

Ref. #	Ongoing	Total Funds	Base Total Funding <sup>1</sup>	Building Block List <sup>2</sup> Ongoing General Funds - Agency Requests	Source	Alternative Funding Actions
DA	\$4,458,400	\$13,498,300	\$0	<p><b>DOH &amp; DHS &amp; DWS - Disability Services: New Limited Supports Waiver</b> Utah's existing Medicaid Home and Community-Based Services Waiver program serves 6,100 individuals and has a waiting list of 3,100. The new waiver, if approved by the federal government, would provide a limited array of services to 700 individuals who are currently on the waiting list. The specific services are to be determined but would be limited to in-home supports; allocations for each individual would be capped. Those with higher needs could eventually move to the existing waiver for more comprehensive services. The costs in medical benefits are for the 52% estimate of clients who are newly enrolling in Medicaid. The request includes General Fund amounts of: \$1,613,800 for DOH, \$2,813,400 for DHS, and \$31,200 for DWS. A related one-time offset is in item A.</p> <p><b>How to Measure Success?</b> DHS: (1) Percent of adults who report that services and supports help them live a good life (Target = 100%), (2) Percent of the fiscal year that people receive services when transitioning from the waiting list (Target = 50% of twelve full months July-June in the initial year of funding), and (3) Reduction in the rate of increase of emergency cases brought into Community Supports Waiver (Target = 3 percentage points); DWS: Eligibility Services - internal review compliance accuracy (Target = 95%)</p>	GOV	
DB	\$24,262,400	\$80,460,500	\$4,080,000,000	<p><b>DOH &amp; DHS - Medicaid and CHIP Caseload, Inflation and Program Changes</b> The following areas create costs for the state in Medicaid: (1) caseload - an unfavorable federal match rate change of 0.9% in FY 2021 and (2) inflationary changes - 2% projected increase in accountable care organization contract rates starting in July 2020 and increases in payments to the federal government (Clawback). A related one-time offset is in item AD.</p> <p><b>How to Measure Success?</b> Sufficient funding to cover growth and other changes to Medicaid as authorized by the Legislature.</p>	GOV	(1) Provider assessments. (2) Have hospital assessment pay proportion of the increase based on current contribution levels.

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DC	\$550,000	\$900,000	\$300,000,000	<p><b>DOH &amp; DHS - Medicaid Behavioral Health Reimbursement Rate Increases and Service Adjustments</b>  Seven percent fee-for-service rate increases for behavioral health and residential treatment received by about 12,000 clients receiving 290,000 units of services.</p> <p><b>How to Measure Success?</b>  (1) The percentage of adolescents and adults 13 years of age and older who initiate treatment within 14 days of diagnosis, 2018 was 38.0%. (2) The percentage of adults and children 6 years of age and older who had an emergency department visit for selected mental health disorders and had follow-up care within 7 days, 2018 was 33.0%. (3) The percentage of adults and children 6 years of age and older who had an emergency department visit for selected mental health disorders and had follow-up care within 30 days, 2018 was 50.5%.</p>	GOV	Estimate the reduction to the actuarial rate adjustment and use the associated savings to reduce the cost of the rate increase.
EA	\$281,000	\$652,700	\$105,300,000	<p><b>DOH - State Employee - Targeted Salary Increase Health</b>  Certain jobs in Health were selected for targeted increases due turnover rates or difficulty in hiring. The proposed increases range from 0.45% to 15.0% based on a market study by the Utah Department of Human Resource Management for the following job classifications: auditor II &amp; III, chemist/microbiologist I &amp; II, epidemiologist I, financial analyst I-III, financial manager I, investigator II &amp; IV, laboratory technician I-III, and pharmacist. See page B-2 for increases by position at <a href="https://gomb.utah.gov/wp-content/uploads/2020/01/Supplementals-Budget-Book-FY-2021-WEB-with-links.pdf">https://gomb.utah.gov/wp-content/uploads/2020/01/Supplementals-Budget-Book-FY-2021-WEB-with-links.pdf</a>.</p> <p><b>How to Measure Success?</b>  Reduction in turnover by 80% for these positions.</p>	GOV	Redirect statewide COLA increase to be more discretionary (agencies might need time to propose where funding is needed). 1% salary increase for Health is \$909,800 total funds (\$242,000 General Fund).

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EB	\$500,000	\$500,000	\$2,137,500	<p><b>DOH - Funding to Local Health Departments for Compliance with State Standards</b>  Some increased funding to each of the state's 13 local health departments to comply with state standards (see <a href="https://rules.utah.gov/publicat/code/r380/r380-040.htm">https://rules.utah.gov/publicat/code/r380/r380-040.htm</a>) for public health. The last increase in state funding was 0.7% or \$15,100 in FY 2014.</p> <p><b>How to Measure Success?</b>  Build and maintain a competent epidemiological workforce (Done/Not Done).</p>	GOV	Utah's 29 counties may tax property to support local health departments. 15 counties do and the lowest rate is \$4.70 per \$100,000. If the other 16 counties taxed at that rate, then it would generate \$4.5 million.
EC	\$610,000	\$610,000	\$7,440,000	<p><b>DOH - Staff and Software at the Office of the Medical Examiner</b>  Hire one office administrator to reduce time demands on the chief medical examiner, one autopsy assistant, and change some part-time investigators for five full-time investigators. The change to full-time investigators would change the percentage of death cases in Salt Lake, Davis, Weber, and Utah counties under the examination of certified medicolegal death investigators from 36% to 60%. Additionally, fund the ongoing costs of a new database system (about \$60,000) to replace the system designed in 2010. A related request for one-time funds is in item AB.</p> <p><b>How to Measure Success?</b>  Complete 90% of reports within 60 days (currently at 72%).</p>	GOV	(1) Only fund the staff of \$550,00 (2) Only fund the new database system at \$60,000.

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ED	\$220,000	\$220,000	\$157,000	<p><b>DOH - Testing for Syphilis and Gonorrhea</b>            Pay for 11,000 sexually transmitted disease tests at the State laboratory to determine the presence of syphilis, gonorrhea, or chlamydia. Tests will be provided free of charge to individuals. Gonorrhea rates in Utah have increased per 100,000 people from 9.8 in 2011 to 81.2 in 2018. <a href="https://www.cdc.gov/std/stats17/tables/13.htm">https://www.cdc.gov/std/stats17/tables/13.htm</a> ranks Utah 43rd highest of 50 states for incidence of gonorrhea in 2017.</p> <p><b>How to Measure Success?</b>            (1) Decrease incidence of gonorrhea by 10% by 2022. (2) Maintain zero congenital syphilis infection rate in Utah.</p>	GOV	Charge up to the normal \$23 laboratory fee for the testing.
EE	\$500,000	\$702,500	\$212,100	<p><b>DOH - Loan Repayment Incentives for 15 Medical Providers to go to Underserved Areas</b>            Funding for fifteen medical providers to serve for two years in underserved areas in exchange for loan repayments ranging from \$10,000 to \$50,000. There are matching federal funds available annually for four years up to \$202,500.</p> <p><b>How to Measure Success?</b>            Serve an additional 5,000 uninsured and 7,000 underserved individuals.</p>	GOV	Ask for a match from organizations where providers will be working. ND for MDs and VA require 1:1 match. (H.B. 87 requires a 20% match.)

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EF	\$1,545,200	\$1,545,200	\$30,700,000	<p><b>DOH - 436 More Baby Watch Clients</b>  The Baby Watch program serves children from birth to age three with at least a moderate developmental delay. This funding covers the increase in costs from a forecasted growth of 436 children from FY 2019 to FY 2021. Through December 2019, the program has seen an increase of 107 children over FY 2019. The department indicates that none of the funding would go for state administration and all would go to the fifteen regional service providers.</p> <p><b>How to Measure Success?</b>  Maintain the current service delivery baseline of an average of 1.7 visits per child per month.</p>	GOV	(1) Change law to require billing of private insurance companies where possible. (2) Increasing parent contributions that are currently \$575,000 annually and are based on a monthly sliding fee schedule of \$0 to \$200 based on income.
EG	\$500	\$1,100	\$319,600	<p><b>DOH - Compensation and ISF Exception for Childrens Hearing Aid Account</b>  Based on a 1% COLA increase and the other annual compensations adjustments, the Children's Hearing Aid Pilot Program Account would need to provide \$1,100 ongoing as its proportional contribution. This fund's resources are 100% from General Fund appropriations. If you approved this request as a compensation and internal service funds (ISF) exception and removed this fund from the contributing sources, then this would charge that \$1,100 proportionally to the remaining revenue sources. The final amount needed would depend on what COLA change the Legislature approved. A related request for one-time funds is in item AC.</p>	AGCY	

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EH	\$1,416,200	\$4,167,000	\$810,000,000	<p><b>DOH - Case Management for Rural Medicaid Clients</b>  Contract with the local health departments that represent the 16 fee-for-service rural counties to do healthcare case management for high risk, fee-for-service Medicaid clients identified by the Department of Health who are living in rural areas. If the case management results in an 1.7% reduction of fee-for-service per-member-per-month costs, then this intervention would pay for itself. Additionally, begin paying facilities for providing a telehealth connection for a telehealth visit and for telehealth visits not connected in real time (such as dermatology and retinology).  Health: "It is unknown at this point how much of this cost could be offset by case management savings, especially in the first year or two of operations given that it takes time to develop savings from case management. Medical claims can also be billed up to 12 months from the date of service, which also contributes to the delay in realizing the savings."</p> <p><b>How to Measure Success?</b>  (1) Number of hospital readmissions per thousand, (2) Overall inpatient hospitalization per thousand (3) Emergency department utilization per thousand, and (4) Follow-up after hospitalization for mental health or substance use disorder within 7 days.</p>	GOV	(1) If efforts should save money, then fund internally. (2) If savings will be delayed, then provide one-time funding.

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EI	\$1,746,100	\$5,404,000	\$23,800,000	<p><b>DOH - 10-25% Autism Medicaid Provider Rate Increase</b>  10-25% Autism Medicaid Provider Rate Increase - Medicaid rate increases for applied behavioral analysis of 10% to 25% for approximately 1.5 million services received by 1,200 clients 21 and under. Currently there are about 20 or 5% Medicaid-enrolled providers of approximately 379 board certified providers in Utah (as per <a href="https://bacb.com/services/o.php?page=101134">https://bacb.com/services/o.php?page=101134</a> on 1/24/2020) that provide these services to Medicaid clients. Services started in FY 2015 and rates have/have not been adjusted since then.</p> <p><b>How to Measure Success?</b>  Increase the number of individuals receiving services by 10% (from 1,200 to 1,320).</p>	GOV	
EJ	\$2,419,000	\$7,486,800	\$80,400,000	<p><b>DOH - Quality Improvement Incentives for Intermediate Care Facilities</b>  Quality Improvement Incentives for Intermediate Care Facilities - This funding maintains the same amount of funding as a whole for ICF-IDs that they were receiving prior to moving more clients to community-based services based on the recent lawsuit, Christensen v. Miner. The ongoing funding is the estimated need for FY 2024. 150 clients were estimated to transition out in FY 2020, as of January 2020 about 50 may end up transition out this fiscal year. This funding will provide quality improvement projects for the State's 14 private intermediate care facilities in the State. A related one-time offset is in item AE.</p> <p><b>How to Measure Success?</b>  In year 1, create baseline figures on number of individuals (1) either employed or engaged with vocational rehab and (2) participating in community integration activities. In year 2, create minimum threshold of improvement.</p>	GOV	(1) Increase the assessment on the ICF-IDs from 4.6% up to a max of 6% for \$548,000 more revenue (ask feds permission for proposed uses). (2) Fund at FY 2021 estimated level of \$1.7 million. (3) Fund the amount based on actual clients who have moved out thus far.

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EK	\$450,000	\$1,350,000	\$300,000,000	<p><b>DOH - Separate Reimbursement for Methadone Therapy</b>            Pay for methadone therapy at delivery-site locations for about 350 clients receiving 13,000 units of services to comply with federal regulations. Currently clients have to travel to a different location than where they receive the methadone to receive therapy or pay out of pocket to receive it on site. For nearly all Medicaid clients, mental health services are paid as part of a capitated rate to providers contracted by county government. Methadone drugs are paid separately outside the capitated rate.</p> <p><b>How to Measure Success?</b>            (1) The percentage of adolescents and adults 13 years of age and older who initiated treatment and had two or more additional AOD services or Medication Assisted Treatment within 34 days of the initiation visit, 2018 was 30.6%. (2) The percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder who have at least 180 days of continuous treatment, 2018 was 25.9%.</p>	GOV	(1) require the counties to provide this service as part of their capitated rate (2) require methadone treatment providers to be contracted with the county mental health systems
FA	\$1,934,700	\$2,173,800	\$87,123,100	<p><b>DHS - Child and Family Services Caseworker Salary Increase</b>            Caseworkers for the Division of Child and Family Services (DCFS) coordinate cases for youth in out-of-home care or at risk of out-of-home care. Caseworkers are paid \$32,000 per year on average and have an annual turnover rate of 30%. When one case has multiple caseworkers due to turnover, the case closes 6-9 months later on average than a case with a single caseworker. DCFS states that longer cases lead to higher costs for DCFS, the Courts, and other state agencies, and reduced engagement with the caseworker and worse outcomes for families.</p> <p><b>How to Measure Success?</b>            (1) Reduced worker changes for families to have reliable, trustworthy engagement. (2) Decrease time to permanency.</p>	GOV	

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FB	\$4,885,500	\$4,885,500	\$27,096,000	<p><b>DHS - 30-Bed Forensic Unit at Utah State Hospital</b>  Individuals with mental illness who are in jails and deemed "not competent to proceed" with their trials are placed in Department of Human Services' custody and referred to the Utah State Hospital (USH) for restoration. USH must keep wait times under 14 days to be in compliance with a recent lawsuit settlement agreement. Throughout FY 2020, wait times have remained under 14 days. This request is to open an existing 30-bed unit at the USH. There is a one-time offset in item BC because USH will open the beds progressively over the first year.</p> <p><b>How to Measure Success?</b>  (1) Maximum length of time from court order for restoration to program admission (Target: 14 days), (2) Percent restored to competency (Target: 65%), (3) Percent of patients court-ordered to DHS screened within 72 hours (Target: 100%)</p>	GOV	Medicaid waiver for institutions for mental disease
FC	\$2,500,000	\$2,500,000	\$2,500,000	<p><b>DHS - Five Mobile Crisis Outreach Teams in Rural Utah</b>  Mobile crisis outreach teams (MCOTs) are operated by the Local Mental Health Authorities (LMHAs) and meet individuals who are having a mental health crisis at their location. The Legislature funded five MCOTs in urban areas in FY 2019. From January to June 2019, MCOTs stabilized 80% of clients in place, without moving to a more expensive level of care. Per statute, counties must contribute 20%, or \$500,000 total, to receive the state funds.</p> <p><b>How to Measure Success?</b>  (1) Number of people served by MCOT team with measures consistent with DSAMH Scorecards and Outcome Reports, (2) Percent of people served who are stabilized in place.</p>	GOV	(1) County funds, (2) Medicaid match, (3) commercial insurance

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FD	\$881,000	\$1,175,200	\$55,685,100	<p><b>DHS - State Hospital Forensic Unit Staff Salary Increase</b>  This request would increase salaries for staff in the forensic unit at the Utah State Hospital (USH), at USH's discretion, to increase the salaries and improve service quality and retention. The turnover rate among one of the related job classifications, psychiatric technicians, is 50%.</p> <p><b>How to Measure Success?</b>  (1) To successfully bid and hire staff to train and begin operations by September 2020 in order to remain compliant with the Settlement Agreement, (2) Reduce psychiatric technician turnover rate below 50%, (3) See a reduction in length of vacant job postings.</p>	GOV	
FE	\$8,110,000	\$8,110,000	\$0	<p><b>DHS - Two Behavioral Health Crisis Receiving Centers</b>  These centers would provide no-refusal care for up to 23 hours to anyone experiencing a behavioral health crisis. The centers would divert individuals from hospital emergency rooms (there were 39,000 visits in 2014), provide a more appropriate care setting, and then refer individuals to community-based services as needed. The centers would operate in urban counties outside Salt Lake County. The centers are estimated to have 10,000 admissions per year. There is a corresponding one-time request in item BA.</p> <p><b>How to Measure Success?</b>  (1) Engagement in Recovery Support/Treatment Services Target=60%, (2) Diversion from Emergency Room Target=30%, (3) Diversion from Jail/Criminal Justice Services Target=40%</p>	GOV	(1) County funds, (2) Medicaid match, (3) commercial insurance

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FF	\$5,950,000	\$18,415,400	\$335,396,000	<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: \$4,391,000 for additional needs and \$1,559,000 for youth who will age into services. There is a one-time offset in item BD because youth age into services through the year.</p> <p><b>How to Measure Success?</b>            (1) Percent of adults who report that services and supports help them live a good life. (Target = 100%), (2) Among children living at home, percent of respondents who report that their child's services and supports help them live a good life. (Target = 100%), (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. (Target = 100%), (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. (Target = 100%)</p>	GOV	

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FG	\$2,000,000	\$6,190,000	\$335,396,000	<p><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, if appropriate for the individual, 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 25% of individuals in services to employment settings and is part of a 2-year plan.</p> <p><b>How to Measure Success?</b>            (1) Percent of adults who have a paid job in the community (Target = 28%), (2) National ranking of people receiving employment services (Target = 17), (3) Percent of people in day programs utilizing new employment preparation services (Target = 25%)</p>	GOV	
GA	\$5,000,000	\$5,000,000	\$9,389,600	<p><b>DWS - Affordable Housing</b>            SB34, Affordable Housing Modifications (Anderegg), passed in the 2019 General Session, considered funding for loans and grants to municipalities and counties for the purchase of land to be used to develop moderate income housing units through the Olene Walker Housing Loan Fund. The fiscal note for the bill estimates \$20,000,000 one-time and \$4,000,000 ongoing. No funding was appropriated in 2019. This item would fund the bill. The Olene Walker Fund has an Uncommitted balance of \$12,453,652 as of 01/06/2020, a portion of which will likely be committed by the Olene Walker Housing Loan Fund Board at their meeting on 01/23/2020.</p> <p><b>How to Measure Success?</b>            980 families will receive rental assistance with the proposed funding.</p>	GOV	Olene Walker Funds
<b>22</b>	<b>\$ 70,220,000</b>	<b>\$ 165,948,000</b>	<b>\$ 6,593,052,000</b>	<b>Total</b>		

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			\$ 92,672,300	Total State Funds Requested (Ongoing and One-time)		
<b>(1) The Base Total Funding is ongoing FY 2021 funding from all sources and may be broader or more targeted depending on the scope of the item. New services/clients</b>						
<b>(2) DOH = Dept of Health, DHS = Dept of Human Services, DWS = Dept of Workforce Services</b>						
<b>For updated descriptions of funding requests, please visit: <a href="http://cobi.utah.gov">cobi.utah.gov</a>, Issues tab</b>						