

Ref. #	Ongoing	Total Funds	Base Funding/Fund Balance	Building Block List ¹ Ongoing State Funds - Agency Requests	Source	Alternative Funding Sources?
M	\$ 29,800,000	\$ 98,800,000	\$ 2,830,226,400	<p>DOH & DHS - Medicaid Caseload, Inflation and Program Changes - 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 and an unfavorable federal match rate change of 0.32%, (2) inflationary changes - 2% projected increase in accountable care organization contracts starting in January 2019 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 one-time funds is in item A.</p> <p>How to Measure Success? Sufficient funding to cover growth and other changes to Medicaid as authorized by the Legislature.</p>	https://le.utah.gov/int/interim/2018/pdf/00000537.pdf	<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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N	\$ 651,000	\$ 2,184,000	\$ 1,032,500	<p>DOH & DHS - 32 More Medicaid Clients in Community Supports Waiver - Fund 32 individuals moving out of intermediate care facilities for people with intellectual disabilities into community-based services. Due to the 90%+ occupancy rates of intermediate care facilities for people with intellectual disabilities many of these 32 vacated spots will likely be filled again. Health: "The Protection and Advocacy Agency believes that many individuals residing in [intermediate care facilities] would prefer to be served in the community and that the State has not done enough to accommodate those preferences." The Utah Disability Law Center filed a lawsuit against the State on this issue January 15, 2018. A related one-time offset is in item C.</p> <p>How to Measure Success? (1) The number of additional persons covered. (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. requested \$488,300 ongoing to only fund first year of costs	(1) As the placements and backfill of slots would not all happen on July 1, 2018, there may be some one-time offsets in the first year. (2) Enact a moratorium on the construction of intermediate care facilities for people with intellectual disabilities.

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BA	\$ 1,250,000	\$ 1,250,000	\$ 6,040,400	<p>DOH - Medical Examiner Reduce Caseloads - 10 total FTEs (2 medical examiners) to improve turnaround times for autopsy reports. In September 2017, the office completed 65.1% of reports within 60 days and 81.0% within 90 days. Two main requirements to be nationally accredited: (1) at most 325 cases per medical examiner annually (currently at 290) and (2) more than 90% of cases complete in 90 days. If funded, the new caseloads would be 230 per medical examiner based on FY 2017 examinations. This would also fund one pathologist trainee fellowship position to create trained employees for future vacancies. Additionally, this would replace 15 part-time investigators with 6 full-time investigators at a net cost of \$108,000 to help reduce the demands on medical examiner staff and hopefully improve the quality of death investigations.</p> <p>How Measure Success? Complete 90% of reports within 60 days. (The building block request funded in the 2016 General Session had 90% of reports done in 42 days as its goal).</p>	Gov.	<p>(1) Increase the \$100 cremation fee, every \$1 increase brings in \$8,700. New Mexico charges \$150. (2) Raise the \$18 initial death certificate fee and give the new revenue to the medical examiner's office, every \$1 increase brings in \$3,500.</p>

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BB	\$ 150,000	\$ 150,000	\$ 6,085,900	<p>DOH - More Frequent Inspections for Assisted Living Facilities and Personal Care Agencies - Provide ongoing funding for 2 FTEs (1 new and continue one temp) to increase the frequency of inspections for assisted living facilities and personal care agencies. The Department anticipates being able to inspect 112 facilities annually compared to 93 inspections in 2017. A limited review by the legislative auditors in January 2010 reported Utah's renewal licensing fees as 6th highest out of 9 western states at \$900 amongst a range from \$30 in Oregon to \$7,622 in Nevada for assisted living centers with 70 beds, see https://le.utah.gov/audit/10_04rpt.pdf for more information.</p> <p>How Measure Success? Average inspection frequency for (1) assisted living facilities of 30 to 36 months (currently 40 months) and (2) personal care agencies of 40 to 48 months (currently up to 72 months).</p>	Gov.	<p>(1) Each 1% fee increase raises \$500 from personal care facilities (currently pay \$500 annually) and \$900 from assisted living facilities (currently pay \$13 annually per bed). (2) Change statute to allow agency to keep licensing fees from these facilities, this would provide ongoing funding increases with caseload increases.</p>

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BC	\$ 230,000	\$ 230,000	\$ 606,400	<p>DOH - Backfill Federal Funds for Immunization Information System (USIIS) - the operating budget for USIIS is estimated to decline to \$0.6 million in FY 2019 from \$1.1 million in FY 2018. Of the \$0.5 million reduction, about \$0.3 million is from federal funds and \$0.2 million less in contributions. The system built up capacity with federal funds that it can no longer maintain with the ending of federal funds. The Department of Health estimates about 75% of healthcare provider in FY 2017 facilities providing immunizations use USIIS.</p> <p>How to Measure Success? (1) Recommended immunization coverage for children 19-35 months of age to 75% by FY 2020 (63% in 2016) Youth 13 through 15 years, with 1 dose of a Tdap/Td booster at 70% by end of 2020 (56% in 2016) (3) Adults 65 years and older, immunized against pneumococcal at 50% by end of 2020. (32% in 2016)</p>	Gov.	Increase/change the current voluntary provider contributions of \$180,000. In 2017 there were 2,500 facilities and 7,500 individuals enrolled as system users.

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BD	\$ 2,253,600	\$ 7,470,000	\$ 9,900,000	<p>DOH - Medicaid Waiver for Children with Medically Complex Conditions - Make the pilot program ongoing beginning in FY 2019 to serve about 585 medically complex children under age 18 monthly. This is an increase of 54 children over January 2018 caseload levels. Health: "Although the majority of children had private insurance coverage, at the time of the initial survey, 38 percent of families still reported they had forgone or delayed necessary treatment for their child because of costly out of pocket expenses. Access to Medicaid State Plan benefits provides significant assistance to families in these situations."</p> <p>How to Measure Success? (1) Over 90% of families will report that they have not incurred medical debt after six months on the waiver. (Currently 95%) (2) Over 90% of families will report that they are coping well or somewhat well with caring for the child after six months on the waiver. (Currently 96%)</p>	Gov. & H.B. 100	Ask special federal permission to: (1) Charge an application fee. (2) Implement a partial spenddown program. (3) Redirect \$710,000 in savings from local education entities. (4) Reduce funding by 9% to reflect actual rather than projected caseloads.

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BE	\$ 500,000	\$ 500,000	\$ 1,720,000	<p>DOH - Home Visiting for 116 Families - Services using the Parents as Teachers model for low income at-risk families with young children. This money would partially replace a reduction in federal funds for home visiting of \$1.6 million from FY 2017 to FY 2018 and continue to serve about 116 of 500 families currently served. Health: "The primary goal of the home visiting services is to cultivate parents' ability to form strong, positive attachments with their children and to keep them safe. The home visits also focus on children's healthy physical, cognitive, and social-emotional development."</p> <p>How to Measure Success? (1) 9.3% or less of mothers having preterm infants (Currently 9.2%).(2) 50% of enrolled primary caregivers without a high school degree who subsequently completed high school (currently 34.1%). (3) 40% of enrolled children with positive screens for developmental delays who receive services in a timely manner (currently at 23%).</p>	Gov.	Maternal and Child Health block grant federal funds

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BF	\$ 13,200,000	\$ 62,540,000	\$ 164,502,000	<p>DOH - Children's Health Insurance Program (CHIP) Future State Match - The ongoing General Fund costs for CHIP have not been adjusted since FY 2016. From FY 2016 through FY 2019 the following changes are forecasted to increase General Fund costs: (1) caseload – 23.1% growth, (2) per member per month costs – 16.9% growth, and (3) many CHIP clients now on Medicaid – effective January 1, 2014, many former CHIP clients are now served by Medicaid. This primarily happened because Medicaid’s asset test for children was removed. The federal government will still pay the higher CHIP match rate, but the benefits package for Medicaid costs more than CHIP’s benefits package. A related request for one-time funds is in item AA. How to Measure Success? (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) (3) 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>	https://le.utah.gov/int/erim/2018/pdf/00000537.pdf	

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BG	\$ 3,692,000	\$ 12,240,000	\$ 1,029,984,700	<p>DOH - Medicaid Managed Care 3.5% Reimbursement Rate Increase - Provide Medicaid accountable care organizations an additional rate increase of 1.5% (3.5% total if fund "Medicaid Caseload, Inflation and Program Changes" Item M). The fiscal analyst estimates medical inflation for FY 2019 at 3.4%. For additional information on estimated medical inflation in Utah please visit the brief available at https://le.utah.gov/interim/2018/pdf/00000537.pdf. A related request for one-time funds is in item AB.</p> <p>How to Measure Success? The increase is included in the pool for the actuarial rate setting process.</p>	Gov.	(1) Reduce the increase by (0.1%) or (\$246,100) to match the 3.4% estimate for medical inflation in Utah. (2) Provider assessments.
BH	\$ 1,959,500	\$ 1,959,500		<p>DOH - Alzheimer's State Plan Funding - "Fund ten specific areas to help further support caregivers, provide community awareness, educate healthcare providers, and conduct dementia related research. To provide a dementia-aware Utah, provide health and dignity for all with dementia and those at risk, support and empower family caregivers, build a dementia-competent workforce, and expand dementia research in Utah."</p>	Ray	If there are savings from reduced services, could that be used to pay for some of these costs?

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DA	\$ 7,160,900	\$ 23,750,900	\$ 281,805,900	<p>DHS - Disability Services: Additional Needs and Youth Aging Out - Individuals participating in the Medicaid Home and Community-Based Services Waiver program are entitled to "basic health and safety needs," and needs usually increase over time. This request includes funding for youth with disabilities that have been in the custody of Juvenile Justice Services or Child and Family Services and have aged out of those programs. The request consists of: \$2,570,800 for additional needs starting in FY 2019; \$3,627,700 for additional needs to make one-time funding from FY 2018 ongoing; and \$962,400 for youth who will age into services in FY 2019. A related one-time offset is in item CA. How to Measure Success? (1) Percent of adults who report that services and supports help them live a good life; (2) Among children living at home, percent of respondents who report that their child's services and supports help them live a good life; (3) Among adults living at home, percent of respondents who report that their family member's services and supports help them live a good life; (4) Among adults living in residential settings, percent of respondents who report that their family member's services and supports help them live a good life.</p>	Gov.	

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DB	\$ 1,000,000	\$ 3,316,700	\$ 281,805,900	<p>DHS - Disability Services: Waiting List - The Medicaid Home and Community-Based Services Waiver program serves 5,650 individuals and has a waiting list of 2,750. The requested \$1 million would bring approximately 148 individuals (5% of the list) into services. Per statute, 85% of new funding must go to individuals with the most critical needs and 15% must go to individuals currently needing respite services only.</p> <p>How to Measure Success?</p> <p>(1) Percent of adults who report that services and supports help them live a good life; (2) Among children living at home, percent of respondents who report that their child's services and supports help them live a good life; (3) Among adults living at home, percent of respondents who report that their family member's services and supports help them live a good life; (4) Among adults living in residential settings, percent of respondents who report that their family member's services and supports help them live a good life.</p>	Gov.	

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DC	\$ 1,171,600	\$ 3,885,900	\$ 4,701,200	<p>DHS - Disability Services: Community-Based Employment - By participating in the Medicaid Home and Community-Based Services Waiver program, the State must comply with federal requirements, including transitioning individuals participating in congregate day programs to employment in integrated community settings by 2022. Employment settings are more expensive, at least initially, due to the need to identify an appropriate setting and provide more skilled support with smaller staffing ratios. The request would transition 15% of individuals in services to employment settings and is part of a 4-year plan. DHS is reallocating \$1.6 million General Fund internally for the same purpose.</p> <p>How to Measure Success? (1) Percent of individuals employed in the community, (2) average hourly wage, and (3) average hours worked per week.</p>	Gov.	

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DD	\$ 2,600,000	\$ 2,600,000	\$ 19,897,000	<p>DHS - Forensic Competency Restoration - Individuals with mental illness who are in jails and deemed "not competent to proceed" with their trials are placed in DHS custody and referred to the Utah State Hospital (USH) for restoration. The USH has a waiting list for services, but must reduce wait times to be in compliance with a recent lawsuit settlement agreement. This request is to open a now-closed 24-bed unit at the USH and provide additional evaluations and attainment plans for juveniles.</p> <p>How to Measure Success? (1) Maximum length of time from court order for restoration to program admission; (2) percent restored to competency; (3) time from receipt of the order and completion of screening; and (4) time from screening to referral to court as competent.</p>	Gov.	
13	\$ 65,618,600	\$ 220,877,000		Total		
		\$ 65,618,600		Total State Funds Requested (Ongoing and One-time)		

(1) DHS = Department of Human Services, DOH = Department of Health, DWS = Department of Workforce Services, DCFS = DHS Division of Child and Family Services, DSPD = DHS Division of Services for People with Disabilities, DSAMH = DHS Division of Substance Abuse and Mental Health