

Ref. #	One-time	Total Funds	Base Funding/Fund Balance	Building Block List <sup>1</sup> One-time State Funds - Agency Requests	Source	Alternative Funding Sources?
A	\$ 6,000,000	\$ 19,900,000	\$ 2,839,215,700	<p><b>DOH &amp; DHS - Medicaid Caseload, Inflation and Program Changes</b> - The Medicaid consensus forecast team estimates costs to the General Fund in FY 2018 of \$10.2 million one-time and a one-time offset of (\$4.2) million in FY 2019. The following areas create costs for the state in Medicaid: (1) caseload - per member per month cost \$5.8 million higher than forecasted for FY 2017, (2) inflationary changes - 3.5% projected increase in accountable care organization contracts starting in January 2018 and drug prices increasing in the fee-for-service program, (3) program changes - continued impact of federal regulation to provide autism spectrum disorder-related services when medically necessary up to age 21 and new blockbuster drugs. A related request for ongoing funds is in item M.</p> <p><b>How to Measure Success?</b> Sufficient funding to cover growth and other changes to Medicaid as authorized by the Legislature.</p>	<a href="https://le.utah.gov/interim/2018/pdf/00000537.pdf">https://le.utah.gov/interim/2018/pdf/00000537.pdf</a>	<p>(1) Rollback all \$2,440,000 ongoing General Fund discretionary provider rate increases that began July 1, 2017. (2) Provider assessments. (3) Have hospital assessment pay proportion of the increase based on current contribution levels.</p>

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B	\$ 2,362,800	\$ 15,028,700	\$ 565,600	<p><b>DOH &amp; DWS - Family Planning Services for All Individuals Under 100% FPL - Health:</b> "Provide family planning and sterilization services to [11,200] adults at or below 100% of the federal poverty level who are otherwise not eligible for Medicaid." Services covered include intrauterine devices, tubal ligation, vasectomies, and contraceptives. Abortions would not be covered. Funding for this program would take place in a new program in the Medicaid Services line item. This one-time funding amount covers three years of services and would require nonlapsing authority.</p> <p><b>How to Measure Success?</b> (1) Persons served, (2) expenditures, and (3) number of unwanted pregnancies avoided and the fiscal impact.</p>	Gov./ H.B. 12 - is an ongoing program and more provisions	If the changes might result in savings, then the Legislature could fund the program at a lower amount and rely on savings for some of the future year costs.

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C	\$ (160,000)	\$ (530,000)	\$ 235,570,500	<p><b>DOH &amp; DHS - 32 More Medicaid Clients in Community Supports Waiver</b> - Since the 32 individuals moving out of intermediate care facilities for people with intellectual disabilities into community-based services will not have their placements or replacements all happen on July 1, 2018, the full ongoing costs will not be realized until FY 2020. The Department of Human Services estimates that 38% of the ongoing costs would be realized in the first year. This assumes that the request in item N on the ongoing list is funded.</p> <p><b>How to Measure Success?</b> (1) The number of additional persons covered under the Community Supports Waiver. (2) The cost of the additional persons covered. (3) The number of individuals that have previously expressed interest over multiple years in moving to the community but are still residing in an intermediate care facilities will be reduced by over 50%.</p>	Gov.	

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AA	\$ (13,200,000)	\$ (62,500,000)	\$ 164,502,000	<p><b>DOH - Children's Health Insurance Program (CHIP) Future State Match</b> - If the federal government will pay 100% of the costs for CHIP program services through September 2019, then any ongoing appropriation provided can be backed out one-time through the end of FY 2019. This assumes that the request in item BF on the ongoing list is funded.</p> <p><b>How to Measure Success?</b>  (1) Percentage of children (less than 15 months old) that received at least six or more well-child visits (Target = 70% or more). (2) children (3-17 years of age) who had an outpatient visit with a primary care practitioner or obstetrics/gynecologist and who had evidence of Body Mass Index percentile documentation (Target = 70% or more) Percentage of adolescents who received one meningococcal vaccine, and one TDAP (tetanus, diphtheria, and pertussis) between the member's 10th and 13th birthdays (Target = 80 %).</p>	<a href="https://le.utah.gov/int/erim/2018/pdf/00000537.pdf">https://le.utah.gov/int/erim/2018/pdf/00000537.pdf</a>	
AB	\$ (1,846,000)	\$ (6,120,000)	\$ 1,029,984,700	<p><b>DOH - Medicaid Managed Care 3.5% Rate Increase</b> - Because Medicaid accountable care organizations rate increases start halfway through the fiscal year in January, one-half of the ongoing funds can be backed out one-time in the first year of the increase. This assumes that the request in item BG on the ongoing list is funded.</p> <p><b>How to Measure Success?</b> The increase is included in the pool for the actuarial rate setting process.</p>	Gov.	

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CA	\$ (77,000)	\$ (255,400)	\$ 281,805,900	<b>DHS - Disability Services: Additional Needs and Youth Aging Out</b> - Youth with disabilities in Child and Family Services (DCFS) or Juvenile Justice Services (DJJS) custody age out of funding from those divisions and become the responsibility of Services for People with Disabilities (DSPD). Youth transition at different times throughout the year, so DSPD's full funding request is not needed in the first year. This assumes that the request in item DA on the ongoing list is funded.	LFA	
EA	\$ 10,000,000	\$ 20,800,000	\$ 4,900,000	<b>DWS - Operation Rio Grande</b> - \$10.0 m to go towards a two-year homelessness initiative. Funds will match \$10 m in local government funds and \$10.8 m in federal funds. Funding will go towards law enforcement, corrections, adjudication, a drug court, substance abuse treatment, housing, the Rio Grande Safe Space, expended case management, and street cleanups. A significant portion of this funding will be passed through to other state or local agencies. While \$10.0 was requested one-time, it is likely that portions of this initiative (expanded case management, substance abuse treatment) will be ongoing costs <b>How to Measure Success?</b> Success will be measured against two overall outcomes, and additional detailed performance measures corresponding to the three phases of Operation Rio Grande. The two overall outcomes include: (1) Reduce the average length of stay in the shelter and (2) Increase the number of positive housing exits. The three phases of ORG are: (1) Public Safety and Restoring Order: measured by comparing SLCPD crime rate and reported incidences in the current period to prior period for the Rio Grande district (2) Assessment and Treatment: measured by the number of individuals entering treatment programs as a result of ORG and successfully exiting the program; (3) Dignity of Work: measured by the number of individuals who become permanently employed as a result of working with a DOW employment counselor Each phase includes additional tracking metrics.	Gov	(1) Increased local government contribution (2) Pamela Atkinson Homeless Trust Fund (3) Special Administrative Expense Account (4) Nonlapsing balances from General Assistance
5	\$ 3,079,800	\$ (13,676,700)	\$ 4,556,544,400	<b>Total</b>		

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		\$ 75,015,900		Total State Funds Requested (Ongoing and One-time)		
<b>(1) DHS = Department of Human Services, DOH = Department of Health, DWS = Department of Workforce Services</b>						