Rank	State Funds	Total Funds	Ongoing State Funds Building Block Priority List - Department of Health	Source	Alternative Funding Sources?
1	$ (800,000)	$ (3,829,600)	**DOH - CHIP Caseload Growth-Inflation -** Actual caseloads and per member per month costs have been lower than originally forecasted. **How Measure Success?**	Gov. & Agency	Are we being aggressive in negotiating capitated rates with providers?
2	$ 3,032,400	$ 3,032,400	**DOH - Baby Watch Early Intervention -** Funding for a total of 921 children who will have been added through FY 2014 since the last increase in state funding as per Department of Health's estimates for the Baby Watch/Early Intervention program. **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.	Gov. & Agency	The requested amount could be offset to a small extent by increasing parent contributions. Currently, monthly parent contributions are based on a sliding fee schedule based on income.
3	$ 608,800	$ 608,800	**DOH - Children with Special Needs -** Funding to replace prior years reductions to funding of the Children with Special Health Care clinics serving children with disabilities. **How Measure Success?** Documentation of the increased number of children that need, and are able to receive, these specialized diagnostic services for disabled children with the return of these funds.	Gov. & Agency	Are we charging as much copays as we could/should?

4	$ 19,400,000	$ 65,408,000	**DOH - Medicaid Affordable Care Act -** The following areas create costs for the state in Medicaid from federal health care reform: (1) currently eligible but not enrolled individuals signing up for Medicaid due to increased awareness, (2) income determination to be based on modified adjusted gross income, (3) asset test elimination for adults and pregnant clients, and (4) Medicaid must cover youth for whom foster care was discontinued at age 18 or older until they are age 26. Utah currently covers up to age 21. (5) Children must be eligible to receive hospice services, which Utah Medicaid does not currently cover. **How Measure Success?** Actual Medicaid enrollment and associated per member per month (PMPM) costs.	Gov. & Agency	Department would recommend using the $21.2 million negative request to offset this increase.
5	$ 2,300,000	$ 11,010,100	**DOH - Affordable Care Act Mandatory -** CHIP Expansion - Shift of about 66% or 25,460 of CHIP children onto Medicaid due to the elimination of the asset test for children ages 6 to 18. These children newly shifted onto Medicaid will cost the state $1.8 million more General Fund in FY 2014 due to Medicaid's richer benefit package. 2,850 currently eligible but not enrolled individuals signing up for CHIP at a cost of $0.5 million General Fund. **How Measure Success?** Actual costs of enhanced benefit package of Medicaid as compared to CHIP benefit package.	Gov. & Agency	Department would recommend using the $800,000 negative request to offset this increase.
6	$ 427,100	$ 854,200	**DOH - Data Security and Privacy Office -** Money is for 6 FTEs to address security gaps in the Department's information systems as recommended by a study by Deloitte. **How Measure Success? Outcome Measures:** (1) Maintain compliance with the federal regulations to reduce potential financial penalty for noncompliance (Measured by HHS OCR audits) (2) Reduced number of security vulnerabilities for protected health information (Measured by DTS security vulnerability scan and analysis) (3) Increased safeguards and protection for Utah citizens' protected health information (Measured by reduced number of l security incidents resulting in data breach) (See #1 in one-time list for performance measures)	Gov. & Agency	

7	$ 1,300,000	$ 1,300,000	**DOH - Healthy Eating & Active Living in Utah Neighborhoods -** 1 FTE statewide coordinator and money for local interventions to try and reduce the prevalence of obesity. **How Measure Success?** (1) Increase the percentage of Utahans who meet the physical activity recommendations (2) Increase the number of business, school, religious and community partnerships in funded local health departments (3) Increase the percentage of Utahans who consume 2 cups of fruit and 2.5 cups of vegetables per day	Gov. & Agency	(1)Cigarette Tax increases or a change in the current cigarette tax distributions could be used to fund this request. (2) One-time FY13 Medicaid surpluses with non lapsing could be used to fund the $650,000 one-time funding included in the Governor's budget.
8	$ 115,000	$ 235,000	**DOH - Three FTEs for Health Facility Licensing -** Money is for three FTEs to handle the licensing of the increased number of health care facilities. **How Measure Success?** (1) Decrease the time frames for surveys of nursing facilities to an average of every 12.9 months. (2) Decrease the time frames for surveys of licensed-only health care facilities - assisted living facilities (189) and personal care agencies (69). Assisted living every 18 months, and personal care agencies every 24 months. (3) Respond to complaints against licensed health care facilities within 90 days for safety of patients/residents.	Agency	A $300 increase in licensing fees would generate $115,000 for the General Fund. Facility fees were increased two years ago. Please note that all fees collected are recorded as free revenue within the General Fund. Monies would need to be appropriated to the Department.
9	$ 2,911,300	$ 9,755,400	**DOH - Provide Adult Dental Services in Medicaid -** Money is to provide dental benefits to all Medicaid adults. Medicaid currently provides dental services to children and pregnant women. **How Measure Success?**	Agency	Any possibility of getting a private provider to donate to cover the costs?

10	$ (21,200,000)	$ (71,039,600)	**DOH - Medicaid Caseload Decrease -** Medicaid ended FY 2012 with unexpected unspent balances of $19.1 million or 5% in unspent General Fund. The surplus is 1.4% due to caseload and 3.6% due to per member per month (PMPM) cost estimates. Additionally this building block includes the following: (1) Estimated increase of 5,900 or 2% clients in FY 2013 and 3,000 or 1% in FY 2014. A utilization increase of 3% in FY 2013. (2) Forced provider inflation of $6.8 million. (3) Federal medical assistance percentage favorable change of 0.2% for a savings of about $2.7 million. (4) Preferred Drug List additional projected savings of $1.4 million. (5) A 2% State-funded increase in physician rates now to be paid by the federal government for a savings of $0.8 million. **How Measure Success?** Actual enrollment and associated per member per month (PMPM) costs.	Gov. & Agency	Any Additional Savings from Switching to Actual Acquisition Cost for Pharmacy Prices?
11	$ 130,000	$ 130,000	**DOH - Health Facility Licensing Funding for HB 497 -** The agency estimates $130,000 annual General Fund costs beginning in FY 2013 to implement the provisions of HB 497 Clearance for Direct Patient Access from the 2012 General Session. The fiscal note (http://le.utah.gov/lfa/fnotes/2012/HB0497S02.fn.pdf) for the bill stated that there would be ongoing costs to the state but not until FY 2015. From the fiscal note: "The Department of Health will have increased costs of $15,200 one-time in FY2012 and $105,000 ongoing beginning in FY2013 for 0.5 FTE and data maintenance contracts for a new system for administering background checks. In FY2013 and FY2014 these administrative increases will be paid for with the federal funds mentioned above. Beginning in FY2015 these ongoing costs would be paid for with General Fund." **How Measure Success?** (1) Decrease the number of health care employees that have serious criminal background issues. (2) Maintain a background screening system that will require only one screening of an individual working in multiple health care settings. (See #7 in one-time list for measures #3 & #4)	Gov. & Agency	One-time FY13 Medicaid surpluses could be used to address the FY13 need for this request as well as the FY14 one-time funding included in the Governor's budget. How much of an increase in background fees would be needed to cover the $130,000?

12	$ (60,100)	$ (60,100)	**DOH - HB 256, 2011 GS Funding Not Needed -** The Legislature provided the Department of Health $60,100 in SB 3 to implement capitated dental contracts as per HB 256 Children's Health Insurance and Medicaid Administrative Simplification from the 2011 General Session. The Department has indicated that they did not have a vendor that would save the State money in an urban area. This money is available beginning in FY 2013. **How Measure Success?** The Department did not award a contract from the first RFP. However, the Department has re-issued the RFP and will need the funding if a contract is awarded.	LFA	N/A
13	$ (59,800)	$ (140,600)	**DOH - 3% from the Nursing Care Facilities Account** - There is a 3% maximum for administration from the Nursing Care Facilities Account as permitted by UCA 26-35a-106. There is $59,800 ongoing available beginning in FY 2013.	LFA	N/A
	$ 8,104,700	**$ 17,264,000**	**Total**		