5,620,100	\$5,539,300	\$5,609,400	\$70,100
General Fund, One-time		6,500		(6,500)
Federal Funds	5,080,699	6,536,200	6,557,800	21,600
Dedicated Credits Revenue	1,629,110	1,669,600	1,654,000	(15,600)
Transfers	2,391,056	2,151,300	2,172,200	20,900
Lapsing Balance	(57,300)			
Total	\$14,663,665	\$15,902,900	\$15,993,400	\$90,500
Expenditures				
Personal Services	\$5,027,866	\$5,177,100	\$5,189,900	\$12,800
In-State Travel	138,480	178,000	178,100	100
Out of State Travel	26,613	44,400	41,000	(3,400)
Current Expense	5,215,816	4,909,100	4,973,600	64,500
DP Current Expense	90,544	67,100	78,900	11,800
Other Charges/Pass Thru	4,164,346	5,527,200	5,531,900	4,700
Total	\$14,663,665	\$15,902,900	\$15,993,400	\$90,500
FTE	104.9	98.3	102.7	4.4

Purpose The Office of the Bureau Director for Children with Special Health Care Needs (CSHCN) manages nine programs serving special needs children. CSHCN programs reduce preventable death, disability, and illness due to chronic and disabling conditions by providing access to affordable high-quality health screening, specialty health care, and case management.

Fee Intent Language

The 1997 Legislature authorized additional funding for this program to handle the increased number of requests for Early Intervention services. The amount added to the budget was \$1.5 million, with half of that funding coming from the General Fund and the other half coming from fees paid by the recipients, according to the sliding fee schedule which was also approved. Last year, in response to concerns about the sliding fee schedule, the Legislature adopted the following intent language:

It is the intent of the Legislature that there be a \$10.00 suggested fee for children's services in the Early Intervention Program.

The Division reports the following:

The programs complied with the intent language by implementing the \$10.00 suggested donation fee to parents. Parents have been generally responsive to the request for a donation as opposed to a set fee. There has been no known attrition in the programs because of this donation request. Providers also report that they are more comfortable with this approach.

Hearing, Speech, and Vision Services

Hearing, Speech and Vision Services (HSVS) provide statewide screening, evaluation, and referral of infants and children with hearing, speech, and/or vision problems. Target populations are newborns, infants and preschoolers, children at risk, children in areas lacking alternative care and children whose parents request financial assistance. Over 2,500 pediatric hearing, speech, language and vision services are provided for children throughout the state. Children identified with these disorders early in life have a much lower rate of subsequent chronic disability.

<u>Service</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000 est.</u>
% live births receiving hearing screenings in hospital hearing screening programs	66%	90%	95%
% of hospital with hearing screening programs	52%	77%	100%
Total HSCS patient evaluations	2,059	1,868	1,900
Number of public education efforts	2,400	2,200	2,500
% HSVS preschool clients receiving photorefractive vision screening	30%		
Number of photoscreens provided		608	800
Number of recycled hearing aids provided	0	0	0

Neonatal Follow-up

The Neonatal Follow-up Program provides Multi-disciplinary services through three satellite offices to the very low birth weight graduates of Utah Newborn Intensive Care Units (NICUs). There are approximately 400 to 500 critically ill children born in Utah each year. These babies have an increased rate of health and growth problems, neurological findings, learning difficulties, mental retardation, hearing and vision deficits, behavioral disorder, attention deficits, language delay, delayed social skills, and school failure.

The Neonatal Follow-up Program provides:

Five year follow-up

Periodic screening by multidiscipline providers (Neurologist, Pediatricians, Audiologist, Speech Pathologist, Dietitian, Psychologist, Ophthalmologist, Occupational/Physical Therapist, Nurses, and others as dictated by the child's condition).

<u>Service</u>	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000 est.</u>
Patient Encounters	6,089	6,426	8,857	8,885
Number of Clinics	140	152	154	154
Number of Patients	1,275	1,412	1,688	1,700

Child Development Clinic

The Child Development Clinic (CDC) provides multidisciplinary clinical services for children birth to five years of age that have special health care needs. The program also offers consultations and case management services for children with multiple disabilities up to 18 years of age. The services are designed to:

- recognize the need for early diagnosis and treatment;
- provide timely detection of sensory, cognitive, and emotional disorders;
- assist the family in identifying their child's strengths and weaknesses;
- develop and monitor a written plan of services;
- provide parents with support and information;
- coordinate the delivery of services with local agencies; and
- promote and develop appropriate community wide services for the prevention of disabilities.

<u>Service</u>	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000 est.</u>
Number of clinics	181	197	171	200
Number of children served	312	336	471	500
Number of patient evaluations	2,358	2,944	3,075	3,000

Community Based Speciality Services (CBS)

Children with chronic illnesses or disabling conditions need access to a continuum of care which includes primary care, specialized care and related services such as early identification, evaluation and specialized treatment. These families need assistance in coordinating complex services to prevent further complications and maximize their functioning. In rural areas, a lack of local, integrated planning and coordination of services for children with complex health care needs presents a barrier to appropriate health care.

The CBS Program provides an optimal statewide system of community based care for 3,700 special-needs children, families, and their primary care providers through the Rural Outreach Program (traveling multi-specialty clinics, community based satellite offices).

<u>Service</u>	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000 est.</u>
Itinerant Clinic Patient Encounters	2,855	2,767	3,739	3,750
Ogden Patient Encounters	522	525 *		
Number of children on Travis C. Waiver	50	50	55	87

Adaptive Behavior and Learning Evaluation (ABLE)

The ABLE Program serves multi-problem school-aged children and their families where the child suffers from problems of learning, memory attention, sensory processing language or cognition as well as those with chronic physically disabling conditions. The clinic staff is multi-disciplinary and works with the family, school, and other agencies. The team travels to various sites around the state to provide assessment, diagnostic and treatment planning for children unable to access the services in Salt Lake. The services include: assessment, diagnosis, treatment planning, specialty health care, case management, and prevention services. The team conducts school conferences and interagency conferences, coordinating care plans and core teams for the clients seen in the clinic. Schools and agencies present other at risk students for advice from the team, to prevent the child from deteriorating to a more serious level.

<u>Service</u>	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000 est.</u>
Number of clinics	162	158	201	200
Number of evaluations	523	545	590	600
Number of providers encounters	1,929	1,914	1,911	1,900
Number of itinerant sites			139	160

Systems Development Program

This program continues to ensure access to specialty services for children with special health care needs, such as Neurology, Cardiology, Genetics, Orthopedics, Spina Bifida clinics, Orofacial clinics, Osteogenesis Imperfecta clinics, Hemophilia and Cystic Fibrosis clinics. Many of these services are provided statewide with CSHCN and local health department staff participating directly and in a supportive role. The Program also includes system development and quality improvement activities in the areas of transition, medical home, Social Security and cultural sensitivity.

<u>Service</u>	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000 est.</u>
Number of patients screened	1,760	1,900	1,520*	1,550
Number of patient encounters	5,430	4,498	4,974	5,000
Number of clinics held	417	360	225*	225
DDS transmittals received		500	555	600

* In 1999, the Salt Lake Neurology clinic responsibility transferred to the Univ. of Utah.

Newborn Screening

The Newborn Screening Program is a statewide system for early identification and referral of newborns with any of three metabolic disorders that can produce mental retardation or death if not treated early. These disorders are: congenital hypothyroidism, galactosemia, phenylketonuria (PKU). Hospitals or other institutions charge a \$27.00 fee for the testing kit. In 1999, 97.8 percent of all Utah newborns had at least one screening for PKU, galactosemia, and hypothyroidism.

Fostering Health Children Program (FHCP)

The Fostering Healthy Children Program (FHCP) assists the Utah Child Welfare agency in meeting the health care needs of children in foster care by co-locating nurses with DCFS case workers and providing medical case management. The staff, including registered nurses and health program representatives, are employed by the Department of Health and work with DCFS case managers to ensure that appropriate health assessments are completed in a timely manner. They complete health histories on each child and provide coordination, tracking and monitoring of health care services to children in the custody of DCFS. There are approximately 2,400 children in DCFS Foster Care at any one time, with a total of approximately 4,800 children throughout the year.

<u>Service</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000 est.</u>
Number of children served	4,800	6,000	6,500
Percent of children receiving exams	n/a	80%	95%
Percent of children completing Follow-up Services	n/a	60%	80%

Baby Watch/Early Intervention (BE/EI)

The BW/EI Program provides early intervention and developmental interventions statewide for young children with developmental delays and/or disabilities from birth to age three. Services include multi-disciplinary evaluation and assessment; service coordination; specialty and therapy services such as nursing, physical therapy, occupational therapy, speech therapy, special instruction, family support and other related services that build on family strengths and child potential. Services are available statewide through local service delivery personnel.

<u>Service</u>	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000 est.</u>
Number of Children served	1,800	2,100	2,400	2,400
Number of provider sites	19	19	19	19

4.0 Additional Information: Community and Family Health Services

4.1 Funding History

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Financing	Actual	Actual	Actual	Estimated	Analyst
General Fund	\$9,370,900	\$11,027,800	\$11,164,100	\$11,412,200	\$11,428,800
General Fund, One-time		250,000		11,500	
Federal Funds	43,849,344	44,176,194	45,663,633	49,061,400	50,499,000
Dedicated Credits Revenue	11,470,010	11,325,577	11,956,936	11,732,100	12,768,200
GFR - Cigarette Tax Restricted Account			250,000	250,000	250,000
Transfers	1,428,805	1,566,878	3,571,437	3,180,600	3,168,300
Lapsing Balance	(7,563)	(3,138)	(7,344)		
Total	\$66,111,496	\$68,343,311	\$72,598,762	\$75,647,800	\$78,114,300
% Change		3.4%	6.2%	4.2%	3.3%
Programs					
C.F.H.S. Director's Office	\$252,891	\$245,800	\$258,450	\$585,700	\$585,500
Division Resources	2,656,375	2,553,818	2,118,636	2,636,300	2,464,300
Health Education	3,891,932	5,070,154	5,326,942	5,857,000	5,826,300
Maternal and Child Health	43,563,114	43,315,795	46,892,013	46,269,900	48,859,100
Chronic Disease	2,935,196	2,856,623	3,339,056	4,396,000	4,385,700
Children with Special Health Care Need	12,811,988	14,301,121	14,663,665	15,902,900	15,993,400
Total	\$66,111,496	\$68,343,311	\$72,598,762	\$75,647,800	\$78,114,300
Expenditures					
Personal Services	\$10,085,709	\$10,826,122	\$11,912,793	\$13,057,600	\$12,832,500
In-State Travel	189,702	196,714	212,139	288,500	281,000
Out of State Travel	114,565	135,620	135,074	225,000	191,000
Current Expense	8,267,783	10,106,328	7,458,633	12,617,719	12,696,200
DP Current Expense	1,063,644	1,413,382	774,970	484,781	467,400
DP Capital Outlay	101,412	17,181	8,402	40,000	
Capital Outlay		54,000	5,396		
Other Charges/Pass Thru	46,288,681	45,593,964	52,091,355	48,934,200	51,646,200
Total	\$66,111,496	\$68,343,311	\$72,598,762	\$75,647,800	\$78,114,300
FTE	227.3	222.2	268.6	262.1	264.0

4.2 Federal Funds

Program		FY 1999 Actual	FY 2000 Estimated	FY 2001 Analyst
Division Resources	Federal	\$1,143,693	\$1,542,200	\$1,536,700
MCH Block Grant	Required State Match	857,770	1,156,650	1,156,600
	Total	2,001,463	2,698,850	2,693,300
Division Resources	Federal	479,257	487,500	487,500
Preventative Block Grant	Required State Match	0	0	0
	Total	479,257	487,500	487,500
Division Resources	Federal	84,430	212,900	106,800
PHS Local Federal Grant	Required State Match	0	0	0
	Total	84,430	212,900	106,800
Health Education	Federal	950,928	938,600	938,600
MCH Block Grant	Required State Match	713,196	703,950	703,950
	Total	1,664,124	1,642,550	1,642,550
Health Education	Federal	717,222	594,200	594,200
Preventative Block Grant	Required State Match	0	0	0
	Total	717,222	594,200	594,200
Health Education	Federal	699,338	1,338,100	1,320,400
PHS Local Federal Grant ⁽¹⁾	Required State Match	22,872	76,530	76,530
	Total	722,210	1,414,630	1,396,930
Maternal and Child Health	Federal	951,334	927,500	927,500
MCH Block Grant	Required State Match	713,500	695,625	695,625
	Total	1,664,834	1,623,125	1,623,125
Maternal and Child Health	Federal	2,200,221	2,829,000	2,516,400
PHS Local Federal Grant ⁽²⁾	Required State Match	265,908	269,275	269,275
	Total	2,466,129	3,098,275	2,785,675
Maternal and Child Health	Federal	31,392,631	30,632,600	32,520,100
WIC Program USDA	Required State Match	0	0	0
	Total	31,392,631	30,632,600	32,520,100
Maternal and Child Health	Federal	0	54,300	30,000
WIC Program Formula	Required State Match	0	0	0
	Total	0	54,300	30,000

Program		FY 1999 Actual	FY 2000 Estimated	FY 2001 Analyst
Chronic Disease	Federal	25,000	0	0
MCH Block Grant	Required State Match	<u>18,750</u>	<u>0</u>	<u>0</u>
	Total	43,750	0	0
Chronic Disease	Federal	152,659	156,600	156,600
Preventative Block Grant	Required State Match	<u>0</u>	<u>0</u>	<u>0</u>
	Total	152,659	156,600	156,600
Chronic Disease	Federal	1,786,222	2,811,700	2,806,400
PHS Local Federal Grant ⁽³⁾	Required State Match	<u>562,566</u>	<u>885,986</u>	<u>885,986</u>
	Total	2,348,788	3,697,686	3,692,386
Children with Special Health Care Needs	Federal	2,117,156	2,373,500	2,395,400
MCH Block Grant	Required State Match	<u>1,587,867</u>	<u>1,780,125</u>	<u>1,780,125</u>
	Total	3,705,023	4,153,625	4,175,525
Children with Special Health Care Needs	Federal	2,963,543	4,162,700	4,162,400
Early Intervention	Required State Match	<u>0</u>	<u>0</u>	<u>0</u>
	Total	2,963,543	4,162,700	4,162,400
	Federal	45,663,634	49,061,400	50,499,000
	Required State Match	<u>4,742,429</u>	<u>5,568,141</u>	<u>5,568,091</u>
	Total	<u>\$50,406,063</u>	<u>\$54,629,541</u>	<u>\$56,067,091</u>

(1) Match listed is for the Tobacco Use Prevention Program. Match is 10 percent and may be cash or in kind. The Division regularly utilizes in kind donations in the Tobacco program.

(2) Match listed is for the Abstinence program (3 for 4 match on \$325,700; from private providers) and the Head Start program (\$25,000 General Fund on \$94,500 Federal program).

(3) Match is paid for by private providers.

4.3 Fees

	<u>Current</u> <u>FY 1999-00</u>	<u>Proposed</u> <u>FY 2000-01</u>	<u>Difference</u>	<u>Projected</u> <u>Revenue</u>
COMMUNITY AND FAMILY HEALTH SERVICES				
Chronic Disease				
Cardiovascular Disease Program				
Cholesterol/Hypertension Control:				
Cooking Demonstration (per person)	2.00			
Blood Pressure Standardization protocol	5.00	5.00	0.00	150
Cholesterol Procedure Manual	5.00	5.00	0.00	50
Relaxation Tape	5.00	5.00	0.00	25
Booklets				
"So You Have High Blood Cholesterol"	1.50	1.50	0.00	5
"Eating to Lower Your High Blood Cholesterol"	1.50	1.50	0.00	8
Total Cholesterol/HDL Testing	10.00	10.00	0.00	150
Total Lipid Profile (special audience only)	15.00	15.00	0.00	225
(No fees are charges to local health departments. However, private agencies are charged for class materials and instructor services.)				
5-A-Day				
Adult White T-shirt	10.00	10.00	0.00	1,000
Adult Colored T-shirt	10.00	10.00	0.00	100
Adult Sweat Shirt	20.00			0
Children's T-shirt	8.00	8.00	0.00	160
Aprons	5.00	5.00	0.00	100
Food Pyramid Poster	1.50	1.50	0.00	15
Posters	1.00	1.00	0.00	13
Puppet Show (rental/cleaning fee)	5.00	5.00	0.00	50
Refrigerator Magnets (food pyramid)	0.15	0.15	0.00	30
Tool Kit	10.00	10.00	0.00	520
Children with Special Health Care Needs				
<i>Note: The schedule of charges for Children with Special Health Care Needs services provided by the Division of Community and Family Health Services represents commonly performed procedures by CPT code and is consistent with charges by the private sector. The list is not intended to be comprehensive as the Division is mandated to assign a charge for all services performed and there is potentially an unlimited number of procedures that could be provided. If unlisted services are performed, charges consistent with the private sector will be assigned. For FY 2001, the Utah Department of Health, Division of Health Care Financing (Medicaid) is not increasing rates based on the projected Medical inflation rate for physician services. Accordingly, CFHS proposed rates are increased by 0%.</i>				
Patient Care				
Office Visit, New Patient				
99201 Problem focused, straightforward	41.00	41.00	0.00	1,927
99202 Expanded problem, straightforward	52.00	52.00	0.00	20,436
99203 Detailed, low complexity	77.00	77.00	0.00	32,648
99204 Comprehensive, Moderate complexity	103.00	103.00	0.00	59,431
99205 Comprehensive, high complexity	120.00	120.00	0.00	12,120

Office Visit, Established Patient				
99211 Minimal Service or non-MD	14.00	14.00	0.00	3,542
99212 Problem focused, straightforward	37.00	37.00	0.00	86,580
99213 Expanded problem, low complexity	51.00	51.00	0.00	83,436
99214 Detailed, moderate complexity	62.00	62.00	0.00	20,398
99215 Comprehensive, high complexity	94.00	94.00	0.00	15,228
99241 Consult	63.00	63.00	0.00	189
99242 Consult Exp.	77.00	77.00	0.00	55,902
99244 Consult Comprehensive	124.00	124.00	0.00	10,912
99361 Med Conference by Phys/Int Dis Team	63.00	63.00	0.00	23,310
Psychological				0
96100 Psychological Testing	130.00	130.00	0.00	64,350
96110 Developmental Test	64.00	64.00	0.00	55,040
90801 Diagnostic Exam, per hour	130.00	130.00	0.00	32,370
90801-52 Diagnostic Exam, per hour, Reduced Procedures	63.00	63.00	0.00	22,365
90841 Individual Psychotherapy	66.00	66.00	0.00	132
90846 Family Med Psychotherapy, w/o 30 minutes	60.00	60.00	0.00	24,720
90847 Family Med Psychotherapy, conjoint 30 minutes	130.00	130.00	0.00	31,200
90882 Environmental Intervention w/Agencies Employers, etc.	37.00	39.00	2.00	8,580
90882-52 Environmental Intervention, Reduced Procedures	19.00	19.00	0.00	13,585
Physical and Occupational Therapy				0
97110 Therapeutic Procedure, 15 minutes	24.00	24.00	0.00	14,928
97116 Gait training	24.00	24.00	0.00	72
97530 Therapeutic activities to improve functional Performance	41.00	41.00	0.00	1,476
97703 Check Out, Orthotic/Prosthetic Use	24.00	24.00	0.00	120
97001 Physical Therapy Evaluation	24.00	<u>36.00</u>	12.00	1,008
97002 Physical Therapy Re-evaluation	24.00	<u>36.00</u>	12.00	144
97003 Occupational Therapy Evaluation	24.00	<u>37.00</u>	13.00	74
97004 Occupational Therapy Re-evaluation	24.00	<u>37.00</u>	13.00	74
Speech				0
92506 Speech Basic Assessment	75.00	75.00	0.00	13,500
92506-22 Speech Assessment, unusual procedures	108.00	108.00	0.00	11,664
92506-52 Speech Assessment, reduced procedures	39.00	39.00	0.00	40,287
Ophthalmologic, New Patient				0
92002 Ophthalmologic, Intermediate	55.00	55.00	0.00	11,660
92004 Ophthalmologic, Comprehensive	74.00	74.00	0.00	21,238
Ophthalmologic, Established Patient				0
92012 Ophthalmologic, Intermediate	50.00	50.00	0.00	7,700
92014 Ophthalmologic, Comprehensive	0.00			0
Audiology				0
92551 Audiometry, Pure Tone Screen	30.00	30.00	0.00	15,030
92552 Audiometry, Pure Tone Threshold	32.00	32.00	0.00	5,312
92553 Audiometry, Air and Bone	40.00	40.00	0.00	320
92557 Basic Comprehension, Audiometry	72.00	72.00	0.00	10,728
92567 Tympanometry	16.00	16.00	0.00	24,416
92582 Conditioning Play Audiometry	72.00	72.00	0.00	35,784
92589 Central Auditory Function	78.00	78.00	0.00	2,340
92591 Hearing Aid Exam Binaural	98.00	98.00	0.00	1,960
92587 Evaluation of Alternate Communication Device	38.00	38.00	0.00	38,722

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92596 Ear Mold	76.00	76.00	0.00	1,520
92579 Visual Reinforcement Audio	31.00	31.00	0.00	4,154
92593 Hearing Aid Check, Binaural	88.00	88.00	0.00	1,144

Note: The Division assigns a charge to all services performed regardless of the client's or third party insurer's financial responsibility or the likelihood of receiving payment for the services. Projected numbers are based on past experience but are subject to significant variation determined by the actual needs of patients and changes in medical practice.

**COMMUNITY AND FAMILY HEALTH SERVICES
SLIDING FEE SCHEDULE - FY 2001**

Patient's Financial Responsibility (PFR)	0%	0%	20%	40%	60%	100%
% of Federal Poverty Guideline	100%	0% to 133%	133% to 150%	150% to 185%	185% to 225%	>225%
FAMILY SIZE	MONTHLY FAMILY INCOME					
1	\$686.67	\$0.00 - 913.27	\$913.28 - 1,030.00	\$1,030.01 - 1,270.33	\$1,270.34 - 1,545.00	\$1,545.01 and up
2	921.67	0.00 - 1,225.82	1,225.83 - 1,382.50	1,382.51 - 1,705.08	1,705.09 - 2,073.75	2,073.76 and up
3	1,156.67	0.00 - 1,538.37	1,538.38 - 1,735.00	1,735.01 - 2,139.83	2,139.84 - 2,602.50	2,602.51 and up
4	1,391.67	0.00 - 1,850.92	1,850.93 - 2,087.50	2,087.51 - 2,574.58	2,574.59 - 3,131.25	3,131.26 and up
5	1,626.67	0.00 - 2,163.47	2,163.48 - 2,440.00	2,440.01 - 3,009.33	3,009.34 - 3,660.00	3,660.01 and up
6	1,861.61	0.00 - 2,476.02	2,476.03 - 2,792.50	2,792.51 - 3,444.08	3,444.09 - 4,188.75	4,188.76 and up
7	2,096.67	0.00 - 2,788.57	2,788.58 - 3,145.00	3,145.01 - 3,878.83	3,878.84 - 4,717.50	4,717.51 and up
8	2,331.67	0.00 - 3,101.12	3,101.13 - 3,497.50	3,497.51 - 4,313.58	4,313.59 - 5,246.20	5,246.21 and up
Each Additional Family Member	235.00	312.55	352.50	434.75	528.75	528.75

NOTE: This CFHS fee schedule is based on Federal Poverty Guidelines published in the Federal Register March 18, 1999, Vol. 64 no. 52, pgs. 13,428-13,430. When new poverty guidelines are published, the fee scale will be changed as required by federal law, Title V of the Social Security Act, and in accordance with guidelines published by the Department of Health and Human Services, Office of the Secretary.