

Ref. #	Ongoing	Total Funds	Base Funding/Fund Balance	Building Block List <sup>1</sup> Ongoing State Funds - Chair Proposal	Source	Alternative Funding Sources?
DO	\$ 50,000	\$ 50,000	\$ -	<u>DHS - Best Buddies - "Ongoing funding to support delivery of unique peer-to-peer, community-based inclusion programs for youth and adults with intellectual and developmental disabilities. To provide 900 youth and adults with and without intellectual and developmental disabilities with increased opportunities for socialization, inclusion, and leadership development through 11 school-based programs."</u>	Ray	
M	\$ 29,800,000	\$ 98,800,000	\$ 2,830,226,400	<b>DOH &amp; DHS - Medicaid Caseload, Inflation and Program Changes</b> - 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. <b>How to Measure Success?</b> Sufficient funding to cover growth and other changes to Medicaid as authorized by the Legislature.	<a href="https://le.utah.gov/interim/2018/pdf/00000537.pdf">https://le.utah.gov/interim/2018/pdf/00000537.pdf</a>	(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.

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DA	\$ 7,160,900	\$ 23,750,900	\$ 281,805,900	<p><b>DHS - Disability Services: Additional Needs and Youth Aging Out</b> - 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. <b>How to Measure Success?</b> (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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BF	\$ 6,600,000	\$ 31,270,000	\$ 164,502,000	<p><b>DOH - Children's Health Insurance Program (CHIP) Future State Match</b> - 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. <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) (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%). <u>Chair proposal reduce from \$13.2M to \$6.6M.</u></p>	<a href="https://le.utah.gov/interim/2018/pdf/00000537.pdf">https://le.utah.gov/interim/2018/pdf/00000537.pdf</a>	

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N	\$ 651,000	\$ 2,184,000	\$ 1,032,500	<p><b>DOH &amp; DHS - 32 More Medicaid Clients in Community Supports Waiver</b> - 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><b>How to Measure Success?</b> (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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DD	\$ 2,600,000	\$ 2,600,000	\$ 19,897,000	<p><b>DHS - Forensic Competency Restoration</b> - 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><b>How to Measure Success?</b>  (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.	

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DB	\$ 2,000,000	\$ 6,633,500	\$ 281,805,900	<p><b>DHS - Disability Services: Waiting List</b> - The Medicaid Home and Community-Based Services Waiver program serves 5,650 individuals and has a waiting list of 2,750. The requested \$4.2 million would bring approximately 448.296 individuals (5.10% 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. <u>The chairs consolidated the three waiting list requests into this item and changed the amount from \$1 million to \$2 million.</u></p> <p><b>How to Measure Success?</b>  (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., Thurston, Eliason	
DN	\$ 3,000,000	\$ 9,950,200	\$ 281,805,900	<p><b><u>DHS - DSPD Direct Care Staff Salary Increase - Phase IV -</u></b>  <u>This request would fund the final installment of an agency-proposed plan to raise the salaries of contracted direct care staff, with the goal of reducing turnover. DHS received about \$5 million General Fund in both FY 2016 and FY 2017 and \$2 million in FY 2018, and reports that starting salaries have increased from \$8.11/hour to \$10.53/hour as of March 2017; turnover decreased from 80% to 69% as of December 2016.</u></p>	Ray	

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P	\$ 805,100	\$ 2,700,000	\$ 565,600	<b>DOH &amp; DWS - Family Planning Medicaid Waiver (HB12)</b> - "To prevent unintended pregnancies and abortions. Save the state Medicaid budget money by reducing the number of individuals that need Medicaid services." <u>The chairs propose combining #B from the one-time list with this ongoing request.</u>	Ward/ Gov.	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.
BA	\$ 1,250,000	\$ 1,250,000	\$ 6,040,400	<b>DOH - Medical Examiner Reduce Caseloads</b> - 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. <b>How Measure Success?</b> 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).	Gov.	(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.

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FA	\$ 100,000	\$ 1,075,000		<b>DWS - The INN Between</b> - "\$975,000 towards building acquisition to expand medical beds to medical trail and terminally ill homeless individuals (up to 100). \$100,000 towards day to day program cost, including skills health care workers, case managers and program support." See #EC on one-time sheet.	Escamilla	
BB	\$ 150,000	\$ 150,000	\$ 6,085,900	<p><b>DOH - More Frequent Inspections for Assisted Living Facilities and Personal Care Agencies</b> - 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 <a href="https://le.utah.gov/audit/10_04rpt.pdf">https://le.utah.gov/audit/10_04rpt.pdf</a> for more information.</p> <p><b>How Measure Success?</b> 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.	(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.

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BD	\$ 2,253,600	\$ 7,470,000	\$ 9,900,000	<p><b>DOH - Medicaid Waiver for Children with Medically Complex Conditions</b> - 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><b>How to Measure Success?</b> (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, & Redd	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.
FB	\$ 800,000	\$ 800,000		<p><b>DWS - Independent Living Assistive Technology Programs</b> - "Provide items such as wheelchairs, ramps, grab bars, and hand bars to independent living centers to assist individuals with disabilities to be more independent in their homes and communities. The ongoing funding is to start in FY 2020, so one-time back out in FY 2019." See #ED on one-time sheet.</p>	Christensen	
FC	\$ 475,000	\$ 475,000		<p><b>DWS - Independent Living Centers</b> - "Make ongoing the funding for under-served populations with disabilities including youth and individuals in nursing homes desiring to transition out. The ongoing funding is to start in FY 2020, so one-time back out in FY 2019." See #EE on one-time sheet.</p>	Christensen	

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DE	\$ 1,480,100	\$ 1,480,100	\$ 5,551,400	<p><b>DHS - Domestic Violence, Essential Victim Services Funding</b> - "Victim Services to provide essential care to survivors of domestic violence in Utah, especially those indicated to be at high risk of intimate partner homicide. Ensure those at greatest risk of intimate partner homicide are able to receive essential lifesaving, evidence-based victim services from professional victim advocates in their community. In partnership with DCFS and our law enforcement partners, UDVC's 13 member programs will use ongoing state funding to stabilize the provision of emergency shelter, housing coordination, crisis counseling, behavioral healthcare, legal assistance and services to children impacted by the trauma of violence in their homes."</p>	Christensen	Private donations
BE	\$ 500,000	\$ 500,000	\$ 1,720,000	<p><b>DOH - Home Visiting for 116 Families</b> - Services using the <del>Parents as Teachers</del> <u>evidence-based</u> 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."  <b>How to Measure Success?</b> (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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BG	\$ 3,692,000	\$ 12,240,000	\$ 1,029,984,700	<p><b>DOH - Medicaid Managed Care <u>Additional 1.5% Reimbursement Rate Increase</u></b> - 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 <a href="https://le.utah.gov/interim/2018/pdf/00000537.pdf">https://le.utah.gov/interim/2018/pdf/00000537.pdf</a>. A related request for one-time funds is in item AB.</p> <p><b>How to Measure Success?</b> 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.
BC	\$ 230,000	\$ 230,000	\$ 606,400	<p><b>DOH - Backfill Federal Funds for Immunization Information System (USIIS)</b> - 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><b>How to Measure Success?</b> (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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BK	\$ 61,200	\$ 61,200		<b>DOH - Cannabinoid Product Board Membership Amendments</b> – “Create a board of experts to review all available research on cannabinoid medicine and inform the legislature giving the legislature the ability to make more informed decisions regarding medical cannabis policy. Currently the state of the research for medical cannabis is very much in flux. It is very easy for a layman to get overwhelmed and reach an unwarranted conclusion. We have a lot of expertise in the state and we need to call upon them to help us understand what the true state of medical cannabis is.”	Daw	Charge a fee to product producers for review.
BL	\$ 500,000	\$ 1,700,000		<b>DOH - Home Health for Medicaid Patients-</b> "Medicaid has not extended a rate increase to home health providers in five years. By contrast, Medicare has increased funding for its home health patients by 31% from 2002-2017. The national medical only CPI over the same period has increased 74%. Consequently, many providers will not accept Medicaid patients anymore, or will only allow one or two to be on census at a time. This creates a larger and larger financial burden for fewer and fewer providers, who, by policy, continue to care for Medicaid patients, though they lose money by caring for them. I am making this a one-time request for 2018 to allow rates to be renegotiated going forward. Community Nursing Services, a not-for-profit that is also one of the state's only remaining home health Medicaid providers, is actively considering strict reductions in home health Medicaid services."	Acton	Provider assessments

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BM	\$ 1,001,000	\$ 3,300,000	\$ 68,400,000	<b>DOH - Restoration of Dental Benefit for Elderly Medicaid Recipients</b> - "In 2009, the legislature stopped funding benefits for many categories of Medicaid beneficiaries. Since then nearly all of those benefits have been restored except for the elderly category. Rather than have elderly Medicaid beneficiaries receive costly emergency dental care or treatment in the emergency department, cost effective preventative care could be received with better health outcomes." There is a related request on the one-time list #AE.	Chavez-Houck	
O	\$ 570,000	\$ 1,900,000		<b>DOH &amp; DWS - 12-Month Continuous Eligibility for Children on Medicaid</b> - "Keep children healthy by reducing the number of times they lose Medicaid coverage. Often their parents are not able to keep up with re-application requirements and the child loses coverage in the middle of the year."	Ward	
DC	\$ 1,171,600	\$ 3,885,900	\$ 4,701,200	<b>DHS - Disability Services: Community-Based Employment</b> - 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. <b>How to Measure Success?</b> (1) Percent of individuals employed in the community, (2) average hourly wage, and (3) average hours worked per week.	Gov.	

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DF	\$ 1,664,100	\$ 1,664,100	\$ 1,093,900	<b>DHS - Children in Family Treatment Programs</b> - "Funds the treatment and services delivered to young children in family treatment programs. Services delivered are not Medicaid reimbursable. Family treatment programs provide substance use disorder and mental health services to the parent while concurrently treating and reunifying the children keeping them out of foster care. Parents and their children throughout the state access these services. Family treatment programs are a partnership between DCFS, DSAMH, juvenile court, Guard ad Litem, the local substance abuse authorities."	Edwards	County funds
DG	\$ 250,000	\$ 250,000	\$ 90,000	<b>DHS - The Children's Center</b> - "Behavioral health care supporting families with young children with severe emotional problems. This is a supplement for scholarships for families that need assistance. This is a request for continued funding the state has approved for the past 25 years."	Van Tassell	Previously funded with TANF
DI	\$ 800,000	\$ 800,000	\$ 13,000,000	<b>DHS - Psychiatric Technician Wages at the Utah State Hospital</b> - "Low wages for psychiatric technicians at the Utah State Hospital have contributed to hiring challenges and high turnover rates. The hospital employs over 300 technicians, who provide needed supportive services to vulnerable individuals receiving treatment at the hospital. The requested amount would provide a 5% wage increase."	Thurston	

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BI	\$ 250,000	\$ 250,000	\$ -	<b>DOH - Pediatric Trauma and Quality Improvement Network</b> - "The Pediatric Trauma and Quality Improvement Network is designed continually improve pediatric trauma care through development of a Pediatric Trauma Network. The Network recognizes one or more Pediatric Resource Center in each Utah Trauma Region. The goals are to 1) promote state of the art pediatric trauma care in each region through regionally developed, evidence-based pediatric trauma care guidelines, 2) support pediatric trauma care locally, based on available resources and formal support from pediatric trauma specialists as requested, 3) improve efficient triage and transfer of critically injured youth 4) evaluate and continuously improve trauma outcomes for the youth of Utah."	Iwamo to	State has existing trauma center verification fees of \$5,000.
DL	\$ 350,000	\$ 1,160,800	\$ 4,500,000	<b>DHS - DSPD Transportation Funding</b> - "Current Utah DSPD motor transportation payment (MTP) rate is \$11.84 per day. Several studies have shown that actual costs of providing MTP services range from \$24-\$34 per day per client requiring transportation. Recent changes in the DSPD "Scope of Work" contract will result in increased per person per day transportation costs. This appropriation would help sustain the long-term federally-required provision of transportation services for people with severe disabilities. This appropriation would help sustain the long-term federally-required provision of transportation services for people with disabilities by raising the MTP rate from \$11.84 to \$13.50 per transportation day. Failure to provide these services may result in law suits against the state if services and loss of federal match for services provided to people with disabilities."	Redd	

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DM	\$ 550,000	\$ 550,000	\$ 3,527,000	<b>DHS - Nutrition for Elderly (Meals on Wheels)</b> - "Provides funding for adult aging services for the actual meals delivered to seniors across the state. Assists aging adults to remain in their homes, avoiding more expensive out-of-home services."	Hemmert	Private donations
BH	\$ 1,959,500	\$ 1,959,500		<b>DOH - Alzheimer's State Plan Funding</b> - "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."	Ray	If there are savings from reduced services, could that be used to pay for some of these costs?
FD	\$ 250,000	\$ 250,000		<b>DWS - Support Service Provider Program for Deaf and Blind</b> - "Fund personal support for Blind until they can be self sufficient...To enable blind to live on their own and contribute to society."	Buxton	
BJ	\$ 100,000	\$ 330,000		<b>DOH - Reimbursing for the Medicaid Dental Code</b> - "Providing more access to Medicaid dental care for children - allow more children to receive preventive care in school-based and public health settings, and start to make progress on the access problem we have for kids."	Escamilla	
FE	\$ 300,000	\$ 300,000		<b>DWS - IDA Accounts</b> - Fund individual development accounts (IDAs), <u>a program that empowers low-income working households with the opportunity for economic mobility. State match of \$1 to every \$1 saved by the individual. Accounts can only be used to fund the purchase of a first home, small business, or education.</u>	Weiler	
FI	\$ 2,000,000	\$ 2,000,000		<b>DWS - 4-H Youth Development</b> - "Build statewide capacity for 4-H program by adding 4-H coordinators in all 29 counties." <u>This funding request appropriates \$2.0 in excise tax revenue.</u>	Edwards	

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FF	\$ 160,000	\$ 160,000		<b>DWS - Work is the Way Initiative</b> - "Culinary /Job training at the homeless resource centers. Provide certification and a career pathway for homeless populations...Job training for homeless population."	Edwards	
FG	\$ 450,000	\$ 450,000		<b>DWS - The Switchpoint Homeless Resource Center</b> - "Necessary to provide ongoing funding for shelter, housing, food, and training for homeless population in Washington County...Addressing homeless population and connecting individuals with basic necessities, counseling, and training."	Snow	
FH	\$ 150,000	\$ 150,000		<b>DWS - Medical Interpreting Education and Accountability Program</b> - "Supporting curriculum development and capacity building of existing and new medical interpreter workforce to respond to the need of growing refugee and immigrant populations. The program would improve health outcomes for vulnerable populations and assist health care provider communities to have a sustainable pool of high quality medical interpreters."	Escamilla	
<b>38</b>	<b>\$ 75,044,300</b>	<b>\$ 224,730,200</b>	<b>\$ 5,016,842,100</b>	<b>Total</b>		
		<b>\$ 90,370,800</b>		<b>Total State Funds Requested (Ongoing and One-time)</b>		
				<b>Items Combined with Other Requests</b>		
<del>DJ</del>	<del>\$ 1,000,000</del>	<del>\$ 3,316,700</del>	<del>\$ 281,805,900</del>	<del>DHS—Disability Services: Waiting List</del> —"The Medicaid Home and Community Based Services Waiver program serves 5,650 individuals (5% of the list) into services. Community supports help individuals remain in their homes or other residential settings, and are generally less expensive than institutional care, which these individuals are entitled to under the Medicaid program." <u>The chairs consolidated the three waiting list requests into item DB.</u>	Thurston	

Ref. #	Ongoing	Total Funds	Base Funding/Fund Balance	Building Block List <sup>1</sup> Ongoing State Funds - Chair Proposal	Source	Alternative Funding Sources?
DK	<del>\$ 1,500,000</del>	<del>\$ 4,975,100</del>	<del>\$ 281,805,900</del>	<del>DHS – DSPD Waiting List Funding – "To reduce the waiting time for people waiting for services." The chairs consolidated the three waiting list requests into item DB.</del>	Eliaison	
DH	<del>\$ 560,000</del>	<del>\$ 560,000</del>	<del>\$</del>	<del>DHS – Telehealth Mental Health Pilot Program – "Provides funding for a rural, urban and Out Of Home UT State Mental Hospital pilot programs designed to provide health services to public school students using telecommunications technology. Utilize telehealth to strengthen school based and Out Of Home mental health for Utah's youth in primary and secondary schools for the purpose of enhancing educational, social, and emotional supports." This request is associated with H.B. 308. A related item is on the one time list, #CD. The chairs moved this item from ongoing to one-time, to match the appropriation included in H.B. 308.</del>	Ivory	

**(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**