

Utah Department of Health

Federal and State Programs Which Serve Individuals >138% FPL (July 2020)

Health Determined FPL Percentage					Is UDOH able to limit those who are served with this funding to those who are at 138% FPL or below? (Yes/No) Why or why not? Please explain. If possible, please reference applicable laws and/or regulations.	If UDOH is able to limit service to those who are at 138% FPL or below, please project program impact and the associated General Fund and Federal funds savings that could be achieved.	Additional Comments/Notes	
Ref	CFDA # or Appr Code	Program Name	Division	Program Objectives				Authorizations (What is the statutory authorization/public law)
1		State Primary Care Grants Program	FHP	The State Primary Care Grant Program provides access to ambulatory primary care services needed by low income individuals and families without health insurance who are not eligible for CHIP or Medicaid. It also covers primary care services that are not covered by Medicare, Medicaid, CHIP, or private insurance.	Title 26 Chapter 10b 101-106; R434-30	Yes, under 26-10b-106. Primary Care Grant Committee. (1) The Primary Care Grant Committee created in Section 26-1-7 shall: (f) make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that govern the committee, including the committee's grant selection criteria.	The program currently defines "low income" as including individuals at or below 200 percent of federal poverty level, as established and published annually by the U.S. Department of Health and Human Services.  A reduction to 138% FPL would eliminate access to services for individuals between 138% and 200% FPL. We cannot calculate the impact because grant recipients only report data on individuals below 200% FPL.  \$0 FF	Eligibility for services is not solely based on income  Current program guidance Includes members of those populations listed in Utah Code § 26-19-301, et. seq., or who: a. Is low-income, as defined in section 7, and either: • Does not have health insurance, including CHIP and Medicaid, or • Does not have health insurance that covers primary health care services, or • Does not have health insurance that covers a particular primary health service provided by the Awarded agency; and b. Resides in the State of Utah.  "Low income" is defined as including individuals at or below 200 percent of federal poverty level, as established and published annually by the U.S. Department of Health and Human Services.
2	93.917	Ryan White	DCP	Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and Territories to improve the quality, availability, and organization of HIV health care and support services. Within the RWHAP Part B grant there is: a base grant for core medical and support services and the AIDS Drug Assistance Program (ADAP) award	Public Law 111-87	Yes, each state is responsible for determining client eligibility criteria for their own jurisdiction. This includes setting income level for Program eligibility.	The Ryan White Part B Program is over 99% Federally funded. A reduction in income limit to 138% FPL would not equate to State funding saving from the Ryan White Program as the State funds received are required as part of the State match to receive our Federal funding. If the Program were to reduce the income limit from 250% FPL to 138% FPL, 371 Utahans would lose access to HIV-related medical care and medications. Due to pharmaceutical rebates, a reduction to 138% FPL for Program eligibility would not provide federal funding or State funding savings and would instead equate to a loss of rebate income in the amount of \$113,058.03. This is demonstrated as calendar year 2019 non-rebate funded expenditures for these clients were \$1,795,178.74 and rebate income generated by these clients was \$1,908,236.77.	The Ryan White Part B Program is federally funded and is intended to provide gap coverage for those who do not have another payer source and is the payor of last resort behind all other coverage, including Medicaid. A reduction to 138% of poverty for eligibility would result in a significant gap in access to HIV-related medical care and medications for clients between 139% and 250% of the FPL and thus impact the ability of the Program to meet its intended purpose. The program utilizes drug rebates to attempt to serve all clients who need services up to 250% of poverty. Currently the Program does not receive enough federal funding to fill this gap. A reduction in the FPL limit would further impact rebate generation and would impact the Program's ability to serve even those below 138% FPL. The program is intended to serve those without other coverage or other means to afford their life-saving medications. In the last HRSA Site visit of the Program, Health received a "finding" in which it was recommended the Program increase the FPL income limit up to 500% FPL. The Program is currently determining feasibility of increasing the FPL as a result of this recommendation and it is planned to include this as part of the Program's Corrective Action Plan submission to HRSA.
3	93.778	New Choices Waiver	MHF	The primary goal of the New Choices Waiver is to move people out of institutional care to a less restrictive community care setting.	1915(c), 42 CFR 435.217, 42 CFR 435.301	Yes - \$10,936,800; however, these members came from Nursing Homes and will end up in the "Nursing Home" category, which is a more costly option.	\$3,533,700 GF \$7,403,100 FF	
4	93.778	Community Supports Waiver	MHF	Community Supports waiver is designed to help severely disabled people of any age remain in their homes rather than be institutionalized.	1915(c), 42 CFR 435.217, 42 CFR 435.301	Yes - \$7,682,000; however, most members will end up in Intermediate Care Facilities and will end up in the "Nursing Home" category, which is a more costly option.	\$2,482,100 GF \$5,200,000 FF	
5	93.778	Pregnant	MHF	Covers pregnant women that meet all conditions to qualify for Medicaid, except their monthly income is more than the Medicaid limit.	42 CFR 435.301, 1902(c)	Yes - \$6,924,000	\$2,237,100 GF \$4,686,800 FF	
6	93.778	Disabled Medicaid	MHF	Covers Disabled people that meet all conditions to qualify for Medicaid, except their monthly income is more than the Medicaid limit.	42 CFR 435.324	Yes - \$3,775,800	\$1,220,000 GF \$2,555,900 FF	
7	93.778	Family Medicaid	MHF	Covers Parents or caretaker relatives that meet all conditions to qualify for Medicaid, except their monthly income is more than the Medicaid limit.	42 CFR 435.301, 435.310	Yes - \$3,748,300	\$1,211,100 GF \$2,537,200 FF	
8	93.778	Physical Disabilities Waiver	MHF	Physical Disabilities waiver is designed to provide services statewide to help people with physical disabilities remain in their homes or other community based settings.	1915(c), 42 CFR 435.217, 42 CFR 435.301	Yes - \$723,800; however, these members will end up in the "Nursing Home" category, which is a more costly option.	\$233,900 GF \$490,000 FF	
9	93.778	Acquired Brain Injury Waiver	MHF	Acquired Brain Injury waiver is designed for members who have a brain injury and would be medically appropriate for institutional care.	1915(c), 42 CFR 435.217, 42 CFR 435.301	Yes - \$636,100; however, these members will end up in the "Nursing Home" category, which is a more costly option	\$205,500 GF \$430,600 FF	
10	93.778	Aged Medical	MHF	Covers Aged people that meet all conditions to qualify for Medicaid, except their monthly income is more than the Medicaid limit.	42 CFR 435.320	Yes - \$386,300	\$124,800 GF \$261,500 FF	
11	93.778	Aging Waiver	MHF	Aging waiver is designed to provide services statewide to help older adults remain in their homes or other community based settings.	42 CFR 435.217, 42 CFR 4	Yes - \$380,200; however, these members will end up in the "Nursing Home" category, which is a more costly option.	\$122,800 GF \$257,300 FF	

12	93.778	Breast and Cervical Center	MHF	Provide low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services.	Public Law 101-354	Yes - \$4,880,000; however, this will require approval from the Centers for Disease Control (CDC)	\$1,576,700 GF \$3,303,300 FF	
13	93.767	CHIP	MHF	The Children's Health Insurance Program (CHIP) is a state health insurance plan for children who do not have other insurance. It provides well-child exams, immunizations, doctor visits, hospital, emergency care, prescriptions, hearing and eye exams, mental health services and dental care.	42 CFR 457.310	Yes, but not until after 2027 due to maintenance of effort requirements.		
14	93.778	Utah's Premium Partnership	MHF	UPP (Utah's Premium Partnership for Health Insurance) helps make health insurance more affordable for families and individuals. UPP helps people pay their monthly health insurance premiums through your employer's health insurance plan or COBRA coverage.	1115(a)	Utah's Premium Partnership (for Adults) – Yes - \$527,600, Utah's Premium Partnership (for Children) – Yes, but not until after 2027 due to maintenance of effort requirements.	\$170,500 GF \$357,100 FF	

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Federally Mandated Determined FPL Percentage								
Ref	Appr Unit	Program Name	Division	Program Objectives	Governing Requirements	Is UDOH able to limit those who are served with this funding to those who are at 138% FPL or below? (Yes/No) Why or why not? Please explain. If possible, please reference applicable laws and/or regulations.	If UDOH is able to limit service to those who are at 138% FPL or below, please project program impact and the associated General Fund and Federal funds savings that could be achieved.	Additional Comments/Notes
1	10.557	Women Infants and Children (WIC)	FHP	A substantial numbers of pregnant, postpartum and breastfeeding women, infants and young children from families with inadequate income are at special risk with respect to their physical and mental health by reason of inadequate nutrition or health care, or both. The purpose of the Program is to provide supplemental foods and nutrition education, including breastfeeding promotion and support at no cost to eligible persons.	7 C.F.R. Part 246 subpart C	No - Eligibility Determination is a Federal requirement and cannot be modified.		
2	93.870	Home Visiting	FHP	The Office of Home Visiting acts as a support and resource center for entities interested in implementing an evidence-based or research-informed home visitation program. The Office of Home Visiting:  Supports home visiting programs with training and technical assistance Provides support for starting new evidence-based home visiting programs Augments and, or, develops knowledge and linkages between home visiting programs and the related services systems at the state and community level identified as but not limited to: Other home visiting programs Health care providers Substance Abuse providers Mental health providers Child care, and Parenting programs Identifies existing and new sources of funding for local home visiting programs Promotes evidence-based home visiting as an effective way to prevent child abuse Conducts evaluations of EBHV programs currently operating in Utah	45 C.F.R Part 75, Sec. 511.	Social Security Act Sec 511 determines eligibility requirements ( <a href="https://www.ssa.gov/OP_Home/ssact/title05/0511.htm">https://www.ssa.gov/OP_Home/ssact/title05/0511.htm</a> ) That section is governed by definitions laid out in this section ( <a href="https://www.ssa.gov/OP_Home/ssact/title05/0501.htm#:~:text=(2)%20The%20term%20%E2%80%99Clow,Omnibus%20Budget%20Reconciliation%20Act%20of">https://www.ssa.gov/OP_Home/ssact/title05/0501.htm#:~:text=(2)%20The%20term%20%E2%80%99Clow,Omnibus%20Budget%20Reconciliation%20Act%20of</a> ) (2) The term "low income" means, with respect to an individual or family, such an individual or family with an income determined to be below the income official poverty line defined by the Office of Management and Budget and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981[9].		The State Office of Home Visting has been able to establish income as one of the eligibility factors. This factor must be federally approved. Currently the program uses WIC qualifiers which is 185% of the poverty guidelines.
3	93.898	Cancer Screening	DCP	The Utah Cancer Control Program (UCCP) helps low-income, uninsured, and underinsured women gain access to timely breast and cervical cancer screening, diagnostic, and treatment services. UCCP also provides patient navigation services to help women overcome barriers and get timely access to quality care. UCCP also focuses not only on the behavior choices of individuals, but also on factors that influence those choices at the interpersonal, organizational, community, and policy levels. Therefore, the UCCP supports use of population-based approaches to improve systems that increase high-quality breast and cervical cancer screening. These include Implementing evidence-based interventions in health systems, Connecting women in the community to screening services and Informing policies that increase access to cancer screening.	Public Law 101-354;H.R. 10	Yes, however, this will require approval from the Centers for Disease Control (CDC)		Serves women up to 250% of poverty. Of the 5737 women served this year, 1883 (32%) were less than 138%. Due to the Maintenance of Effort Requirement of the Federal Cancer Screening grant; any reduction in state funding could result in the loss of the \$3,200,000 Federal grant.
4		Turberculosis	DCP	To prevent, control and eventually eliminate TB infection in the state of Utah	Public Law 110-392	No. According to the ACET recommendations, "Tuberculosis control laws—United States,1993: recommendations of the Advisory Council for the Elimination of Tuberculosis (ACET), the inability to pay for medical care (including anti-TB medications) and/or a lack of healthcare insurance should not preclude initiation of an appropriate treatment regimen. Health departments may, however, have the ability to seek payment from third-party payers which the TB Program at UDOH is already doing.		

5		Refugee Programs	DCP	ensuring each newly arriving refugee to Utah receives a culturally and linguistically appropriate health screening. In addition, the program provides follow up on conditions of public health significance, additional coordination for school immunization, mental health services, and health education.	Public Law 100-461	N/A. Eligibilities are determined by the Office of Refugee Resettlement(ORR).	The Refugee Health Program is 99% funded by federal grants.	
6	93.778	Nursing Home	MHF	To help pay for nursing home and other medical costs for those that cannot afford to pay the private pay nursing home rate.	1902(a)(10)(A)(ii)(V); 1902(a)(10)(C)	No		
7	93.778	Spenddown	MHF	To help people that meet all conditions to qualify for Medicaid, except their monthly income is more than the Medicaid limit.	1902(a)(10)(C)	No, these members have to spend their income above 100% FPL on medical costs.		
8	93.778	Transition	MHF	Parents or caretaker relatives who become ineligible for Parent/Caretaker Relative Medicaid may receive additional months of Medicaid coverage for themselves and their children.	42 CFR 435.115, P.L. 104-193, Sec. 114; 1925 of the Act, P.L. 104-193, Sec. 114	No, cannot be waived		
9	93.778	Emergency Medical	MHF	The Emergency Medical Program for non-citizens covers only a specific range of emergency medical services for a life-threatening condition.	1902(a)(10)(C)	No, cannot be waived		

Non-Income Based Eligibility Programs						If UDOH is able to limit those who are at 138% FPL or below, please project program impact and the associated General Fund and Federal funds savings that could be achieved.	Additional Comments/Notes
Ref	Appr Unit	Program Name	Division	Program Objectives	Governing Requirements		
1		Baby Watch Early Intervention Program	FHP	The purpose of the Baby Watch Early Intervention Program (BWEIP) is to enhance early growth and development in infants and toddlers, who have developmental delays or disabilities or both, by providing individualized support and services to the child and their family.  Early Intervention (EI) services are provided through a family coaching model that focuses on helping children meet goals in all areas of development. All services take place in the child's natural environment (home, child care, etc.) and are tailored to meet the individual needs of the child and family.	34 C.F.R Part 303	Federal Part C is not specific to socioeconomic status. Utah's federally approved Early Intervention eligibility is based on a Baby Watch approved medical diagnosis, a confirmed moderate developmental delay, or an informed clinical opinion indicating the child would benefit from early intervention services.	Eligibility for services is not based on income. Due to the Maintenance of Effort Requirement of the Federal grant, any reduction in funding could result in the loss of the \$5,700,000 Federal grant.
2		Children's Hearing Aid Program	FHP	The mission of Utah Children's Hearing Aid Program (CHAP) is to optimize early communication and learning potentials for deaf/hard of hearing (DHH) infants and children by providing access to hearing aids to financially eligible families.	R398-3	Yes. Current Rule, R398-3-3 d. Family must be at or below 300% of Federal Poverty. The rule could be modified to 138% FPL	Currently, this program covers individuals not eligible for Medicaid and supports low income families. Approximately 2/3 of children currently serviced would be ineligible if eligibility is below 138% of the federal poverty line. This would force these families to pay higher out of pocket costs. If the family is not able to pay for these services, there is a risk of not identifying the delay earlier which could equate to higher intervention and special

## **1) Average number of employees per manager by division (span of control);**

The Department of Health's strategic plan includes the goal that the people of Utah will be the healthiest in the country. This goal includes strategies that require very specialized skills and technical expertise that are critical to the operations of the Department many of which are working managers who maintain a workload or caseload of their own.

### **1. Executive Director's Office (EDO)**

The average number of employees per manager for the Executive Director's Office is currently **3**. These offices include: The Executive Director's office, Deputy Director's office, Policy Support, Organizational Development and Performance Improvement, Data Security, Indian Health, Health Disparities, Office of Fiscal Operations, Internal Audit, and the Cannabis Program.

Each of these offices provide highly specialized services to the Department of Health and many of the offices include only less than a handful of employees which leads to the lower span of control. An example of this would be the office Data Security in which there are only three FTE's including one as the supervising manager (span of control of 2). All the individuals in the group require very high technical skills to ensure the integrity of all of Health's data which includes the safeguarding and security of very sensitive personal and health information. Another example would be one of our financial managers in the office of fiscal operations with the span of control of 1. This Manager maintains a professional CPA license and was hired for their high degree of accounting knowledge and skill to work with Medicaid to ensure all federal and state financial requirements were being met. This manager compiles, processes, and reports the quarterly Medicaid admin, program, and CHIP financial reports to CMS which is critical to the success of a multibillion-dollar program.

All managers in the Executive Director's Office are working managers just like those examples above and require certain skills and technical expertise that are critical to the operations of the Department and many must have a professional license. Any mandatory or arbitrary increases in a manager's span of control would negatively impact the Department's ability to carry out its responsibilities.

### **2. Family and Health Preparedness (FHP)**

The current span of control in FHP is an average of 7 Employees per supervising manager in FHP. The division works with very specific targeted areas of health such as maternal and infant health, WIC, early childhood development, children with special health care

needs, early hearing detection and prevention, birth defects, baby watch, EMS, and health facility licensing and certification. Many of which, again, require a very specialized and specific set of skills.

Most of the federal grants awarded to FHP contain funding that determines the size of the program and the number of staff required to run that program. Since every program requires a dedicated manager who can devote their focus to issues that specifically impact their program the number of staff, they can hire is directly linked to the amount of funding they receive for their program. Thus, programs with limited funding will in turn have a lower number of staff for each manager. An example of this would be the WIC program in which the WIC program manager has a span of control of 7. This program manager is a working manager who utilizes their skills and knowledge to ensure eligible families have supplemental food and nutritional education to help insure their physical and mental health needs are met. Another example is the Fostering Health Children Program in which the program manager has a span of control of 6. This working manager is required to maintain a professional nursing license and maintain their own caseload as well as supervise staff in “regions” throughout the state who also are required to maintain nursing licenses and manage their own caseloads.

FHP does their best to utilize the skills of each manager and many do manage or participate in multiple programs to maximize funding for the benefit of the people of the State of Utah. And Just like in the other divisions these managers are working managers who are expected to maintain a workload or caseload of their own and any increase to their span of control would negatively impact their ability to carry out their responsibilities and would be detrimental to the success of the Department.

### **3. Disease Control and Prevention (DCP)**

The current average number of employees per manager in DCP is 4.66. This division also works with very specific targeted areas of health to ensure the proper services are provided to the people of the State of Utah such as the Medical Examiner’s office, chemical environmental lab, forensic toxicology, infectious disease lab testing, HIV, immunizations, disease response evaluation and response (which is currently leading much of the response for Covid-19), cancer, heart disease and stroke and many other programs that require a very specialized set of skills.

More than half of the funding for the division is provided through federal grants which contain funding that determines the size of the program and the number of staff required to run that program. These managers also maintain their own programmatic workload or caseload. Many of the managers also must maintain a professional license

which requires them to use their medical or scientific expertise while also performing administrative functions. An example of this would be the Ryan White program manager who currently has a span of control of 4. This program requires very specific eligibility requirements from the feds and requires the program to provide drug and health care needs to HIV positive individuals in the state. The funding requires this manager be dedicated to the program and carry their own workload while also limiting the use of funds for admin costs to 25% of funding. Another example is forensic toxicology in which the program manager currently has a span of control of 4. This manager is required to have a degree of scientific skill and knowledge which allows them to provide proper forensic assessment of cases received. Any change to their span of control would be negatively impact the divisions ability to carry out its responsibilities and would not present cost savings as we would need to hire more staff with similar knowledge and skills to take the workload and cases.

#### **4. Center for Health Data and Informatics (CHDI)**

The average number of employees per manager for CHDI is currently 4, however every manager but one is a working manager who maintains a span of control of over 11 employees. All other managers are working managers and have their own workload in addition to supervising. This division includes the Office of Health Care Statistics, Informatics Program, Vital Records, and the Office of Public Health Assessment.

Because most of these programs require a high level of technical knowledge supervision is a small to moderate part of their job duties as they are required to maintain their own workload or caseload and any mandatory or arbitrary increase in a particular manager's span of control would negatively impact CHDI's ability to carry out its responsibilities as we would still need them to complete their tasks.

Additionally, the span of control numbers does not consider DTS personnel assigned to CHDI where CHDI directs and monitors their work.

#### **5. Medicaid and Health Financing (MHF)**

The average number of employees per manager for MHF is 5.3. Like all divisions at Health, every manager in MHF is a working manager and has their own workload.

There are many programs in Medicaid that do have managers that support a span control of 8 or more employees; however, that is not practical for other programs. Similar to the other divisions there are several programs within Medicaid that require a dedicated

program manager and staff to have specialized knowledge and skills and It would be impractical for that program manager to manage staff not related to the program.

In summary, the Department of Health does not have managers that are hired to merely manager people. We seek the most skilled and professional people to ensure we have the most highly skilled, knowledgeable people with proper professional licenses to ensure we provide the citizens of Utah with services to meet their needs. Our managers are working managers with their own case load and any expansion of their span of control would not only negatively impact Health's ability to carry out our responsibilities, there would not be any cost savings where we would need to hire more staff, with similar skills or licenses, to assume the workload of those manager.

## **2) Percentage of employees currently teleworking; also estimate how much of your workforce could move to teleworking.**

The Department of Health was selected for a pilot program to start implementing teleworking for employees. Prior to the Covid-19 pandemic, 20% of Health employees had been approved to telework with performance measures approved through the department. However, because of the Covid-19 pandemic 80% of the employees at UDOH began teleworking. There are some offices whose work requires them to be in office and therefore would be exempt from teleworking requirements. An example of this would be the Medical Examiner's Office where they must perform examinations in a sterile environment to ensure employee safety as well as the integrity of the examination. Another would be the Unified Lab where all the receiving, testing, and storage of biohazardous materials must be performed in a controlled setting.

After a preliminary survey of employees 52% of employees expressed interest to continue teleworking once the state was to move to a "green" alert level of the color-coded risk phase. However, executive management believes that amount will be closer to 70% of employees will continue to telework as Executive Management and others without the ability to telework long term will return to the office. This percentage does include those offices whose work could not be done by teleworking and could vary as we anticipate discovering additional areas where teleworking would not be feasible to meet requirements.

There is potential for cost saving with the implementation of teleworking but quantifying those at this stage of the process is difficult as we are finding there are many additional

one-time costs. It is anticipated that the greatest cost savings from teleworking would be from the reduction of leased building space.

Health has identified three building leases that could be cancelled. This includes the end of the lease of the 515 East Tower Building in Salt Lake City. The Department of Health has been paying \$55,000 of General Funds annually (\$550,800 total funds). This reduction was made during the 5th Special Session and the lease is scheduled to end December 31, 2020.

Due to teleworking we have already moved staff from the 44 Med Drive building to the Highland building. This move has already taken place and the savings from that move have already been realized in the previous year.

The Highland building is another lease that Health has identified and plans on ending towards the end of the state fiscal year 2021. Ongoing savings would be \$107,300 of General Funds (\$332,000 total funds).

However, although these are estimated to be ongoing savings, there are also anticipated one-time costs of moving employees from the closing buildings to the Cannon Health Building. Health will need the help of the Division of Facilities Construction and Management (DFCM) to coordinate the efforts of moving from one building to another. There will need to be significant efforts to move office equipment and furniture, create hoteling areas, or even construction costs to reconfigure workspace and to increase the number of available offices or small conference rooms for closed door meetings. There is also an anticipated need for storage space or additional warehouse space for WIC, EMS, and Preparedness equipment and supplies that are not available currently at the Cannon Health Building, which would be on-going costs. Other costs to consider would be for the department to create a secure area in which the public would be required to provide finger printing in which will need to be FBI approved. There is also the need to purchase laptops to replace desktops, network or other electrical rewiring, possible increase of mileage reimbursements, purchase of more cell phones and/or soft phone equipment. All of which the costs are unknown currently.

In summary, there is potential for generated savings to the state from the implementation of teleworking. However, the ability to identify a reliable dollar amount is difficult to calculate with all the variable unknowns and other adjustments that are needing to be made.