

Row #					New Funding Requests (Building Blocks)		Source	Alternative Funding Actions	Scheduled Presentation Date	Appropriation Unit (s)	Other Funds (Ongoing)	FTEs
	Ongoing	One-time	Total Funds	Base Total Funding	Item Name and Description							
Notes: 1. Changes start July 1, 2021 unless otherwise noted. 2. All significant changes since the prior version are marked with <u>underline</u> for additions or strikeout for deletions.												
7		\$ 5,000,000	\$ 5,000,000		DWS - SB 39, Affordable Housing Amendments(2020 Defunded Bill) - Funding would be used for gap financing of private activity bonds financed multi-family housing and to match private dollars for the preservation or construction of affordable housing units for low-income individuals. Total funding of \$10 million for this legislation was approved during the 2020 General Session, and \$5 million was removed during the Fifth Special Session.	Anderegg		1/20/2021	5438			
8	-	\$ 18,100	\$ 26,000	\$ -	DOH & DHS - HB 378, Disability Act Compliance Amendments (2020 Defunded Bill) - This bill requires the Departments of Health and Human Services to identify barriers an individual with a disability experiences in obtaining services and provide a report to the Legislature. The bill was adopted during the 2020 General Session but funding was cut as part of the State's economic response to the COVID-19 pandemic. This budget item is a reinstatement of that funding. How to Measure Success? Study completed and submitted by November 30, 2021 (Target= Yes)	Dailey-Provost		1/20/2021	KAB, KFA			0
9	\$ 120,000	\$ -	\$ 360,000	\$ 510,000	DOH - HB 436, Health and Human Services Amendments (2020 Defunded Bill) - Increase the monthly Medicaid reimbursement for health insurance premiums by \$150 from \$150 to \$300. The subsidy provided has not increased since the program began in 2006. This program serves about 380 clients monthly with incomes from 139% to 200% of the federal poverty level with health insurance reimbursement for employer-based insurance plans. Health (As of December 2020): "Currently, 55 percent of [Utah's Premium Partnership for Health Insurance (UPP)] recipients are receiving the maximum reimbursement each month." This same funding was originally approved during the 2020 General Session and then removed during the Fifth Special Session. The same bill was subsequently passed in the Sixth Special Funding without funding. How to Measure Success? A 5% reduction in the number of UPP recipients that are receiving the maximum allowed reimbursement each month.	Dunnigan/Gov.		1/20/2021 & 2/1/2021	LIAA			
10	\$ 185,100	\$ 121,000	\$ 185,100	\$ 3,640,000	DOH - HB 295, Fatality Review Amendments (2020 Defunded Bill) - Enactment of this legislation could cost the Department of Health \$175,000 ongoing and \$121,000 one-time from the General Fund in FY 2021 for an overdose fatality examiner, development of a database of information regarding overdose and opioid related deaths, and a coordinator for the newly-created Opioid and Overdose Fatality Review Committee; these funds are appropriated in the legislation. This legislation could further cost the Department of Health \$3,700 ongoing from the General Fund beginning in FY 2021 for per diem and travel reimbursements for members of the Opioid and Overdose Fatality Review Committee who are not governmental employees. Enactment of this legislation could cost the Senate and House of Representatives \$3,200 each from the General Fund ongoing beginning in FY 2021 for compensation of legislative members of the Opioid and Overdose Fatality Review Committee. This same funding was originally approved during the 2020 General Session and then removed during the Fifth Special Session.	Eliason		1/20/2021				

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11	\$ -	\$ 341,600	\$ 341,600	\$ -	<p>DOH - HB 220, Hepatitis C Outreach Pilot Program (2020 Defunded Bill) - Enactment of this legislation could cost the Department of Health \$333,400 one-time in FY 2021 from the General Fund. \$300,000 of the funds in FY 2021 are for grants to nonprofit organizations, with the remaining \$33,400 costs from personnel, office costs, and travel. Enactment of this legislation would also cost the Department of Health \$8,200 one-time in FY 2022 from the General Fund for personnel costs to monitor contracts and produce the yearly report. This bill appropriates \$300,000 from the General Fund one-time in FY 2021 to cover a portion of these costs. This same funding was originally approved during the 2020 General Session and then removed during the Fifth Special Session.</p>	Eliason		1/20/2021				
12	\$ 6,273,300	\$ (1,076,900)	\$ 6,407,900	\$ -	<p>DOH & DHS - HB 35, Mental Health Treatment Access Amendments (2020 Defunded Bill) - This bill modifies and enacts provisions relating to mental health treatment access. Costs include one assertive community treatment (ACT) team, a housing assistance program for individuals transitioning out of the State Hospital, a 30-bed forensic unit at the State Hospital, and other smaller costs. The bill was adopted during the 2020 General Session but funding was cut as part of the State's economic response to the COVID-19 pandemic. This budget item is a reinstatement of that funding.</p> <p>How to Measure Success? Maximum length of time from court order for restoration to program admission (Target = 14 days)</p>	Eliason		1/20/2021	KBC, KBF, KAB			
13	\$ 100,000	\$ 31,000	\$ 100,000	\$ -	<p>DOH - HB 195, Identifying Wasteful Health Care Spending (2020 Defunded Bill) - "Extend the Department of Health's contract with Milliman to 'plug and play' their health care waste calculator using the state's existing All Payer Claims Database." The Department received a one year free trial license for 2021. This same funding was originally approved during the 2020 General Session and then removed during the Fifth Special Session.</p>	Harrison	Ask insurance companies to fund the ongoing costs for the report.	1/20/2021				
14	\$ 1,500,000	\$ -	\$ 1,500,000	\$ 1,500,000	<p>DOH - HB 389, Emergency Medical Services Amendments (2020 Defunded Bill) - Hire three more regional rural emergency medical service liaisons. H.B. 389 from the 2020 General Session requires a maximum of 25% of funding for administration with 75% paid out via competitive grants to emergency medical services providers statewide. If this funding is approved, then an additional \$375,000 would be available for administrative spending. Of the \$1,500,000 in FY 2022, \$356,700 is proposed for hiring the remaining rural regional liaisons for emergency medical services required in statute. This funding was originally approved during the 2020 General Session and then removed during the Fifth Special Session.</p> <p>How to Measure Success? Percent of licensed and designated agencies in the service area contacted per quarter (goal = 100%).</p>	Owens/Gov.	Change UCA 26-8a-108 for the grants vs administration funding requirements and reduce the requirement for five regional liaisons.	1/20/2021 & 1/27/2021	LFAA		3	
15	\$ -	\$ 41,700	\$ 41,700	\$ -	<p>DOH - HB 208, Alcohol Education Amendments (2020 Defunded Bill) - This bill amends and enacts provisions regarding media and education campaigns about alcohol. Enactment of this legislation would cost the Department of Health \$26,700 one-time from the General Fund in FY2021 for personnel costs and \$5,000 one-time in FY2021 for gathering data, analysis, and reporting. Enactment would also cost the Department of Health \$10,000 one-time from the General Fund to contract with an outside organization for a media campaign. This same funding was originally approved during the 2020 General Session and then removed during the Fifth Special Session.</p>	Stenquist		1/20/2021				

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	Ongoing	One-time	Total Funds	Base Total Funding	Item Name and Description	Source	Alternative Funding Actions	Scheduled Presentation Date	Appropriation Unit(s)	Other Funds (Ongoing)	
16	\$ 40,300	\$ 23,400	\$ 40,300	\$ -	DOH - HB 419, Substance Use and Violence Prevention Reporting Amendments (2020 Defunded Bill) - This bill requires the Department of Health to report on violent incidents and fatalities in the state that involve substance abuse. Enactment of this legislation could cost the Department of Health \$23,400 one-time in FY 2020 and \$40,300 ongoing beginning in FY 2021, all from from the General Fund, to conduct a study of drug overdose events and violent incidents and suicides that involve substance abuse and develop recommendations for legislation. This same funding was originally approved during the 2020 General Session and then removed during the Fifth Special Session.	Thatcher		1/20/2021			
17	\$ 82,500	\$ (41,200)	\$ 165,000	\$ -	DOH - HB 214, Insurance Coverage Modifications (2020 Defunded Bill) - This bill enacts provisions relating to certain health care benefits. Enactment of this legislation may cost the State total funds of \$165,000 in FY 2022 and \$195,000 in FY 2022 (1) Department of Health ongoing beginning in FY 2021 \$82,500 General Fund and \$82,500 federal funds for administering a new Medicaid waiver program; (2) \$30,000 from the Insurance Department Restricted Account in FY 2022 for 340 hours of staff time to prepare a report; (3) the State may pay up to \$20,000 per in vitro fertilization. Higher education institutions would likely see a similar impact to health insurance costs. This same funding was originally approved during the 2020 General Session and then removed during the Fifth Special Session.	Ward		1/20/2021			
18	\$ 550,000	\$ -	\$ 5,500,000	\$ 251,200,000	DOH & DHS - Medicaid Behavioral Health Reimbursement Rate Increases and Service Adjustments - This item will provide 7% increases to the following fee-for-service rates: 1) outpatient behavioral health treatment for foster care and subsidized adoption populations and 2) residential behavioral health treatment. About 10,000 clients will receive 298,000 units of services. This same ongoing funding was originally approved during the 2020 General Session and then removed during the Fifth Special Session. How to Measure Success? Two percent increase in adolescents and adults 13 years of age and older who initiated treatment and had two or more additional AOD services or medication-assisted treatment (MAT) within 34 days of the initiation visit (Engagement). The baseline rate observed in 2019 was 25%.	Gov.	Estimate the reduction to the actuarial rate adjustment and use the associated savings to reduce the cost of the rate increase.	1/27/2021	KHE, KHP		
19	\$ 610,000	\$ 183,000	\$ 610,000	\$ 7,460,000	DOH - Improve Medical Examiner Investigation Completion Times - Timeliness for completion of investigation within 60 days went from 20% in 2016 to 90% in March 2020 and as of December 2020 was back down to 85%. Caseloads have increased 26% since the last funding increase provided in FY 2020. Utah has had a little under 2% annual population growth annually from 2015 through 2020. Funding would increase support staff by 2 or 5% compared to current all full-time staff. Examination caseloads are currently at 253 autopsy equivalents per pathologist for FY2020 and are estimated to hit 293 in FY2021. The National Association of Medical Examiners recommends an annual investigation caseload of 250 per pathologist. Organizations having employees with caseloads above 325 per year are considered to have a major violation in the consideration for national accreditation of the office. Two additional pathologists at a cost of \$345,000 each would be required to reduce caseloads to 250. This requested ongoing funding would be used to pay for one autopsy assistant, one full-time investigator, toxicology, and investigation, and cover increased body transportation expenses beginning in FY2021. How to Measure Success? Consistent completion of 90% of investigations within 60 days.	Gov.	(1) Add a fee to 400,000 driver licenses renewed annually (Utah is 15th cheapest state for license cost per year for adults, see "Driver License" tab). (2) Use \$456,000 ongoing from the Department of Public Safety Restricted Account (full cost of highway deaths).	1/21/2021	LEK		

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20	\$ 1,545,200	\$ -	\$ 1,545,200	\$ 31,500,000	<p>DOH - Baby Watch Caseload Growth- The Baby Watch program serves 6,300 children monthly 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 2020, the program has seen an increase of 165 or 5% of children over FY 2019. The providers last received an increase of \$1,172,800 or 9.5% in FY 2018. The department indicates that none of the funding would go for state administration and all would go to the fifteen regional service providers (two of which are run by the State). This same funding was originally approved during the 2020 General Session and then removed during the Fifth Special Session.</p> <p>How to Measure Success? 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.	2/1/2021	LFAA		
21	\$ 775,000	\$ 250,000	\$ 775,000	\$ -	<p>DOH - Keep State-run Salt Lake Medical Clinic Open - Keep the state-run medical clinic open in Salt Lake City four days a week from 7 a.m. to 6 p.m., which is scheduled to close in February 2021. The clinic served about 1,400 clients in FY 2020 and is projected to serve about 1,700 clients in FY 2021. The client mix served in FY 2020 was 33% Medicaid, 24% private insurance, 14% Medicare, 11% private pay, and 18% other. The clinic currently provides services to the following state agencies and/or programs: Highway Patrol, Corrections, Workforce Services, Natural Resources, Vocational Rehabilitation, Refugee Program, and the Utah Public Health Lab for tuberculosis testing and immunizations. The one-time funding is for FY 2021 to cover higher-than-anticipated costs to close the other four clinics previously operated by the State.</p> <p>How to Measure Success? The Salt Lake medical clinic will increase patient volume to 1,800 individuals and reduce our operating deficit by 5%.</p>	Gov.	(1) Have the clinic find ways to end its operating deficit. (2) Use \$44,000 in federal Maternal and Child Health Block Grant by giving \$22,000 General Fund to the Pregnancy Risk Line.	2/1/2021	LFAA		
22	\$ 145,000	\$ 145,000	\$ 145,000	\$ 380,000	<p>DOH - Partial Restoration of Staffing Reductions - Hire a division director that is a medical doctor and an assistant division director. This essentially restores one of the two staffing reductions totaling \$259,000 for this division taken during the Fifth Special Session. One-time funding is for FY 2021.</p> <p>How to Measure Success? Hire a physician director and a deputy division director who can provide needed medical oversight to numerous division programs, and in addition, serve as the medical director for the Salt Lake clinic and as the physician consultant to the Center for Medical Cannabis which includes chairing the Compassionate Use Board and working with the Cannabinoid Product Board.</p>	Gov.		2/1/2021	LFAA		2

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23	\$ -	\$ 2,900,000	\$ 29,000,000	\$ 20,000,000	<p>DOH - Medicaid Management Information System Replacement Cost Overruns - As of September 2018, the department did not anticipate needing more funds to complete the replacement of Medicaid's management information system used to process and pay medical claims. The department now estimates \$5.7 million to continue activities into FY 2023 and reports the following changes to the financial estimate the cloud project needs a specific Utah capacity built by the vendor and changes in federal system requirements. The funding would be spent in FY 2022 and FY 2023. Utah began replacing its Medicaid Management Information System in FY 2013 and has already implemented several modules. Health anticipates running out of current funding in the first three months of FY 2022. This system performs the following functions: provider enrollment, care and case management, claims adjudication, all functionality for managed care operations (including enrollment, financial oversight, and capitation payments), reporting, and payment processing. This includes \$2,750,000 from the Medicaid Expansion Fund.</p> <p>How to Measure Success? Essential change requests for new programs or regulations currently operating in our Legacy systems are successfully integrated into the system's design.</p>	Gov.	Authorize Medicaid via intent language to retain unspent funds at year end. In FY 2020 Medicaid did not spend \$2.1 million General Fund. Approve a conditional appropriations from the \$18.0 million balance in the Medicaid Restricted Account to complete whatever nonlapsing balances do not provide.	1/29/2021	LIAA			
24	\$ 1,467,700	\$ -	\$ 4,450,000	\$ 24,100,000	<p>DOH - Autism Medicaid Provider Rate Increase - Medicaid rate increases for applied behavioral analysis of 10% to 25% for approximately 2.0 million services received by 1,200 clients 21 and under. Currently there are about 20 or 5% Medicaid-enrolled providers of approximately 406 board certified providers in Utah (per https://bacb.com/services/o.php?page=101134 on 1/6/2021) that provide these services to Medicaid clients. Services started in FY 2015 and rates have not been adjusted since then.</p> <p>How to Measure Success? Increase the number of individuals receiving services by 10% (from 1,200 to 1,320).</p>	Gov.		1/27/2021	LIAA			
25	\$ 110,900	\$ -	\$ 340,000	\$ -	<p>DOH - Increase Telehealth Access in Medicaid - 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). About 3% of medical services were provided via telehealth in FY 2020. Health believes this will impact care provided to Medicaid clients by improving access to care, timeliness of care, and frequency of chronic care services. The department indicates that California, Colorado, and Nevada cover this service in their Medicaid programs. Ongoing funding of \$35,000 General Fund was originally approved during the 2020 General Session and then removed during the Fifth Special Session.</p> <p>How to Measure Success? Increase by 5% the utilization of telehealth, specifically for delivery of specialist services.</p>	Gov.	If efforts should save money, then fund internally.	1/27/2021	LIAA			
26	\$ 67,000	\$ -	\$ 203,000	\$ 80,000,000	<p>DOH - Private Direct Care Staff Wage Increase - This would provide an average hourly increase of \$0.21 for about 470 private direct care staff working in Intermediate Care Facilities for Individuals with Intellectual Disability. On average private direct care staff would go from \$12.15 to \$12.36. Similar private providers for home and community based services received funding for an average hourly wage of \$14.44 in 2019. This same funding was originally approved during the 2020 General Session and then removed during the Fifth Special Session.</p> <p>How to Measure Success? 100% of funding that is added to ICF rates is directed to increase staff salaries, measured through data to be provided by the facilities on their salary expenditures.</p>	Gov.	Increase the assessment on the ICFIDs from 4.6% up to a max of 6% for \$548,000 more revenue (ask feds permission for proposed uses).	1/27/2021	LIAA			

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27	\$ 1,225,000	\$ -	\$ -	\$ 80,000,000	<p>DOH - Quality Improvements for Intermediate Care Facilities - This funding will provide quality improvement projects for the State's 14 private intermediate care facilities in the State. One-time funding is for FY 2021. One-time funding of \$2,072,000 was originally approved for this purpose during the 2020 General Session and then removed during the Fifth Special Session. The original request for funds was for ongoing money.</p> <p>How to Measure Success? In first full year of operation, 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 of operation, create minimum threshold of improvement.</p>	Gov.	Increase the assessment on the ICFIDs from 4.6% up to a max of 6% for \$548,000 more revenue (ask feds permission for proposed uses).	1/27/2021	LIAA		
28	\$ 56,630,200	\$ (56,630,200)	\$ 56,630,200	\$ 121,000,000	<p>DOH - Fix Structural Imbalance in the Medicaid Expansion Fund - The ongoing expenses are forecasted to exceed ongoing revenues in the Medicaid Expansion Fund by \$8 million in FY 2021 and \$21 million in FY 2022. The one-time offset in FY 2022 means that the ongoing funding would be delayed one year and start in FY 2023. \$56.6 million restores all of the ongoing General Fund that was removed via legislative action in 2020. The Governor's budget included a request of \$36 million ongoing. See https://le.utah.gov/interim/2020/pdf/00004449.pdf for more information.</p> <p>How to Measure Success? Ongoing funding in the Medicaid Expansion Fund is supportive of the expenditures for those members.</p>	Gov./LFA		1/27/2021	2252		
29	\$ 417,000	\$ 417,000	\$ 1,810,000	\$ 163,000,000	<p>DOH - Rate Increase for CHIP Managed Care Providers - This item give a 5% increase to the rates paid to managed care organizations starting on July 1, 2020. The Children's Health Insurance Program (CHIP) provides health insurance coverage to about 17,400 uninsured children 18 years of age or younger whose gross family income is between 139 and 200 percent of the Federal Poverty Level. Funding for this increase for the normal annual increases was removed during the Fifth Special Session. CHIP's two managed care plans had medical loss ratios of 94% and 98% in 2020. Medical loss ratios are medical claims paid as a percentage of revenues received. Health: (1) "To ensure capitation rates are actuarially sound, a medical loss ratio of 88% is targeted in the rate setting process." (2) "Due to the small number of covered lives, a few high cost individuals significantly impact the costs to the plan. The plans have reported that they've seen increases in [neonatal intensive care unit] recipients and high cost cancer cases." (3) "When plans are running significantly above that threshold we run the risk of them terminating their contract." Historical ratios were 82% and 96% in 2019 and 68% and 92% in 2018. One-time funding is for FY 2021.</p> <p>How to Measure Success? CHIP plans have a reasonable medical loss ratio for FY 2021 and FY 2022 (target = 88%).</p>	Gov.	(1) Change the benchmark health plan (UCA 26-40-106) which might reduce the services required to be covered by the managed care plans. (2) Do not provide the one-time retroactive rate increase. (3) Change the program to fee-for-service via UCA 26-40-110 (less administrative spending, may or may not save money long term).	1/29/2021	LPA		
30	\$ 2,434,700	\$ -	\$ 2,735,600	\$ 85,478,700	<p>DHS - Child and Family Services Caseworker Salary Increase - 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 to start and approximately \$35,000 per year on average regardless of tenure and have an annual turnover rate in FY 20 of 32%. DCFS states that longer cases lead to higher costs for DCFS, the Courts, and other state agencies; reduced engagement with the caseworker; and worse outcomes for families. This item was funded in the 2020 General Session at \$2,434,700 from the General Fund but defunded in the 2020 Fifth Special Session.</p> <p>How to Measure Success? Reduced caseworker turnover (Target = -3.2 percentage points)</p>	Gov.		1/22/2021	KHB		

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31	\$ 8,924,700	\$ (299,000)	\$ 27,045,500	\$ 355,036,100	<p>DHS - Disability Services: Additional Needs and Youth Aging Out - Individuals participating in the Medicaid Home and Community-Based Services Waiver program are entitled to "basic health and safety needs," and needs usually increase over time. This request includes funding for youth with disabilities that have been in the custody of Juvenile Justice Services or Child and Family Services and have aged out of those programs. The request consists of: \$7,355,400 for additional needs and \$1,569,300 for youth who will age into services. There is a one-time offset because youth age into services through the year.</p> <p>How to Measure Success? Percent of adults who report that services and supports help them live a good life. (Target = 100%)</p>	Gov.		1/28/2021	KFD			
32	\$ -	\$ 1,781,400	\$ 5,791,300	\$ 355,036,100	<p>DHS - Disability Services: General Services and Transition Staffing - At their December 2020 meeting, the Executive Appropriations Committee approved funding adjustments for the Departments of Health and Human Services related to individuals transitioning from Intermediate Care Facilities (ICFs) to community-based disability services, totalling \$2.6 million ongoing and (\$4.1 million) one-time for FY 2021 and FY 2022. These adjustments are reflected in S.B. 7, "Social Services Base Budget." Human Services is requesting that the FY 2021 one-time reduction be restored and reports that "the forecasted surplus in the ICF transition program for FY21 is critical to cover deficits in other DSPD programs. The one-time reduction cannot be absorbed by DSPD [Division of Services for People with Disabilities]. These funds are necessary in the current fiscal year to provide continuation of Medicaid waiver services and maintain compliance with Federal requirements. These funds are especially critical during the public health emergency. As the number of COVID-19 cases have surged across the state, individuals on DSPD waivers have experienced increasing numbers of COVID-19 diagnoses." This item includes a requested restoration of \$23,200 one-time in FY 2022 for the Office of Public Guardian.</p> <p>How to Measure Success? DSPD will not end FY 2021 with a deficit.</p>	Gov.		1/28/2021	KFD, KEA			
33	\$ -	\$ 473,900	\$ 473,900	\$ 488,460,600	<p>DHS - Human Services Match Rate Restoration for Children's Health Insurance Program (CHIP) - The Federal Medical Assistance Percentage (FMAP) for CHIP has recently declined and the marginal changes were reflected in the Medicaid Consensus estimates, passed by the Executive Appropriations Committee in December 2020 and included in SB 7, "Social Services Base Budget." Human Services calculated a larger change than the other Consensus participants for their increased costs related to CHIP and is requesting that amount be funded. The funding would be spread to the Utah State Hospital, Utah State Developmental Center, and community-based disability services. This request includes \$368,000 in FY 2021 and \$105,900 in FY 2022.</p> <p>How to Measure Success? DHS will have adequate match to meet the medical costs of CHIP-eligible children in care.</p>	Gov.		1/22/2021	KBF, KFC, KFD			

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34	\$ 700,000	\$ -	\$ 700,000	\$ 21,935,700	DHS - Behavioral Health Crisis Response Grants - This item would provide funding for the Division of Substance Abuse and Mental Health to distribute to Local Mental Health Authorities for crisis services. This may include mobile crisis outreach teams (MCOTs) and receiving centers. This funding level could almost fund one MCOT. It could also be directed to support implementation of the national 988 crisis line, which will be active on all phone carriers by July 1, 2022. How to Measure Success? It will depend on the service the funds are awarded to support. A general measure of success across the crisis continuum can be "individual stabilized in place vs. higher level of care."	Gov.	Federal block grants; possible future 988 fee	1/26/2021	KBC			
35	\$ 881,000	\$ -	\$ 1,175,200	\$ 12,061,000	DHS - State Hospital Forensic Unit Staff Salary Increase - This request would increase salaries for staff to meet demand for forensic services at the Utah State Hospital (USH) to both retain and recruit staff to cover the forensic unit. The current hospital-wide turnover rate is 40%. This item was funded in the 2020 General Session at \$881,000 from the General Fund but de-funded in the 2020 Fifth Special Session. How to Measure Success? Reduce hospital-wide turnover rate (Target = -3 percentage points)	Gov.		1/26/2021	KBF			
36	\$ 800,000				DWS - Affordable Housing - This is related to funding for S.B.39 Affordable Housing from the 2020 General Session. Funding would be used for gap financing of private activity bonds financed multi-family housing and to match private dollars for the preservation or construction of affordable housing units for low-income individuals. Total funding of \$10 million for this legislation was approved during the 2020 General Session, and \$5 million was removed during the Fifth Special Session.	Gov						
3												
32	\$ 85,584,600	\$ (46,320,200)	\$ 153,097,500		Total			12				
			Ongoing %	\$ 39,264,400	Total State Funds Requested (Ongoing and One-time)							
22	\$ 71,844,200	\$ (53,276,500)	11.4%	\$ 630,731,000	Proposed Ongoing Increases to the Department of Health							
9	\$ 19,763,700	\$ 897,500	4.4%	\$ 448,744,200	Proposed Ongoing Increases to the Department of Human Services							
1	\$ 800,000	\$ 5,000,000	0.8%	\$ 106,424,900	Proposed Ongoing Increases to the Department of Workforce Services							
	\$ (6,823,300)	\$ 1,058,800	-0.6%	\$ 1,185,900,100	Proposed Other Increases							
			Ongoing %		Increase Detail by Division in the Department of Health							
	\$ -	\$ -	0.0%	\$ 7,476,200	Executive Director's Operations							
	\$ 610,000	\$ 183,000	3.6%	\$ 16,791,400	Disease Control and Prevention (including Traumatic Brain Injury)							
	\$ -	\$ -	0.0%	\$ 2,137,500	Local Health Departments							
	\$ 3,965,200	\$ 395,000	15.0%	\$ 26,522,700	Family Health and Preparedness (including Children's Hearing Aid Program Account)							
	\$ -	\$ -	0.0%	\$ 313,800	Rural Physicians Loan Repayment Assistance							
	\$ -	\$ -	#DIV/0!	\$ -	Primary Care Workforce Financial Assistance							
	\$ -	\$ -	0.0%	\$ 5,125,200	Medicaid and Health Financing							
	\$ 2,990,600	\$ 2,900,000	0.5%	\$ 547,249,000	Medicaid Services							
	\$ 417,000	\$ 417,000	1.9%	\$ 21,677,400	Children's Health Insurance Program							
	\$ 63,861,400	\$ (57,171,500)	10.2%	\$ 627,293,200	Other Building Blocks (usually impacting more than one division)							
			Ongoing %		Increase Detail by Division in the Department of Human Services							
	\$ -	\$ -	0.0%	\$ 15,738,500	Aging and Adult Services							

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	Ongoing	One-time	Total Funds	Base Total Funding	Item Name and Description	Source	Alternative Funding Actions	Scheduled Presentation Date	Appropriation Unit (s)	Other Funds (Ongoing)	FTEs
	\$ 2,984,700	\$ -	2.3%	\$ 129,901,600	Child and Family Services						
	\$ -	\$ 18,100	0.0%	\$ 11,910,500	Executive Director Operations & Office of Public Guardian						
	\$ -	\$ -	0.0%	\$ 14,089,900	Office of Recovery Services						
	\$ 8,924,700	\$ 1,482,400	6.4%	\$ 138,578,700	Services for People with Disabilities						
	\$ 7,854,300	\$ (603,000)	5.7%	\$ 138,133,200	Substance Abuse and Mental Health						
	\$ -	\$ -	0.0%	\$ 448,352,400	Other Building Blocks (usually impacting more than one division)						
69					How to Interpret this List						
70					When committee members make motions to move things around on the list, the other items will move around accordingly.						
71					The funding amounts highlighted in green in the "Ongoing" and "One-time" columns are proposed to be internally funded using savings from reductions. All subcommittee action is subject to review by the Executive Appropriations Committee.						
72					Beginning on row 43, the percent increases are shown by agency. Below those totals, the percent reductions for each division of the Department of Health and the Department of Human Services are shown						
73					As always, members can propose to add anything new to the list (which will be added to the list if approved by committee vote).						
74											
75											
76	FY 2022	FY 2021									
77	33.00%	32.31%	regular FMAP								
78		6.20%	temporary FMAP bump through March 2021								
79	23.10%	22.62%	enhanced FMAP								