

Utah Department of Health

Building Blocks - FY17 and FY16 Supplemental

Office of the Medical Examiner

Growing population and factors such as an epidemic of drug related deaths have led to an increase in case volume and case complexity that has outpaced current capacity.

The current number of cases being handled by each OME pathologist exceeds accreditation standards. The turn-around time for completion of reports has become longer and longer and results in poor level of service for those depending on OME results.

Drug Overdose Prevention Initiatives

Drug poisoning deaths are a preventable public health problem and have outpaced deaths due to firearms, falls, and motor vehicle cases in Utah. In 2013, Utah ranked 5th in the US for drug poisoning deaths with a rate of 22 per 100,000 population. Every month, 49 Utahans die as a result of a drug poisoning. Most involve Opioids. Utah is particularly affected by prescription opioids and on-going funding to implement a comprehensive public health approach to address this problem is critical needed.

Babywatch Early Intervention Caseload Evaluation

Reproductive Health

Provide STD testing and treatment for incarcerated populations for adult women and youth. Provide Abstinence Only Education and Personal Responsibility Education to at-risk populations.

<u>Program Goals/Performance Measures</u>	FY2016 One-Time	FY2017 Ongoing	FY2017 One-time
See attached 2.5 Pathologists, 2 autopsy assistants, 2 transcriptionists, toxicology testing, transportation costs. Target is to complete 90% of reports within 6 weeks.		\$ 1,077,600	
Increased awareness and knowledge of the risks and warning signs of drug overdoses, increased provider education and training, decrease prescription opioid overdose deaths. Current funding does not cover growth in caseload. This request is to provide an accurate estimate of the funding need.			\$ 500,000 \$ 100,000
Increase the number of medically accurate abstinence education programs in Local Health Departments for adolescents between the ages of 10 and 16; Increase the number of medically accurate personal responsibility education programs in Local Health Departments for adolescents between the ages of 14 and 19;	\$ 262,000	\$ 414,000	
Collaborate with local health departments, correctional facilities, and community partners to provide STD testing to incarcerated women and their partners of which 92% of newly identified infections will receive appropriate treatment per CDC guidelines.			

CHIP 100% Federal Match (Medicaid Consensus)

See LFA Medicaid Consensus Issue Brief	\$ (5,000,000)		\$ (17,440,100)
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Medicaid Caseload, Inflation and Program Changes (Medicaid Consensus)

Team from Health, GOMB and LFA project funding needs for continued services for the Medicaid and CHIP eligible populations. Budget request will primarily cover: anticipated changes in expenditures based on the most current FY2016 and FY2017 estimates for Medicaid and CHIP caseload; changes in CHIP and Medicaid federal match rates; adjustments for Forced Provider Inflation; and Accountable Care Organization rate

See LFA Medicaid Consensus Issue Brief	\$ 15,000,000	\$ 20,000,000	
DOH-DMHF has sufficient funding to cover growth and other changes to Medicaid as authorized by the Legislature.	\$ 4,600,000	From Medicaid Restricted Account	

Dental Coverage for Persons with Disabilities

This would expand dental coverage to include some preventive and restorative procedures, including routine exams, X-rays, cleanings, crowns, and full dentures for the elderly and persons with disabilities.

The performance measure will be the number persons with disabilities who receive services and the cost of services.		\$ 1,000,000	
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Continue MD Rate Enhancement

The Medicaid program requires a strong provider pool to properly service Medicaid clients. The Legislature appropriated \$2.5 million of General Fund one-time for FY2016 and \$2.5 ongoing for Fy2016 to increase the reimbursement rates for Medicaid Physicians. This building block requests ongoing funding o have the state continue the physician reimbursement levels established for FY2016.

This building block maintains the FY2016 rates for Medicaid physicians. The implementation (continuation) of these rates in FY2017 will be reported to the LFA.			\$ 2,500,000
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Uninsured Poverty Gap

a) the number of people served under the program and b) the cost of the program.		\$ 10,000,000	
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Increase Caseload for Medically Complex Children's Waiver

A) Number of qualified children served under the program, b) the cost of the program, and c) the effectiveness of the program.			\$ 1,000,000
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PERFORMANCE MEASURES: AGENCY FORM

APPRPRIATION INCR TITLE: Staff and Supplies at the Office of Medical examiner
APPROPRIATION CODE: LEK
APPROPRIATION AMOUNT: \$1,077,600 FY17

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: Thursday, December 10, 2015

CONTACT INFORMATION

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A. 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 this request is to hire additional staff to meet the growing caseload handled by the Medical Examiner's Office. Growing population and factors such as an epidemic of drug related deaths have led to an increase in case volume and case complexity that has outpaced current capacity. This request alligns with the Agenct's core mission as the data and information derived from determining the cause and manner of deaths in Utha is used to protect public health.

2 What services are provided by the funding increase?

The funding is needed to hire additional staff and supplies: 2.5 FTE (medical examiners), 2 .0 FTE (autopsy assisstants), 2.0 FTE (transcriptionists), laboratory tests, and medical supplies.

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

By reducing the caseload for each medical examiner and hiring additional supportive staff, families will be able to receive postmortem examination reports and certification of the cause and manner of death. This will enable a family to receive payment from the decedent's life insurance policy in a timely manner. This funding will also allow prosecutors and public defenders to receive autopsy reports in a more timely manner to evaluate cases and and in interviewing and preparing witnesses for a criminal trial.

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

The Office of the Medical Examiner will begin recruitment for these positions once the funding has been awarded. Once these positions are filled, results are expected.

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

The hiring of additonal medical examiners will reduce the number of autopsies performed from each medical examiner and also reduce the number of days that it takes to complete an autopsy report. The hiring of additonal transcriptionists will reduce the number of days that that it takes for a doctor's report to be completed.

B. 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 reduce the caseload of each medical examiner.

Measure Title:

Description:

The hiring of additional pathologist will reduce the number of autopsies performed by each pathologist.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:		250	250	250	*
Baseline:	325				

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

Information collect will be entered and analyzed by the use of the Utah Medical Examiner Database. and the Governor's SUCCESS System database.

Goal (public benefit): To reduce the turn around time for a complete autopsy report.

Measure Title:

Description:

The increase of medical staff and support staff will reduce the turnaround times for a complete autopsy report.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:		*60 days	*60 days	*60 days	*
Baseline:	127				

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

Information collected will be entered and analyzed by use of the Utah Medical Examiner Database, and the Governor's SUCCESS System database. *60 days for routine cases; 90 days for homicide cases.

In this Section describe your actual success in meeting your performance goals and target measures or outcomes. Provide actual results and measures if available

Goal (public benefit): To reduce the time from the date of examination until a transcribed report is given to the examining pathologist

Measure Title:

Description:

The hiring of additional transcriptionist will enable shorter turn around times from when a pathologist's report is received to when it is completed. This will also benefit the turn around times for the complete autopsy report.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:		21 days	21 days	21 days	*
Baseline:	84 days				

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

Information collect will be entered and analyzed by use of the Utah Medical Examiner Database, and the the Dictation Software Program.

Form 4 Incremental Budget Change Request

Submit a separate Form 4 and justification for each incremental budget change request. See FY 16 / FY 17 Budget Guidelines for instructions on business case requirements for non-invited requests and how to save this form and the corresponding justification on the Google Budget Site.

Agency Request Title

Appropriation Code Invited Request

source of funds	FY 16 One-Time	FY 17 One-Time	FY 17 Ongoing	Sources
Unrestricted Funds	<input type="text" value="262,000"/>	<input type="text" value="0"/>	<input type="text" value="414,000"/>	<input type="text" value="1000 (GF) General Fund Unrestricted"/>
Restricted Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Restricted Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Federal Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Federal Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Transfers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Other Source Notes <input type="text"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Total	<input type="text" value="262,000"/>	<input type="text" value="0"/>	<input type="text" value="414,000"/>	

use of funds	FY 16 One-Time	FY 17 One-Time	FY 17 Ongoing
AA Personnel Services	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="7,000"/>
BB Travel/In State	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="4,000"/>
HH Other Charges/Pass Through	<input type="text" value="0"/>	<input type="text" value="262,000"/>	<input type="text" value="393,000"/>
DD Current Expense	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="10,000"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="262,000"/>	<input type="text" value="414,000"/>

Brief Description of Request:

Provide STD testing and treatment for incarcerated populations for adult women and youth. (10,000 specimens)

Provide Abstinence Only Education and Personal Responsibility Education to at-risk populations.

Agency Priority New FTE

Form 4 Incremental Budget Change Request

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Agency Request Title

Appropriation Code Invited Request

source of funds	FY 16 One-Time	FY 17 One-Time	FY 17 Ongoing	Sources
Unrestricted Funds	<input type="text" value="0"/>	<input type="text" value="500,000"/>	<input type="text" value="0"/>	<input type="text" value="1000 (GF) General Fund Unrestricted"/>
Restricted Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Restricted Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Federal Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Federal Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Transfers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Other Source Notes <input style="width: 100%; height: 50px;" type="text"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Total	<input type="text" value="0"/>	<input type="text" value="500,000"/>	<input type="text" value="0"/>	

use of funds	FY 16 One-Time	FY 17 One-Time	FY 17 Ongoing
AA Personnel Services	<input type="text" value="0"/>	<input type="text" value="56,783"/>	<input type="text" value="0"/>
BB Travel/In State	<input type="text" value="0"/>	<input type="text" value="266"/>	<input type="text" value="0"/>
EE Data Processing Current Expense	<input type="text" value="0"/>	<input type="text" value="13,121"/>	<input type="text" value="0"/>
HH Other Charges/Pass Through	<input type="text" value="0"/>	<input type="text" value="422,619"/>	<input type="text" value="0"/>
DD Current Expense	<input type="text" value="0"/>	<input type="text" value="7,211"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="500,000"/>	<input type="text" value="0"/>

Brief Description of Request:

In the first two months of FY2016, one-time funding of \$500,000 has made an impact with over 75,000 provider resources being requested and distributed in Utah's healthcare community. Evidence supports that with continued, on-going funding, significant decreases in prescription opioid deaths will result in at least 50 Utahn lives being saved each year from preventable drug overdose deaths.

Agency Priority New FTE

Form 4 Incremental Budget Change Request

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Agency Request Title

Appropriation Code Invited Request

source of funds	FY 16	FY 17	FY 17	Sources
	One-Time	One-Time	Ongoing	
Unrestricted Funds	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1,077,600"/>	1000 (GF) General Fund Unrestricted
Restricted Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Restricted Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Dedicated Credits 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Dedicated Credits 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Federal Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Federal Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Transfers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Other Source Notes <input type="text" value="N/A"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1,077,600"/>	

use of funds	FY 16	FY 17	FY 17
	One-Time	One-Time	Ongoing
AA Personnel Services	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="885,000"/>
CC Travel/Out of State	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="10,000"/>
DD Current Expense	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="117,000"/>
EE Data Processing Current Expens	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="65,600"/>
	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1,077,600"/>

Brief Description of Request:

Provides funding to meet critical staffing, supply and services needs

Agency Priority New FTE

Form 4 Incremental Budget Change Request

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Agency Request Title

Appropriation Code Invited Request

source of funds	FY 16 One-Time	FY 17 One-Time	FY 17 Ongoing	Sources
Unrestricted Funds	<input type="text" value="0"/>	<input type="text" value="100,000"/>	<input type="text" value="0"/>	<input type="text" value="1000 (GF) General Fund Unrestricted"/>
Restricted Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Restricted Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Federal Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Federal Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Transfers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Other Source Notes <input type="text"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Total	<input type="text" value="0"/>	<input type="text" value="100,000"/>	<input type="text" value="0"/>	

use of funds	FY 16 One-Time	FY 17 One-Time	FY 17 Ongoing
HH Other Charges/Pass Through	<input type="text" value="0"/>	<input type="text" value="100,000"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="100,000"/>	<input type="text" value="0"/>

Brief Description of Request:

Evaluation of caseload will be performed by October 2016 to determine caseload funding needs.

Agency Priority New FTE

Form 4 Incremental Budget Change Request

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Agency Request Title

Appropriation Code Invited Request

source of funds	FY 16	FY 17	FY 17	Sources
	One-Time	One-Time	Ongoing	
Unrestricted Funds	<input type="text" value="0"/>	<input type="text" value="1,000,000"/>	<input type="text" value="0"/>	<input type="text" value="1000 (GF) General Fund Unrestricted"/>
Restricted Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Restricted Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Federal Funds 1	<input type="text" value="0"/>	<input type="text" value="2,322,259"/>	<input type="text" value="0"/>	<input type="text" value="3252 Fed DOH Title XIX Medicaid"/>
Federal Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Transfers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Other Source Notes <input type="text"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Total	<input type="text" value="0"/>	<input type="text" value="3,322,259"/>	<input type="text" value="0"/>	

use of funds	FY 16	FY 17	FY 17
	One-Time	One-Time	Ongoing
HH Other Charges/Pass Through	<input type="text" value="0"/>	<input type="text" value="3,322,259"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="3,322,259"/>	<input type="text" value="0"/>

Brief Description of Request:

The Medically Complex Children's Waiver provides for a 3-year pilot program to serve children with disabilities and complex medical conditions.

This building block will provides funding for additional caseload to be added to the waiver.

Agency Priority

New FTE

Form 4 Incremental Budget Change Request

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Agency Request Title

Appropriation Code Invited Request

source of funds	FY 16 One-Time	FY 17 One-Time	FY 17 Ongoing	Sources
Unrestricted Funds	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="10,000,000"/>	<input type="text" value="1000 (GF) General Fund Unrestricted"/>
Restricted Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Restricted Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Federal Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="23,222,591"/>	<input type="text" value="3252 Fed DOH Title XIX Medicaid"/>
Federal Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Transfers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Other Source Notes <input style="width: 100%; height: 100%;" type="text"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="33,222,591"/>	

use of funds	FY 16 One-Time	FY 17 One-Time	FY 17 Ongoing
HH Other Charges/Pass Through	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="33,222,591"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="33,222,591"/>

Brief Description of Request:

The Uninsured Poverty Gap expands healthcare coverage to Utah citizens and families.

This building block requests ongoing funding to cover the expanded populations.

Agency Priority New FTE

Form 4 Incremental Budget Change Request

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Agency Request Title

Appropriation Code Invited Request

source of funds	FY 16	FY 17	FY 17	Sources
	One-Time	One-Time	Ongoing	
Unrestricted Funds	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1,000,000"/>	<input type="text" value="1000 (GF) General Fund Unrestricted"/>
Restricted Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Restricted Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Federal Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2,322,259"/>	<input type="text" value="3252 Fed DOH Title XIX Medicaid"/>
Federal Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Transfers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Other Source Notes <input type="text"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3,322,259"/>	

use of funds	FY 16	FY 17	FY 17
	One-Time	One-Time	Ongoing
HH Other Charges/Pass Through	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3,322,259"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3,322,259"/>

Brief Description of Request:

This building block requests funding to expand dental coverage to include some preventive and restorative procedures, including routine exams, X-rays, cleanings, crowns, and full dentures for persons with disabilities. General Funds Request: Optional line item \$1,000,000.

Agency Priority New FTE

Form 4 Incremental Budget Change Request

Submit a separate Form 4 and justification for each incremental budget change request. See FY 16 / FY 17 Budget Guidelines for instructions on business case requirements for non-invited requests and how to save this form and the corresponding justification on the Google Budget Site.

Agency Request Title

Appropriation Code Invited Request

source of funds	FY 16 One-Time	FY 17 One-Time	FY 17 Ongoing	Sources
Unrestricted Funds	<input type="text" value="0"/>	<input type="text" value="2,500,000"/>	<input type="text" value="0"/>	<input type="text" value="1000 (GF) General Fund Unrestricted"/>
Restricted Funds 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Restricted Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Dedicated Credits 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Federal Funds 1	<input type="text" value="0"/>	<input type="text" value="4,962,687"/>	<input type="text" value="0"/>	<input type="text" value="3252 Fed DOH Title XIX Medicaid"/>
Federal Funds 2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Transfers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Other Source Notes <input type="text"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Total	<input type="text" value="0"/>	<input type="text" value="7,462,687"/>	<input type="text" value="0"/>	

use of funds	FY 16 One-Time	FY 17 One-Time	FY 17 Ongoing
HH Other Charges/Pass Through	<input type="text" value="0"/>	<input type="text" value="7,462,687"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="7,462,687"/>	<input type="text" value="0"/>

Brief Description of Request:

The Medicaid program requires a strong provider pool to properly service Medicaid clients. The Legislature appropriated \$2.5 million of General Fund one-time for FY2016 and \$2.5 million of General Fund ongoing for FY2016 to increase the reimbursement rates for Medicaid Physicians (SB0002). This building block requests ongoing funding to have the State continue the physician reimbursement levels established for FY2016. General Funds Request: Mandatory line item \$2,500,000.

Agency Priority New FTE