

Motions
Packet for
Social
Services
2/13/2020

The Legislature intends that the Department of Health report on the following additional performance measures for the Disease Control and Prevention line item, whose mission is to "prevent chronic disease and injury, rapidly detect and investigate communicable diseases and environmental health hazards, provide prevention-focused education, and institute control measures to reduce and prevent the impact of disease.": Utah youth use of electronic cigarettes in grades 8, 10, and 12 (Target = 11.1% or less) by October 1, 2020 to the Social Services Appropriations Subcommittee.

(Explanation: this performance measure was passed as part of S.B. 2 in the 2019 General Session and should have been included in the base budget performance measures but was excluded inadvertently.)

Staff

1/29/2020 2:29 PM

- 1) Transfer \$900,000 ongoing General Fund beginning FY 2021 from the Department of Health's Disease Control and Prevention line item to the Department of Environmental Quality's Drinking Water line item.
- 2) The Legislature intends that the Department of Environmental Quality use the \$900,000 ongoing to contract with whatever organization private or public that can provide the best service for water testing to meet the State's needs.

The Legislature intends that the Department of Health report to the Office of the Legislative Fiscal Analyst by August 1, 2020 on the status of all recommendations in chapter two from "An In-Depth Budget Review of the Utah Department of Health" that the Department of Health had anticipated finished implementing.

(This action implements the recommended action from staff from the issue brief available at <https://le.utah.gov/interim/2020/pdf/00000781.pdf>.)

If the legislature provides funding for the building block entitled “Health care expenditure waste calculator”, then the intent language below is approved:

The Legislature intends that the Department of Health report by May 1, 2021 to the Health and Human Services Interim Committee on the findings from the health care waste calculator and recommended steps that the State could take to reduce wasteful spending.

If the Legislature provides funding for "Case Management for Rural Medicaid Clients", then the intent language below is approved.

The Legislature intends that the Utah Department of Health provide a portion of the case management services in rural fee-for-service counties through certified community health workers. The Department of Health will evaluate the impact of this workforce in improving outcomes and decreasing inappropriate utilization and report this information in performance measure reports.

The Legislature intends that the Departments of Health and Workforce Services report to the Office of the Legislative Fiscal Analyst by July 1, 2020 on the costs and revenue associated with implementing cost sharing for families with incomes above 150% of the federal poverty level on Medicaid waiver programs for children.

(Explanation: NCSL 1/31/20 email correspondence“ [Section 1916\(a\)\(1\)](#) of the Social Security Act prohibits charging premiums with an exception outlined at Section 1916(c), which allows specifically for premiums to be charged to individuals with incomes above 150% of the federal poverty level (FPL). Based off our reading of this section, a state could potentially charge premiums similar to the Utah work incentive for children with incomes above 150% FPL. This information would also apply to children with disabilities enrolled in waiver programs. According to [this chart](#) from the Kaiser Family Foundation, 4 states charge enrollment fees or premiums for children – CA, MD, MI, and VT and they’re all above 150% FPL.”)

The Legislature intends that the Departments of Health and Workforce Services report to the Office of the Legislative Fiscal Analyst by July 1, 2020 on the Medicaid populations not currently with a work requirement who could have a work requirement. The report shall include the number of new individuals who could have a work requirement and the associated costs and savings to the State.

If funding is approved for an expansion of social detox services, then the intent language below is approved:

The Legislature intends that for reporting on the outcomes of the expansion of social detox services to Medicaid expansion clients, that the Department of Health report the following performance measures (1) initiation and engagement of alcohol and other drug abuse or dependence treatment and (2) reduction in substance-use-related emergency department visits.

(This motion relates to BJ11 on the motion sheet which states: “Approve \$3,700,000 total fund ongoing (\$350,000 Medicaid Expansion Fund) beginning in FY 2021 to expand lower level withdrawal management services in social detox to all counties to serve around 250 additional clients newly eligible via Utah's Medicaid expansions. How to Measure success? Health: ‘Success will be measured by the number of clients who receive social detox services. We anticipate that the number will be around 250; however, we will consider this successful if at least 200 receive service.’”)

(Member Last Name)

2/11/2020 10:40 PM

If the Legislature provides funding in FY 2021 for the building block entitled “Loan Repayment Incentives for 15 Medical Providers to go to Underserved Areas”, then the General Fund appropriation in FY 2021 shall be limited to a maximum of \$500,000 between ongoing and one-time funds.

The Legislature intends that the Department of Health use the ongoing funding provided in item 186 of Chapter 407, Laws of Utah 2019 to coordinate with the Department of Human Services' Division of Substance Abuse and Mental Health to have each local mental health authority identify at least one provider that is a specialist in maternal mental health, or will identify a provider to be trained as a specialist in maternal mental health; providers will be connected to a statewide network of trained and informed maternal mental health specialists. The Departments of Health and Human Services shall report on the progress of these efforts to the Office of the Legislative Fiscal Analyst by January 1, 2021.

Under Section 63J-1-603 of the Utah Code Item 64 of Chapter 10, Laws of Utah 2019, the Legislature intends up to \$350,000 provided for the Department of Health's Medicaid Services line item shall not lapse at the close of Fiscal Year 2020. The use of any nonlapsing funds is limited to property improvements in intermediate care facilities for individuals with intellectual disabilities serving Utah Medicaid clients.

Reduce the maximum amount of nonlapsing authority for funding provided for legislative requests for appropriations [motions](#) from the amounts on the left to the amounts on the right as shown below:

1) BC8 - \$250,000 => \$63,000

a. alzheimer's programs and outreach

2) BC9 - \$250,000 => \$63,000

a. prevent sexual assault

3) BC10 - \$400,000 => \$100,000

a. Utah produce incentives

1) For the Department of Human Services' Services for People with Disabilities line item approve the motion below:

a. The Departments of Health and Human Services may use up to a combined maximum of \$12,400,000 from the General Fund Restricted – Medicaid Restricted Account and associated federal matching funds provided for Medicaid Services, Services for People with Disabilities, and Children's Health Insurance Program only in the case that non–federal fund appropriations provided for FY 2020 in all other items of appropriation within the respective line item are insufficient to pay appropriate Medicaid claims within the respective line item for FY 2020 when combined with federal matching funds.

2) Remove the building block #BB “Disability Services: Anticipated Budget Shortfall” from the priority lists.

3) Replace the previously subcommittee-approved motions BJ3 and BB1 included below with the language above in #1a.

#BJ3 - The Department of Health may use up to a combined maximum of \$12,400,000 from the General

Ray

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Fund Restricted – Medicaid Restricted Account and associated federal matching funds provided for Medicaid Services and Children's Health Insurance Program only in the case that non–federal fund appropriations provided for FY 2020 in all other items of appropriation within the respective line item are insufficient to pay appropriate claims within the respective line item for FY 2020 when combined with federal matching funds.

#BB1 - The Department of Health may use up to a combined maximum of \$12,400,000 from the General Fund Restricted – Medicaid Restricted Account and associated federal matching funds provided for Medicaid Services and Children's Health Insurance Program only in the case that non–federal fund appropriations provided for FY 2020 in all other items of appropriation within the respective line item are insufficient to pay appropriate claims within the respective line item for FY 2020 when combined with federal matching funds.

(Explanation: This allows the Department of Human Services' Services for People with Disabilities line item to use the same \$12.4 million buffer provided for Medicaid services in the Department of Health in case its costs exceed appropriations.)

Ray

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I move to modify the action taken by the Subcommittee on February 10th as follows:

- Restore the ongoing FY 2021 reduction of \$231,400, for the Aging Alternatives Program (#23 on the Reduction list), and
- Reduce funding by \$231,400 one-time in FY 2020 for the Aging Alternatives Program.

The Legislature intends that the Office of Recovery Services provide a report to the Office of the Legislative Fiscal Analyst by September 15, 2020 detailing the following for the estate recovery program: 1) the amount of FY 2020 collections and projections for FY 2021 and FY 2022 and reasons for the trend, 2) the impact of TEFRA liens and other changes from S.B. 241 (2018 G.S.), and 3) what collection efforts are based on federal law and which are based on state law only.

The Legislature intends that the Department of Health use the ongoing funding provided in item 59 of H.B. 7 *Social Services Base Budget*, from the 2020 General Session for the Department of Health, the Utah Oral Health Coalition, and other oral health stakeholders, to advance recommendations to reduce Utahns' emergency department use for non-traumatic dental visits and develop a statewide plan to improve dental access and support oral health outcomes. The plan shall be developed by the Utah Oral Health Coalition, in partnership with programs within the Department of Health that focus on oral health and shall address oral health inequities and dental access disparities. Representatives from the Utah Oral Health Coalition. The Department of Health shall present their recommendations and priorities to the Health and Human Services Interim Committee and Social Services Appropriations Committee by October 1, 2020.

The Legislature intends that the Departments of Health and Workforce Services create an option for clients for recurring automatic withdrawal payments to pay their CHIP premiums and report on their progress to the Office of the Legislative Fiscal Analyst by October 1, 2020.

Authorize a transfer of \$7,471,100 ongoing from the General Fund beginning in FY 2021 from the Attorney General's Office to the Division of Child and Family Services, for the purpose of the Child Protection Internal Service Fund.

[Explanation: The Attorney General's Office moved to an Internal Service Fund model in FY 2020, beginning with the Civil Division. This transfer would move Attorney General Child Protection services into the Internal Service Fund as well. The Division of Child and Family Services would then pay the Attorney General's Office in accordance with the amount of service provided.]

The Legislature intends that the Departments of Health and Environmental Quality use the ongoing funding provided in item 58 of Chapter 10, Laws of Utah 2019 to report on the items below to the Office of the Legislative Fiscal Analyst by May 1, 2020:

- 1) The Department of Environmental Quality and the Department of Health have the ability to partner together to find common solutions within finite budgets. What are the risks and benefits of changing the structure of this partnership?
 - a. Is the Department of Environmental Quality required to do its water testing through the Department of Health?
- 2) What would need to change to allow the Department of Environmental Quality to order the testing that it needs to have done go through private labs?
- 3) What are the pros and cons of maintaining state capacity for lab testing vs. using private labs?
 - a. What would be/are the pros and cons for the Department of Environmental Quality?
 - b. What would be/are the pros and cons for the testing lab at the Department of Health?

- c. What would be/are the pros and cons with regard to taxpayer cost?
 - d. At least 95% of states maintain capacity for some level of this testing in a state government lab. What is their rationale? (sample of states)
- 4) How much of the testing and what kinds that are needed by the Department of Environmental Quality does the Department of Health lab do? What capacity does the Department of Health lab have that is not being utilized by the Department of Environmental Quality?

For tests ordered by the Department of Environmental Quality, what fraction of testing is performed by the Department of Health and what portion is performed by the private industry, in terms of:

- a. Number of tests
 - b. Type(s) of tests
 - c. Total Expenses
 - d. Overall customer experience
- 5) What certifications does the state lab have and how does that compare to the certifications available at the private labs that we have in our community (or nationally)?

6) One of the reasons given for the necessity for continuing the lab in the Department of Health was to have the lab available in case of an emergency situation where no responsible party is at fault. In what kind of an emergency situation might this be the case?

- a. An evaluation of whether the private market has an adequate supply of private labs that could provide this service. What testing can be done in-state vs. out-of-state? If some testing can only be done with an out-of-state lab, what are the risks of relying on out-of-state labs? Maintaining capacity at the Department of Health lab reduces dependence on out-of-state labs. What are the benefits of this?

7) An analysis of the costs that the Department of Environmental Quality currently pays for routine monitoring done by the Department of Health lab vs. the costs they would incur for those tests through a private lab. Include the full costs of using private labs, including packaging and shipping. How would changes in yearly routine monitoring cycles affect those costs?

If the Legislature provides funding for the building block entitled “Services for People with Disabilities Provider Direct Care Staff Compensation - Phase VI”, then the funding allocation for direct care staff compensation for similar private and public sector workers shall be:

- 1) 72.7% to the Department of Human Services for private direct care staff in home and community-based waiver services serving individuals with disabilities.
- 2) 13.7% to the Department of Health for private direct care staff in the New Choices Waiver, Technology Dependent Waiver, and Medically Complex Children's Waiver.
- 3) 8.0% to the Department of Human Services for direct care state employee staff at the Utah State Developmental Center.
- 4) 4.6% to the Department of Health for private direct care staff working in Intermediate Care Facilities for individuals with Intellectual disabilities.
- 5) 1.0% to the Department of Human Services for private direct care staff in the Aging Waiver.
 - a. Health: “The direct care workers for this program are those who provide personal care, home health aide, chore and case management services.”

Create a new appropriation unit within the Division of Child and Family Services titled “Provider Payments” (possibly coded as KHF) and authorize the funding shifts listed below:

Appropriation Unit	2021 Ongoing General Fund
KHF - Provider Payments	\$29,524,700
KHD - In-Home Services	(\$31,900)
KHE - Out-of-Home Services	(\$29,161,000)
KHG - Facility Based Services	(\$27,100)
KHH - Minor Grants	(\$178,900)
KHL - Special Needs	(\$125,800)

[Explanation: DCFS would like to track their payments to contracted providers separately, as Juvenile Justice Services now does.]