

UTAH DEPARTMENT OF HEALTH
 BUILDING BLOCK - PERFORMANCE MEASURES List
 FY13 Supplemental / FY14 Request

2013 Bill	FY13 Supplemental increases	Prgrm Mgr	Description	Amount	Notes
LTA	HB3	S. Walsh-McDonald	1 Yr. extended Service 1X	922,000	
LEH	SB3	Bob Kuhn	LHD emergency fund 1X	25,000	
LFF	HB3	Whiting/Ord	BW EI Caseload 1X	220,000	
LFF	HB3	R. Harward	HB81 Cytomeglovirious 1X	4,000	
			Total	1,171,000	
LAE	SB2	Wu Xu	Data for Security & Privacy	300,000	
2250	SB2	H. Borski / Keller	SB2 ltm 167 Traumatic Brain Injury	200,000	
LFF	SB2	Whiting/Ord	BW EI Caseload	1,763,700	
LFF	HB157	R. Harward	HB157 Child Hearing Aid	100,000	
LFF	SB2	R. Harward	HB276 Newborn Screening 1X	8,000	
LFE	SB2	Don Wood	Primary Care Grants 1X	79,500	
LFE	SB3	Don Wood	Primary Care Grants 1X	30,500	
LFF	SB3	R. Harward	HB81 Cytomeglovirious	30,800	
LFG	HB118	P. Patrick	HB118 AED Account	150,000	
LGA	SB3	Rick Platt	HB140 Consumer Focused Health 1X	9,000	See Perf Nc
LHB	SB2	Nelson / Goodman	Affordable Care Act Medicaid Change	15,600,000	See Perf Nc
LHB	SB2	Nelson/Goodman	Accountable Care Orgnization Admin 1X	1,350,000	See Perf Nc
LPA	SB2	Rick Platt	ACA CHIP expansion	2,300,000	See Perf Nc
			Total	21,921,500	
FY14 Appropriation Increases					
LAE	SB2	Wu Xu	Data for Security & Privacy	300,000	
2250	SB2	H. Borski / Keller	SB2 ltm 167 Traumatic Brain Injury	200,000	
LFF	SB2	Whiting/Ord	BW EI Caseload	1,763,700	
LFF	HB157	R. Harward	HB157 Child Hearing Aid	100,000	
LFF	SB2	R. Harward	HB276 Newborn Screening 1X	8,000	
LFE	SB2	Don Wood	Primary Care Grants 1X	79,500	
LFE	SB3	Don Wood	Primary Care Grants 1X	30,500	
LFF	SB3	R. Harward	HB81 Cytomeglovirious	30,800	
LFG	HB118	P. Patrick	HB118 AED Account	150,000	
LGA	SB3	Rick Platt	HB140 Consumer Focused Health 1X	9,000	See Perf Nc
LHB	SB2	Nelson / Goodman	Affordable Care Act Medicaid Change	15,600,000	See Perf Nc
LHB	SB2	Nelson/Goodman	Accountable Care Orgnization Admin 1X	1,350,000	See Perf Nc
LPA	SB2	Rick Platt	ACA CHIP expansion	2,300,000	See Perf Nc
			Total	21,921,500	

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR. TITLE: CREDIT MONITORING

APPROPRIATION CODE: LTA

APPROPRIATION AMOUNT: \$922,000

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST:

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served? JR4-2-404(4)(c)(i)

As a means to mitigate the damage to victims of the April 2012 data breach, the State offered one year of personal credit monitoring to 275,400 potential victims who experienced loss of Social Security numbers and other sensitive information. Of the 275,400 potential victims, only 59,400 individuals and families actually enrolled with Experian for the services. The FY13 One Time Appropriation of \$922,000 provides funding for one additional year, for a total of two years of credit monitoring. The appropriation assumes the same level of service and the prior year, 59,400 enrolled.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

Compared to individual cost, the State's cost is greatly reduced due to our volume purchase of \$14.55 per year for Protect MyID and \$24.99 per year for Family Secure, less than 1/10 of the individual cost.
Individual Protect My ID 55,000 x \$14.55 = 800,000
Family Secure Option 4,900 x \$24.99 = 122,000

3 What are the expected outcomes of the new or expanded program and how will the public benefit? JR4-2-404(4)(c)(iii)

There is a civil obligation to assist victims of data breach by a state agency that has an obligation to protect personal information under HIPAA laws. The residents of Utah have a right to believe that their government will protect them, their families, and their personal data.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes? JR4-2-404(4)(c)(iv)

The Experian contract has been extended as of April 8, 2013 to provide a second year of credit protection to the 59,500 potential victims. These victims will receive credit monitoring for two years from the date of when the victim initially signed up for services.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The Experian contract will provide the technical credit monitoring services. Sheila Walsh-McDonald will

continue as a full time temporary employee with DOH to assist breach victims as a State resource to deal with loss of personal information difficulties. Sheila's personal services will be paid out of Medicaid funding, not the \$922,000 increase which is designated for the Experian contract only.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit):

Measure Title:

Description:

Potential victims who enrolled with Experian for credit monitoring 59,500 - ID credit monitoring for one year

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:			59,500		
Baseline:			59,500		

How will program managers collect this performance information and ensure its reliability?

Experian will report and bill the State based on the number of data breach victims who enroll for credit monitoring services. The State will only pay for individuals who actually enroll, which is voluntary. Sheila will assist individual and families in the enrolment process.

Goal (public benefit):

Measure Title:

Description:

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:					
Baseline:					

How will program managers collect this performance information and ensure its reliability?

Goal (public benefit):

Measure Title:

Description:

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:					
Baseline:					

How will program managers collect this performance information and ensure its reliability?

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE Local Health Department Emergency Fund

APPROPRIATION CODE: LEH

APPROPRIATION AMOUNT: \$25,000

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases

funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS Wednesday, May 15, 2013

CONTACT INFORMATION RESPONDENT:

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

To provide funding to assist with unanticipated events that require a local public health response.

2 What services are provided by the funding increase?

Funds will be used to support public health emergency response to disease outbreaks, including but not limited to personnel, medical supplies and vaccinations.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

Facilitate the consistent delivery of all mandated and necessary public health services, even during an emergency, by providing funding to offset a portion of the costs incurred by a local health department's response to an unanticipated emergency.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

The Local Health Emergency Assistance Program requires the Utah Department of Health to establish the fund and distribute resources to requesting Local Health Departments upon request and in agreement with established criteria.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Funding will help assure that Local Health Departments have access to emergency funding for disease outbreaks to purchase needed supplies, including vaccine, provide investigation and health services, and control the outbreak promptly.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available

to serve as a baseline, and outcomes.

Goal (public benefit): To provide funding to assist with unanticipated events that require a public health response.

Measure Title:

Description:

Minimum disruption to public health services provide by Local Health Departments during public health emergency events.

Fiscal Year:		FY 2012	FY 2014	FY 2017	FY 2020	FY 2023
Target or Benchmark:	Written rules for fund disbursement		complete			
Baseline:	No written rules for disbursement	none				

How will program managers collect this performance information and ensure its reliability?

A rule will be developed in cooperation with local health departments to determine fund distribution policies. The development of a rule for emergency distribution will be the first measure of performance.

Goal (public benefit): Compliance with rule-based emergency fund disbursements

Measure Title:

Description:

Local health emergency managers will document the nature and details of an emergency fund requests and provide documentation for emergency disbursements that comply with rule.

Fiscal Year:		FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:	Documented evidence for emergency request disbursement		Event?	Event?	Event?	Event?
Baseline:	Written Rules for Disbursement	complete				

How will program managers collect this performance information and ensure its reliability?

Emergency expenditure requests will be part of the expenditure documentation, and will be available for post audit.

Goal (public benefit): Mitigate public health threat and minimize local service disruption.

Measure Title:

Description:

When a emergency request is made, a post emergency fund report will be provided with details of the emergency, how the funds were used to mitigate the threat, and any disruptions of other critical public health services due to lack of funds.

Fiscal Year:		FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:	Established criteria for event reporting		Event?	Event?	Event?	Event?
Baseline:	No Established criteria for event reporting	None				

How will program managers collect this performance information and ensure its reliability?

When an emergency expenditure is made, a post emergency report will be available for subsequent review.

PERFORMANCE MEASURE: AGENCY FORM

APPROPRIATION INCREASE TITLE: BABY WATCH -EARLY INTERVENTION

APPROPRIATION CODE: LFF

APPROPRIATION AMOUNT: FY13 \$220,000

funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS:

CONTACT INFORMATION PROGRAM MANAGER, BABY WATCH EARLY INTERVENTION PROGRAM

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served JR4-2-404(4)(c)(i)

The purpose of the Baby Watch Early Intervention Program (BWEIP) is to enhance the development of infants and toddlers with disabilities by providing therapy and special education services to the child and supports to families. As a result of these services, families increase their capacity to meet the special needs of their infants and toddlers with disabilities, and there is a reduction in the future education costs to the state. The BWEIP establishes statewide eligibility criteria for the program based on a child's diagnosed condition or a moderate delay in development. Children are enrolled in the program without regard to income. The BWEIP serves all children who qualify for the program. Federal regulations do not allow the BWEIP to establish a waiting list for services.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

BWEIP services are designed to meet individual child developmental outcomes and family needs. The services include evaluation and assessment; special instruction; therapy services such as physical, occupational, speech therapy; social work; and service coordination.

3 What are the expected outcomes of the new or expanded program and how will the public benefit JR4-2-404(4)(c)(iii)

The funding will support all children in the state who qualify for early intervention services. The BWEIP will be able to preserve services at the current program eligibility criteria and the funding will also allow us to fund program growth.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes JR4-2-404(4)(c)(iv)

The BWEIP will develop grants with local early intervention programs to distribute the funding.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Funding available through BWEIP grants will allow local early intervention programs to hire and retain staff needed to provide services.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available

to serve as a baseline, and outcomes.

Goal (public benefit):

Measure Title: Fund Caseload

Description: The BWEIP funds children who are not reimbursed by Medicaid or CHIP. The average monthly child count of enrolled children who were funded by BWEIP in FY12 was 3,072. The average monthly child count for FY 2013 is projected at 3,171.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:	3,100				
Baseline:	3,171				

How will program managers collect this performance information and ensure its reliability?

The BWEIP will use its state database, Baby Online Tracking System (BTOTS), to collect information on number of children served. BWEIP contracted programs enter data into BTOTS. The programs provide written assurance to the state yearly that their data is complete and accurate.

Goal (public benefit):

Measure Title:

Description:

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		100%	100%	100%	100%
Baseline:		100%	100%	100%	100%

How will program managers collect this performance information and ensure its reliability?

Goal (public benefit):

Measure Title:

Description:

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		100%	100%	100%	100%
Baseline:		100%	100%	100%	100%

How will program managers collect this performance information and ensure its reliability?

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCREASE TITLE: HB81 CMV Education

APPROPRIATION CODE: LFF

APPROPRIATION AMOUNT: \$4,000 FY2013

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases

funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST: Russell Frandsen, ASAP

CONTACT INFORMATION

RESPONDENT: Richard Harward, Au.D.

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served? JR4-2-404(4)(c)(i)

The purpose is to create a public education program to inform pregnant women and women who may become pregnant about the occurrence and transmission of CMV, the potential birth defects associated with CMV, the methods of diagnosis and available preventive measures.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

UDOH personnel will begin development of training and education materials for child care programs. UDOH will develop a process to educate hearing screeners re. referral for CMV testing through their primary care physician.

3 What are the expected outcomes of the new or expanded program and how will the public benefit? JR4-2-404(4)(c)(iii)

Child care programs will have access to information about CMV. Mothers and expectant mothers will have information about CMV. Overall awareness of CMV will increase statewide.

Infants who develop hearing loss as a direct result of CMV will be diagnosed more quickly and be followed to monitor potential progressive hearing loss more consistently.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes? JR4-2-404(4)(c)(iv)

Core facts regarding CMV exposure, transmission and potential effects will be developed and provided to child care programs throughout the state.

Statewide implementation will begin July, 2013. Utah newborn hearing screening program will develop new protocols for screening programs. Primary care physicians will be notified when a child in their care has failed the 2nd hearing screen.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The Newborn Hearing Screening Program will develop educational and training materials specific to birthing facilities and child care facilities in Utah.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available

to serve as a baseline, and outcomes.

Goal (public benefit):

identified earlier develop better language skills and perform better academically. All newborns who fail the 2nd hearing screen will be referred to their primary care physician who has the responsibility to refer for CMV testing. Earlier detection of hearing loss and better awareness of (CMV-related) progressive hearing loss is a public health benefit of this

Measure Title:

Description:

Beginning in July, 2013 the UDOH will begin to disseminate CMV public health education materials to child care programs, school nurses, health educators and health care providers offering care to pregnant women and infants, on the occurrence of CMV, the transmission of CMV, methods of detections of CMV, preventative measures of CMV and the birth defects associated with CMV.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark: Increase the number infants who fail the first hearing screen that return within 1 month for the second screen.	5%	10%	20%		
Baseline:	50.00%				

How will program managers collect this performance information and ensure its reliability?

A procedure will be developed for birthing facilities to submit CMV screening results. These results will be monitored monthly.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: DATA SECURITY & PRIVACY

APPROPRIATION CODE: LAE

APPROPRIATION AMOUNT: \$300,000 (DOH IS APPLYING FOR FEDERAL MATCH.)

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases

funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST:

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served? JR4-2-404(4)(c)(i)

After the health data breach in 2012, it became clear that there was a critical need for improving data privacy/security management and controls. UDOH must comply with regulatory requirements including HIPAA, HITECH, FERPA, CMS and others that require administrative, technical, and physical controls to protect the confidentiality, integrity, and availability of protected health information and computer systems that create, transmit or store that information. UDOH is the responsible entity for ensuring the required controls are defined and implemented to meet state and federal requirements to protect patient health information. The Deloitte & Touche LLP's security control assessment identified significant deficiencies in our data security compliance and recommended steps to remediate.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

This \$300K budget increase funds 2.3 FTEs. UDOH is applying for possible federal matches from CMS. If successful, we expected to increase one full FTEs. The OHISPC will have 3.3 FTEs as follows:

- 1) One FTE for Officer Director and DOH Privacy Officer to develop, update, manage, and monitor UDOH information privacy/security policies, procedures, and standards. This position is responsible to implement the Deloitte's recommended Initiative A – Policies, Standards, and Procedures, Initiative D - Contingency Planning and Incident Management, Initiative F- Information Security Governance and support regulatory compliance .
- 2) One FTE for HIPPA Information Security Officer-Risk Manager to monitor compliance with HIPPA security requirements and conduct ongoing standardized risk assessment. This position is responsible to implement Deloitte's recommended Initiative B – Risk Management, Initiative C – Vendor Management, Initiative E – System Development Life Cycle (SDLC) and Development Controls Improvement.
- 3) One FTE for security portfolio manager (if funding is available) to coordinate and implement various security improvement projects throughout the DOH and manage the security data.

JR4-2-404(4)(c)(iii)

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

This funding will support the department goal to improve privacy and security of all protected health data managed by UDOH to restore public trust. The Health data breach and subsequent Deloitte assessment have demonstrated the considerable risk of weak data security management controls in UDOH. The remediation costs related to the data breach are over \$4.5 M with ongoing cost and a diminished level of public confidence. These positions will demonstrate a renewed commitment to data privacy and security and appropriate oversight/management.

JR4-2-404(4)(c)(iv)

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

The Deloitte's Security Control Assessment provided six priorities/initiatives and a baseline assessment of security control indicators from the National Institute for Standards and Technology (NIST) for UDOH. We will define, implement, and monitor administrative, technical and physical controls using the Deloitte recommended initiatives and the NIST control indicators as the roadmap, and baseline as the beginning performance measures. We plan to use funding for the 3.3 FTEs to address all high priority gaps in Year One remaining gaps in Year Two for UDOH HIPAA Compliance. In Year 3 to Year 5, we plan to assure all mission critical systems to meet the federal and state requirements of information privacy and security.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3 years?

The new Office of Health Information Security, Privacy and Compliance will set up a security performance monitoring process for Executive Director's Office, Governor's Office and Legislature to timely monitor the progress made in the six initiative areas. Progress in the identified areas improves the security posture of the agency reducing risk to the state and the public whose data is held by agency.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected

Goal (public benefit): To improve UDOH security governance and posture by implementing policies, procedures and standards in 17 NIST domains to protect the confidentiality, integrity and availability of agency information assets and meet compliance of federal and state regulations by 2017.

Measure Title: Security Governance Framework

Description:

Establish a privacy and security policy framework to support compliance with state and federal regulations (Initiatives A Policies Standards and Procedures, B Risk Management, and C Vendor Management).

1. Implement HIPAA required privacy policies and establish a policy review process and schedule for required policies and procedures by 2015.
2. Implement 100% of HIPAA required security policies to improve HIPAA compliance by 2016.
3. Coordinate required risk assessment and security analysis of 100% of HIPAA covered functions and other mission critical systems.
4. Improve contract review process to increase the number of contracts that contain appropriate privacy and security provisions for 100% vendor contracts requiring access to sensitive information by 2016.

UDOH will develop a policy governance process to manage and sustain the UDOH's activity for developing, updating, approving, publishing, educating, and deviation management associated with policy documents.

UDOH will determine an approach to monitor the changes in the policies, standards, and procedures process of identifying potential security risks and mitigation strategies. The agency will develop and incorporate into the contracting process standard provisions for vendors to comply with privacy and security requirements.

Fiscal Year: 2013	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark: 17	10%	30%	30%	30%	100%
Baseline: 0					

How will program managers collect this performance information and ensure its reliability?

Track and report the numbers of new or revised policies, procedures and standards
Track and report the numbers of completed risk assessments and security analysis

Goal (public benefit):

To improve information security by developing a security performance management framework that defines roles & responsibilities and associated information system risks and communication channels needed to monitor and measure on-going security controls in the organization by 2017

Measure Title: Security Management and Monitoring

Description:

Establish and implement a security management process to define system security requirements for 100% of the 60 information systems that support HIPAA covered functions and other mission critical essential functions identified in the COOP that create, transmit or maintain restricted information and establish a process for on-going security control monitoring (Initiative C Vendor Management; E System Development Life Cycle (SDLC) and Development Controls Improvement; F Information Security Governance).

1. Define core functions, requirements, and activities to monitor system activity for 100% of HIPAA covered functions and other mission critical restricted information systems by FY2015.
2. Coordinate the development and implementation of the system security plans for 100% of HIPAA covered functions and other mission critical information systems classified as restricted by FY2016.
3. Implement a review and update schedule for 100% of HIPAA and other mission critical systems by FY2017.

Fiscal Year: 2013	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark: 60	10%	50%	40%	100%	100%
Baseline: 0					

How will program managers collect this performance information and ensure its reliability?

Track and report the numbers of requests and results from DTS and vendors records of information system activity, such as audit logs, access reports, and security incident tracking reports. Establish and track the agency procedures for regular review of system records and its implementation.

Goal (public benefit):

Develop, implement and annually assess the agencies incident response and recovery procedures for systems that support COOP identified 24 priority I essential functions to enable effective response time and restoration of services to the public in a timely manner. Develop an information security competent workforce.

Measure Title: Training and Incident Response Management

Description:

Develop an incident response management program to enable timely and appropriate triage, response, and remediation to incidents. Coordinate training and improvements after incident investigation (Initiative A Policies Standards and Procedures; Initiative D Contingency Planning and Incident Response Management).

1. Define 100% of required information systems to support the 24 priority I essential functions defined in the 2012 COOP by FY2014.
2. Create Incident Response Plan and train 100% of the privacy and security officers on policy requirements and response methods by FY2015.
3. Develop a tracking mechanism to document 100% of reported incidents to resolution by 2014 and reduce the response time for restoration of services by 1 hour by FY2016.
4. Conduct periodic incident response exercises, document results and incorporate results/lessons learned into training program for 100% designated bureau staff by FY2017.
5. Implement 5 types of role-based training program.

Fiscal Year: 2013	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark: 24	50%	100%	100%	100%	100%
Baseline: 0					

How will program managers collect this performance information and ensure its reliability?

UDOH will implement a incident response protocol, train workforce memebers on reporting and documentation requirements and track all reported incidents from alert to resolution. In addition, periodic retraining will be given whenever environmental or operational changes affect the privacy, security or confidentiality of UDOH held information or processing systems. Numbers of training sessions and participants will be recorded.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: TRAUMATIC BRAIN INJURY (TBI) FUND

APPROPRIATION CODE: FUND 2250

APPROPRIATION AMOUNT: \$200,000

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases

funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS Wednesday, May 15, 2013

CONTACT INFORMATION RESPONDENT: Trisha Keller

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

The purpose of the TBI Fund is to: 1) Educate the general public and professionals on the treatment and prevention of TBI; 2) Provide access to evaluations and coordinate short-term care to assist an individual in identifying services or support needs, resources, and benefits for which the individual may be eligible; and 3) Develop and support an information referral system for persons with a traumatic brain injury and their families.

2 What services are provided by the funding increase?

More individuals with TBI will receive resource facilitation services and neuro-psych exams to be referred to appropriate sources of care, support, resources and benefits for which the individual may be eligible. More professionals and general public will be educated on the treatment and prevention of TBI.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

Increased awareness and knowledge of TBI.
Increased number of individuals with TBI receiving services.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

TBI Fund Advisory Committee is in place to oversee and make recommendations on priorities and allocations of the fund. The UDOH is in the process of issuing an RFP through State Purchasing to award contracts for the training and resource facilitation services, since the current contracts end this fiscal year. Small media contract will be used strategically to increase awareness.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Contractors will provide trainings and education on TBI symptoms, treatment and prevention. Strategic media efforts will increase awareness of symptoms and prevention. Contractors will provide resource facilitation services and neuro-psych exams to refer individuals with TBI to the appropriate sources and assist them to receive the services.

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Increased awareness and knowledge of TBI *This is one time funding.

Measure Title:

Description:

Utah Brain Injury council has a baseline survey which can be used to gauge the success of future efforts. UBIC will be conducting the survey again during 2014. After that the Fund would have to pay for any followup surveys, and due to expense of conducting the phone survey it is only recommended that it

Fiscal Year:	FY 2012	FY 2014	FY 2017	FY 2020	FY 2023
Target or Benchmark:		30%	*	*	*
Baseline:	15%				

How will program managers collect this performance information and ensure its reliability?

In 2012, a randomized, statewide telephone survey of 1,035 Utah adults, they were asked how knowledgeable are you of traumatic brain injury or TBI. Only 15% reported that they were knowledgeable to very or extremely

Goal (public benefit): Increased number of individuals with TBI receiving resource facilitation services. *This is one time funding.

Measure Title:

Description:

Number of individuals with TBI that received resource facilitation services through the contractors.
*This is one time funding.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		200	*	*	*
Baseline:	75				

How will program managers collect this performance information and ensure its reliability?

Invoices and semiannual reports. Site visits will be used to determine reliability.

Goal (public benefit): *This is one time funding.

Measure Title:

Description:

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:			*	*	*
Baseline:					

How will program managers collect this performance information and ensure its reliability?

PERFORMANCE MEASURE: AGENCY FORM

APPROPRIATION INCREASE TITLE: BABY WATCH -EARLY INTERVENTION

APPROPRIATION CODE: LFF

APPROPRIATION AMOUNT: FY14 \$1,763,700

funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL AN

CONTACT INFORMATION PROGRAM MANAGER, BABY WATCH EARLY INTERVENTION PROGRAM

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HOW WILL THE PUBLIC BENEFIT?

What is the purpose and the duties of the new program, agency, services, or populatio

JR4-2-404(4)(c)(i)

The purpose of the Baby Watch Early Intervention Program (BWEIP) is to enhance the development of infants and toddlers with disabilities by providing therapy and special education services to the child and supports to families. As a result of these services, families increase their capacity to meet the special needs of their infants and toddlers with disabilities, and there is a reduction in the future education costs to the state. The BWEIP establishes statewide eligibility criteria for the program based on a child's diagnosed condition or a moderate delay in development. Children are enrolled in the program without regard to income. The BWEIP serves all children who qualify for the program. Federal regulations do not allow the BWEIP to establish a waiting list for services.

What services are provided by the funding increase?

JR4-2-404(4)(c)(ii)

BWEIP services are designed to meet individual child developmental outcomes and family needs. The services include evaluation and assessment; special instruction; therapy services such as physical, occupational, speech therapy; social work; and service coordination.

What are the expected outcomes of the new or expanded program and how will the publ

JR4-2-404(4)(c)(iii)

The funding will support all children in the state who qualify for early intervention services.

The BWEIP will be able to preserve services at the current program eligibility criteria and the funding will also allow us to fund program growth.

How will the bill be implemented and what resources are available to achieve the expected c

JR4-2-404(4)(c)(iv)

The BWEIP will develop grants with local early intervention programs to distribute the funding.

How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Funding available through BWEIP grants will allow local early intervention programs to hire and retain staff needed to provide services.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit):

Measure Title: Fund Caseload

Description: The BWEIP funds children who are not reimbursed by Medicaid or CHIP. The average monthly child count of enrolled children who were funded by BWEIP in FY12 was 3,072. The average monthly child count for FY 2013 is projected at 3,171.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		3,274	3,372		
Baseline:	3,171.				

How will program managers collect this performance information and ensure its reliability?

The BWEIP will use its state database, Baby Online Tracking System (BTOTS), to collect information on number of children served. BWEIP contracted programs enter data into BTOTS. The programs provide written assurance to the state yearly that their data is complete and accurate.

Goal (public benefit):

Measure Title: Family Report on Early Intervention Services

Description:

The BWEIP conducts an annual survey in the Spring for all enrolled families statewide. A portion of the survey shows the percentage of families who report that early intervention services have helped their family help their child develop and learn.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		92.25%	92.50%	92.75%	93.00%
Baseline:	92.00%				

How will program managers collect this performance information and ensure its reliability?

The BWEIP will conduct its annual Family Outcomes Survey (handled by an outside vendor) for all enrolled families statewide. The Rasch analysis model, an item response theory, is applied to the data to determine the reliability and strength of survey responses.

Goal (public benefit):

Measure Title: Child Outcomes

Description:

BWEIP assesses children in five areas of development; Communication, Motor, Cognitive, Social/emotional, and Adaptive. Children receive therapy and special education services in their individual areas of deficit. This target shows the percentage of children who move their development closer to typically developing children by demonstrating improvement in the acquisition and use of knowledge and skills in at least one area of development.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		78.25%	78.50%	78.75%	80.00%
Baseline:	78.00%				

How will program managers collect this performance information and ensure its reliability?

The BWEIP uses the Early Childhood Outcomes Scale to rate children at entry and exit who have received at least 6 months of early intervention service.

Measure Title: Reduce Educational Costs

Description: The percentage of children enrolled in BWEI who do not qualify for preschool special education services at age 3, thereby saving the state the cost of two years of preschool special education. The current cost in state dollars for one year of preschool special education services is \$4,178 per child. Achieving this goal is dependent, in part, on the average severity of delay of children served remaining constant.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		24.00%	24.00%	24.00%	24.00%
Baseline:	24.00%				

How will program managers collect this performance information and ensure its reliability?

The BWEIP uses its state database, Baby Toddler Online Tracking System (BTOTS) to collect information on whether the child finishes the program before age 3, and/or if the child does not qualify for preschool special education at age 3.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: HB157 CHILD HEARING AIDS

APPROPRIATION CODE: LFF

APPROPRIATION AMOUNT: \$100,000

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL A

CONTACT INFORMATION

RESPONDENT: Richard Harward, Au. E Title: CSHCN Bureau Director

Agency: UDOH FHP

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population JR4-2-404(4)(c)(i)

This bill creates a two year pilot to provide hearing aids for children 0 through 3 years whose families meet established financial (and other eligibility) guidelines. The Department is responsible to establish the process to identify eligible children and monitor finances. The Department will also establish and provide staffing for an oversight committee. UDOH will also create and support the Advisory Committee.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

Hearing aids and associated fitting costs.

3 What are the expected outcomes of the new or expanded program and how will the public JR4-2-404(4)(c)(iii)

Numerous outcome studies have clearly established that the earlier a child can be fit with appropriate amplification, the greater the potential for typical speech and language development, social skills, academic achievement and future vocational skills. Early amplification and appropriate early interventions also saves significant special education expense.

4 How will the bill be implemented and what resources are available to achieve the expected out JR4-2-404(4)(c)(iv)

The Department will establish an application process, a process to inform audiologists about the program and a tracking and monitoring system.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The Department provides education and training for pediatric audiologists and oversees the newborn hearing screening program statewide. Through our already established connections we will be able to provide information about the program and monitor the length of time from diagnosis to fitting of amplification. Because of the high cost of hearing aids, many families are forced to delay their child's hearing aid fitting until they can secure resources.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

(public benefit): Earlier access to appropriate amplification for infants diagnosed with permanent hearing loss.

Measure Title: Number of children fit with bilateral hearing aids. Number of children fit with unilateral hearing
Description: aids.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY
Target or Benchmark:	unknown	unknown			
Baseline:					

How will program managers collect this performance information and ensure its reliability?

A process will be designed to inform pediatric audiologists in the state about the Pilot Program.

l (public benefit): More infants will complete screening, diagnosis, HA fitting and referral to Early Intervention

Measure Title: Increased referral to Early Intervention

Description:

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY
Target or Benchmark:	>5%	>10%			
Baseline:	TBD				

How will program managers collect this performance information and ensure its reliability?

Data obtained through HiTrack statewide data system and Utah Schools for Deaf and Blind enrollment stats.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCREASE TITLE: HB276 Newborn Screening for Critical Congenital Heart Defects

APPROPRIATION CODE: LFF

APPROPRIATION AMOUNT: \$8,000 FY2014

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases

funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST: Russell Frandsen, ASAP

CONTACT INFORMATION **RESPONDENT:** Richard Harward, AuD

Title: Bureau Director, Children Special Health Care Needs **Agency:** UDOH DFHP

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served? JR4-2-404(4)(c)(i)

The purpose is to screen all newborns for critical congenital heart defects (CCHD) that can be fatal if not identified early. The screening process will be conducted by the birth facilities. The UDOH will be involved in training birth facilities, educating parents and follow up as indicated by the new legislation.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

UDOH personnel to develop training materials for birthing facilities and educational materials for families.

3 What are the expected outcomes of the new or expanded program and how will the public benefit? JR4-2-404(4)(c)(iii)

The incidence of CCHD is approximately 1/1,000. CCHD accounts for nearly 30% of infant deaths due to birth defects. Less than 40% of major heart defects are identified prenatally. It is estimated that .6/1000 births will be identified with a non-prenatally diagnosed CCHD and directly benefit. Estimating ~ 53,000 Utah births per year, ~32 newborns in Utah/year will be identified. Identifying these newborns before they are discharged to home will save their lives or reduce their morbidity/complications of future interventions/surgery resulting in lower costs.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes? JR4-2-404(4)(c)(iv)

Prior to implementation, two pilot studies, funded through a federal grant, will be conducted to develop appropriate protocols and screening values for Utah's high elevation. Statewide implementation will begin October, 2014. Utah currently has a newborn screening program, newborn hearing program and a birth defects surveillance program that will be involved with setting up this new program.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The Newborn Screening Program will develop educational and training materials for birthing facilities in Utah

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available

to serve as a baseline, and outcomes.

Goal (public benefit): All newborns born in birthing facilities will be screened for CCHD

Measure Title:

Description:

Beginning in October 2014 (SFY 2015) all birthing facilities will provide CCHD screening to newborns after 24 hours of age using the recommended screening protocol for Utah. Percentages will be compared to vital records birth count.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:			65%	85%	95%
Baseline:			98.00%	98.00%	98.00%

How will program managers collect this performance information and ensure its reliability?

A procedure will be developed for birthing facilities to submit CCHD screening results. These results will be monitored routinely.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCREASE TITLE: SB2 & SB3 PRIMARY CARE GRANTS

APPROPRIATION CODE: LFE

APPROPRIATION AMOUNT: ONE TIME: \$79,500 + 30,500

funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS

CONTACT INFORMATION

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served JR4-2-404(4)(c)(i)
The FY 14 Appropriation Increase of one time funding provided for the State Primary Care Grants Program for Medically Underserved Populations maintains the base funding during previous Fiscal Years.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)
Enabling currently awarded public and/or not for profit agencies to continue to provide basic primary health care services to the same medically underserved populations that they are now able to serve with State Primary Care Grants Program funding.

3 What are the expected outcomes of the new or expanded program and how will the public benefit? JR4-2-404(4)(c)(iii)
SB2 appropriated \$79,500 and SB3 appropriated \$30,500, a total of \$110,000 that would continue to fund up to three (3) public and/or not for profit agencies to preserve basic primary health care services to up to 2,018 medically underserved populations with 4,251 encounters.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes? JR4-2-404(4)(c)(iv)
The same application review and awarding criteria, as well as awarded agency reporting requirements would continue with the agencies awarded the \$110,000, as with other agencies awarded State Primary Care Grants Program funding

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?
By providing access to medical care of uninsured patients. The Office of Primary Care and Rural Health will oversee and facilitate the agency application and review process, the award process, the quarterly reporting requirement and the end of year reporting and reconciliation of the grants. This will allow for up to an additional approximately two thousand primary care patients to receive medical care.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Provide access to primary medical care of uninsured patients.

Measure Title: Patients who receive primary care.

Description: Number of additional patients who receive primary care beyond what current funding would have accommodated. Also number of patient encounters above what current funding would have allowed.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		100%	100%	100%	100%
Baseline:		100.00%	100.00%	100.00%	100.00%

How will program managers collect this performance information and ensure its reliability?

Goal (public benefit):

Measure Title:
Description:

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		100%	100%	100%	100%
Baseline:		100.00%	100.00%	100.00%	100.00%

How will program managers collect this performance information and ensure its reliability?

Goal (public benefit):

Measure Title:
Description:

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		100%	100%	100%	100%
Baseline:		100.00%	100.00%	100.00%	100.00%

How will program managers collect this performance information and ensure its reliability?

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCREASE TITLE: HB81 CMV Education

APPROPRIATION CODE: LFF

APPROPRIATION AMOUNT: \$30,800 FY2014

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases

funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST: Russell Frandsen, ASAP

CONTACT INFORMATION

RESPONDENT: Richard Harward, Au.D.

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served? JR4-2-404(4)(c)(i)

The purpose is to create a public education program to inform pregnant women and women who may become pregnant about the occurrence and transmission of CMV, the potential birth defects associated with CMV, the methods of diagnosis and available preventive measures.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

UDOH personnel will complete development of training and education materials for child care programs. UDOH will develop a process to educate hearing screeners re. referral for CMV testing through their primary care physician.

3 What are the expected outcomes of the new or expanded program and how will the public benefit? JR4-2-404(4)(c)(iii)

Child care programs will have access to information about CMV. Mothers and expectant mothers will have information about CMV. Overall awareness of CMV will increase statewide.

Infants who develop hearing loss as a direct result of CMV will be diagnosed more quickly and be followed to monitor potential progressive hearing loss more consistently.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes? JR4-2-404(4)(c)(iv)

Core facts regarding CMV exposure, transmission and potential effects will be developed and provided to child care programs throughout the state. Statewide implementation will begin July, 2013. Utah newborn hearing screening program will develop new protocols for screening programs. Primary care physicians will be notified when a child in their care has failed the 2nd hearing screen.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The Newborn Hearing Screening Program will develop educational and training materials specific to birthing facilities and child care facilities in Utah. A data tracking and reporting system will be developed and implemented.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available

to serve as a baseline, and outcomes.

Goal (public benefit):

identified earlier develop better language skills and perform better academically. All newborns who fail the 2nd hearing screen will be referred to their primary care physician who has the responsibility to refer for CMV testing. Earlier detection of hearing loss and better awareness of (CMV-related) progressive hearing loss is a public health benefit of this

Measure Title:

Description:

Beginning in July, 2013 the UDOH will begin to disseminate CMV public health education materials to child care programs, school nurses, health educators and health care providers offering care to pregnant women and infants, on the occurrence of CMV, the transmission of CMV, methods of detections of CMV, preventative measures of CMV and the birth defects associated with CMV.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Increase the number infants who fail the first hearing screen that return within 1 month for the second screen.	5%	10%	20%		
Baseline:	50.00%				

How will program managers collect this performance information and ensure its reliability?

A procedure will be developed for birthing facilities to submit CMV screening results. These results will be monitored monthly.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: HB118 AUTOMATIC EXTERNAL DEFIBRILLATOR

APPROPRIATION CODE: LFG

APPROPRIATION AMOUNT: \$150,000

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases

funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS

CONTACT INFORMATION

RESPONDENT: Paul R. Patrick

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served? JR4-2-404(4)(c)(i)
This bill creates a restricted account with an on-going \$300,000 appropriation from the General Fund. It will require some staff time to distribute the funds which can be done with existing resources. It authorizes: the director of the bureau to distribute funds deposited in the account to eligible entities.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)
Eligible entities will be able to purchasing an Automatic External Defibrillator (AED); an AED carrying case; a wall-mounted AED cabinet; or an AED sign. Those eligible are a municipal law enforcement agency that routinely responds to incidents, or potential incidents, of sudden cardiac arrest; or a school that offers instruction to grades 10 through 12; and has a student and faculty population of more than 200 people.

3 What are the expected outcomes of the new or expanded program and how will the public benefit? JR4-2-404(4)(c)(iii)
Increased access to AEDs allowing faster response to a patient who is in sudden cardiac arrest. The result will be a possible conversion from Ventricular Fibrillation to a functioning cardiac rhythm and thus lives saved from sudden cardiac arrest.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes? JR4-2-404(4)(c)(iv)
Through the deposit of funds from the Department of health to the the account of eligible entities for the purchases authorized in the bill. The Bureau of Emergency medical Services and Preparedness already distributes grant funds to eligible entities from an existing grants program and this will be an enhancement of that grant program.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?
There will be more AEDs located throughout the state and if a person goes into sudden cardiac arrest the AED will be closer in proximity to the patient and thus shocks from the AED will be hooked up immediately and if appropriately shocks delivered.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): This will identify recipients and provide them with applications for the funding.

Measure Title:

Description:

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
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Target or Benchmark:		100%	100%	100%	100%
Baseline:		100.00%	100.00%	100.00%	100.00%

How will program managers collect this performance information and ensure its reliability?

Adding to the existing EMS grants program reporting system with a new category for the AED program.

Goal (public benefit): Process applications and award contracts so the AEDs can be purchased.

Measure Title:

Description:

This will be accomplished by utilizing the current EMS Grant contracting process and reporting measures.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		100%	100%	100%	100%
Baseline:		100.00%	100.00%	100.00%	100.00%

How will program managers collect this performance information and ensure its reliability?

Goal (public benefit): Record the locations of the new AEDs and make certain the first responders know the loc

Measure Title:

Description:

Use the current AED Registry the Department has and add the newly added AEDs to ensure the first responders know where they are so they can access them if they respond to a sudden cardiac arrest in the area.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		100%	100%	100%	100%
Baseline:		100.00%	100.00%	100.00%	100.00%

How will program managers collect this performance information and ensure its reliability?

The current EMS grants program will use its current tracking, monitoring, and audit programs to ensure compliance.

Department of Health
Division of Medicaid and Health Financing
 Performance Measures

Appr Bill Program Program Mgr Description Amount Proposed Performance Measures

FY14 Appropriation Increases

LGA SB3	Health Care Financing	Nathan Ash	HB140 Consumer Focused Health Delivery and Payment Demonstration Project (1X)	\$ 9,000	1) Meetings held with provider and payers 2) Data identified 3) Grants applied for (if any)
LHB SB2	Medicaid Mandatory Services	Nelson / Goodman	ACA - Medicaid Changes	\$ 15,600,000	1) Medicaid enrollments in FY2014 vs projected enrollments. 2. Medicaid per member per month actual rate vs projected rate.
LHB SB2	Medicaid Mandatory Services	Nelson/ Goodman	ACO Admin (1X)	\$ 1,350,000	This bill requires the Division of Medicaid and Health Financing to move the administrative rate from 8.3% to 9.15%. The division has complied.
LPA SB2	CHIP	B. Blickfeld	ACA CHIP Expansion	\$ 2,300,000	1) Actual Medicaid per member per month rate for benefit packages delivered to CHIP children vs the projected Medicaid per member per month rate for CHIP children (beginning January 1, 2014). 2) Actual Medicaid enrollments for benefits delivered to CHIP children vs projected CHIP enrollments (beginning January 1, 2014).

\$ 19,259,000