



## RBA Strategies, Objectives, and Tactics

### Strategy 1: Support a high quality and efficient department

#### **Objective 1: Enhance Departmental Efficiency and Public Trust through GRIT (Government Reform, Innovation & Transparency) Principle**

##### **\*Tactic 1: DFA will support the Medicaid consensus GRIT multi-year review.**

##### **\*This tactic is GRIT aligned.**

Utah's Medicaid Consensus process is undergoing a three-phase efficiency evaluation to improve forecasting accuracy. By refining data tools, streamlining workflows, and implementing independent models, the state aims to optimize budget allocations and reduce overestimation.

The November 2025 Medicaid Consensus Evaluation report, released jointly by the Governor's Office of Planning and Budget (GOPB) and the Office of the Legislative Fiscal Analyst (LFA). To address identified inefficiencies such as the lack of independent accuracy checks and imbalanced data analysis time, the report introduces measurable targets including Staff Overtime, Lead Time for Review, Fall-to-Winter Estimate Variance, and a Percent Error Rate for the overall budget. **Reporting on these metrics will commence with the current Medicaid consensus cycle for FY2027.**

**The primary target established for the FY2027 Medicaid consensus cycle is for the Percent Error Rate for the Overall Budget**, which has a desired target of a steady state within a tolerated range. This target aims to address the historical tendency toward overestimation (baseline 1.85% error rate) and may be paired with a statistical methodology for determining buffer fund amounts.

For the remaining evaluation measures, the report indicates that baselines are "not currently tracked," and therefore the targets are generally defined as achieving stability or are focused on the implementation of tracking. These measures include:

- **PRISM Data Quality and DHHS Closeout Time:** The desired target is to reach a "steady state within tolerated range".
- **Staff Overtime, Lead Time for LFA/GOPB Review, and Fall-to-Winter Estimate Variance:** These will be tracked starting with the FY2027 cycle to monitor process efficiency improvements, though specific numeric targets are not explicitly listed in the provided text beyond the goal of improvement

##### **\*Tactic 2: DFA will strive to meet closeout deadlines to provide time for adequate Medicaid consensus October 2025 reporting.**

##### **\*This tactic is GRIT aligned.** ☰ DFA GRIT - Medicaid

*October 2025 status: DFA was able to submit close-out information weeks earlier than FY25, see the close-out status measure for more information. DFA intends to continue (for FY26 close-out) the progress of what occurred for FY25 to support time for consensus forecasting and preparation.*



## **Objective 2: Adjust and improve processes.**

### **\*Tactic 1: DHHS will improve purchasing/agreement processes.**

**\*This tactic is GRIT aligned.** 

Pending SharePoint development to begin tracking timeliness.

#### **Tactic 1.1: By December 2025, DHHS will implement a more uniform purchasing process utilizing SharePoint for approvals.**

*October 2025 status: Still in process. Pending final SharePoint purchasing rollouts, now anticipating completion in the latter half of FY26. The timeline will be updated after completion of the scope of work module.*

#### **Tactic 1.2: By Feb 2026, DHHS will implement tracking for APR, scope of work, and contract approvals/execution.**

*October 2025 status: There has been internal testing. Scope of work testing will be starting soon. Limited reporting is now available, but it is not comprehensive. Implementation of tactic 1.1 can impact the date for implementing tactic 1.2.*

#### **Tactic 1.3: Link information for initiation to end of contract (to be determined after completion of T1.2).**

*Tactic is pending 1.2.*

### **Tactic 2: DFA will support in FY2026 the applicant satisfaction survey sent following contract signing – information from the ongoing surveys will be reported quarterly with target determined after the end of FY2026.**

Data is tracked and sent to CQI on a quarterly basis.

### **Tactic 3: To either increase capacity or to improve efficiency, DFA will identify at least one activity or process they can eliminate or stop doing by June 30 2026.**

#### **Tactic 3.1: The item for tactic 3 will be submitted to Ops section deputies by September 30, 2025.**

No update as of February 2026.

*October 2025 status: Sent to Operation Deputy Directors Sep 30: DFA will work to stop excessive overtime incurred by DFA employees (excessive overtime can contribute to employee burnout). We will strive to improve processes and to support staff to achieve this goal. For our awareness of progress, we will track overtime incurred by DFA employees and will report progress by June 2026 and will continue monitoring in FY27.*

#### **Tactic 3.2: DFA will stop the selected item identified for tactic 3 by June 30, 2026.**

*October status: For our awareness of progress, we will track overtime incurred by DFA employees and will report progress by June 2026 and will continue monitoring in FY27.*



**Objective 3: Establish consistent finance practices across the department by centralizing financial operations.**

**Tactic 1: Department will continue the consolidation initiative by determining DFA/OU position adjustment by November 1, 2025.**

Beginning May 2025, 266 positions (added to the 79 existing DFA employees) were identified for assessment during phase 1 centralization efforts. After careful consideration and discussion with department and OU management, 85 positions assigned to DFA were determined to return to their OU as their support involved direct client interaction or otherwise was not directly related to financial support within DHHS that would require DFA assignment. 2 DLBC positions were reassigned to DFA.

As of October 2025, DFA had approximately 300 employees. After the position assessment adjustments, as of January 2025 the DFA count is approximately 235 with additional vacancies that need to be filled. There will be further refinement of DFA positions.

filled positions Jan 2026	
4	1211 DFA
47	1212 DFA Finance
68	1213 DFA Healthcare Administration
78	1214 DFA Community Health
4	1215 DFA Budget
10	1216 DFA Clinical Services
11	1218 DFA PCM
13	1221 DFA OAS
<b>235</b>	

*\*this graphic does not include vacancies to be filled*

Phase 3 reviews will occur with at least 27 items/projects identified for assessment as of January – some will be assessed through DFA internal workgroups with others covered through leadership assignment. Progress and actionable items will be discussed in DFA leadership meetings.

DFA leadership structure has been put in place to provide support and coordination for the department fiscal expectations. This structure is used to work through the challenge and need of filling positions with qualified staff. New working titles for the “DHHS Senior Accountant” and “DHHS Accountant” positions will be implemented in January to support leadership staff. The leadership structure helped with managing implementation of the HB302, child support adjustments for the department.

*FY26 projects:*

- Cash receipting review, including internal control questionnaires, and recommendations
- Recommendation for handling administrative costs for future legislative actions
- Medicaid support focus
- Session support and maintaining fiscal performance – DFA will continue to provide fiscal support to meet OU and department needs; innovation and process adjustment will be reviewed later involving function-based accounting decisions and further refinement, see review list.
- Communications regarding DFA centralization and fiscal support



**Tactic 2: DFA will progress in the centralization innovation phase, transitioning towards function-based accounting such as purchasing adjustment recommendations – progress will be reported by June 2026.**

**Tactic 2.1: By June 2026, consider further cost center accounting, making adjustments that result in more consistent accounting.**

No update as of February 2026.

*October 2025 status: There has been discussion for the SUMH area to begin cost center accounting effective July 2026. Based on the discussion, there will be further information/concerns obtained from staff and considered for making progress for this initiative.*

**Tactic 2.2: By December 15, 2025, DFA will have a plan for the initial review areas and target accomplishments supporting tactic 2.**

*See Tactic 1 update*

**Tactic 3: Forecast consistency will be improved.**

**Tactic 3.1: DFA will provide guidance for October forecast (Obtained in November).**

Budget staff turnover in FY26 - recalibrating team efforts to provide adequate budget support.

**Tactic 3.2: DFA will adjust monitoring and indicator review for enhanced forecast reporting for FY2026.**

Budget staff turnover in FY26 – recalibrating team efforts to provide adequate budget support.

## **Strategy 2: Support positive outcomes with seamless processes.**

**Objective 1: Improve Administrative processes by June 30, 2026.**

**Tactic 1: Process payables timely**

**Tactic 1.1: DFA will continue to report LHD quarterly payments implemented in FY2025 (target is below 20 days for “average days for payments completion”).**

See secondary performance measure 2. Status is within the 20 day average target.



### Tactic 2: DFA will add another payables timeliness processing measure with a 3 day average goal, start October 2025

Vantage payments should be processed by the payables groups within three business days after obtaining properly submitted documents. This measure displays the average number of days for the payable group's entry of payments. Processing times are impacted by payment complexity, staff availability, and volume.

This measure reports processing time for the applicable fiscal year payments.. July is unique in that payments are entered for both the prior fiscal year and the current fiscal year during this time. Prior year fiscal payments processed in July, identified as July Old on the graph, are prioritized for timely processing to assist with the close-out process. July current year payments, identified as July New on the graph, can take longer to process due to a processing priority being lower than prior year payments. Although the payments are entered in the same month, identifying these payments separately enables differentiation for the different priorities.

### Vantage Payables average entry time

Includes payments made by DFA centralized payables - excludes data anomalies





**Strategy 3: Enable DHHS staff with tools, support, and information to perform their work when and where needed.**

**Objective 1: Achieve a fully modernized and optimized DHHS IT infrastructure by June 30, 2026, resulting in enhanced service delivery and improved operational efficiency.**

**Tactic 1: By September 29, 2025, DFA will support all contracts in SharePoint, FY2026 status updates will be reported in quarterly SharePoint Oversight Meetings.**

DFA is continuing to support implementation of SharePoint Contracts.

**Objective 2: By June 30, 2026, ensure DHHS employees are adequately supported to effectively perform their job responsibilities.**

**Tactic 1: Cell phone ordering/management coordination and cell phone process adjustments will occur for more uniform and consistent processing in FY2026.**

Cell phone coordinators are managing their respective OU's. DFA is transitioning to the use of SharePoint for a more department consistent process for ordering cell phones.

**\*Tactic 2: Fleet utilization data will continue to be reviewed, obtaining annual OU confirmation (or adjustments) of vehicles to support appropriateness of this resource for employees.**

**\*This tactic is GRIT aligned.**  DFA GRIT - OAS

Data analysis is in process for low utilization monitoring. OAS is contacting OUs to coordinate action items related to underutilized vehicles. Next steps are pending justification information from the OUs/Divisions. Utilization determinations will inform decisions regarding fleet adjustment.

**Tactic 3: Data used by GOPB/LFA to fund adjustments (funding splits) are adjusted correct funding splits new appropriation units and other review action**

Adjusted funding splits were included and approved in December 2025 EAC meeting. Further review and action will occur through FY26 and FY27.



**Tactic 4: By July 2026, OAS will have a plan for completing building safety, risk, and functional reviews of DHHS facilities during 2026 fiscal year.**

**Tactic 4.1:** OAS will make adjustments or provide recommendations as needed based on outcome of building safety/risk reviews (in the 2025 Governor's employee survey, 83% of DHHS employees reported they feel physically safe at work.)

OAS will continue to complete the DFCM Facility Audit each spring that covers many of the safety items from the Safety and Security audit. OAS can also present the Employee Safety training at the request of OU's.

**Tactic 4.2:** By March 2026, ensure facility evacuation plans are adequately updated and communicated.

Templates were sent out to the Region Coordinators on Dec 18 and they were shared with the facility contacts. Evacuation plans and facility COOP are due at the end of the Fiscal Year (June 30). OAS presented this to ELT on January 14, 2026.

**Tactic 4.3:** By June 2026, facility COOPs adequately exist and are coordinated with DPH

The template was sent to Facility managers early December 2025 for review in tandem with the evacuation plan the COOP. Timelines will be coordinated and communicated out with the COOP and evacuation plans via emails to facility contacts.

**Tactic 5: DFA achieves target of at least 90% completed 1:1 for FY26.**

Dec 2025 = 98% FY26 Target still being met. As of December 2025, this data reflects consolidated staff.



**Tactic 6: Support DHHS Voice Survey results by June 2026.**

**Dashboard for: Finance and Administration**

Top 5 Strengths (Selected OU)	% Fav	Δ vs DHHS (pp)	Top 5 Focus Areas (Selected OU)	% Fav	Δ vs DHHS (pp)
<i>I have what I need to do my job safely.</i>	94.9%	9.74%	<i>The reasons behind organizational changes are clearly explained.</i>	35.6%	-9.53%
<i>My supervisor supports me to do my job successfully.</i>	92.3%	7.39%	<i>I have a say in how I will manage organizational changes that affect me.</i>	37.3%	-3.87%
<i>I can manage my emotions effectively, even in difficult situations at work.</i>	91.7%	2.08%	<i>I am informed about important changes at work in a timely manner.</i>	45.2%	-13.55%
<i>My supervisor is interested in hearing my ideas for improving my work.</i>	90.6%	10.36%	<i>I am told about the impact of organizational change on my job.</i>	46.2%	-6.48%
<i>I know what I am expected to do in my job.</i>	90.6%	2.15%	<i>I am paid fairly for the work I do.</i>	52.3%	5.33%

The "DFA: Your DHHS Voice" survey report serves as a results-based accountability tool identifying areas for organizational action and improvement. The survey indicates that while employees feel a strong connection to their direct supervisors, there is room for improvement as employees feel a disconnect from higher levels of leadership regarding large-scale organizational change and fairness. The centralization efforts of fiscal operations within DHHS impact these results.

This data can assist to enhance communication, transparency, and perceived fairness within the organization.

**DFA will use the Your Voice Survey data intended to occur annually to monitor improvement. DFA submitted an action plan to address areas of concern on January 23 regarding the following areas for improvement:**

1. communication behind organizational changes
2. employee influence over managing changes
3. timeliness of being informed about changes
4. being told about the impact of change on their job

**DFA action plan:**

- 1. Priority 1 - employee influence/voice in change actionable items:**
  - a. Continued efforts in protocols and procedures within DFA – regular communications; organizational structure focus; committees and workgroups, which provides opportunity for input.
  - b. Balance input and communication with leadership decisions – strive to strengthen DFA culture to increase trust and support effective leadership.
- 2. Priority 2 - psychological protection actionable items:**
  - a. Reiterate the expectation for staff experiencing intimidation/harassment or other workplace misconduct to reach out to their supervisor, and/or HR representative at their discretion.
  - b. A communication will be sent regarding [DHHS Policy 02-10 Workplace Harassment and Abusive Conduct](#)