

Utah Department of
Health & Human
Services

SPENCER COX
GOVERNOR

TRACY GRUBER
DIRECTOR

Utah Department of Health & Human Services
SFY26 Public Assistance Cost Allocation Plan

Vision

The Department of Health and Human Services will advocate for, support, and serve all individuals and communities in Utah. We will ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. We will achieve this through effective policy and a seamless system of services and programs.

Public Assistance Cost Allocation Plan
CERTIFICATION

I certify that:

1) The information contained in this cost allocation plan is prepared in conformance with 2 CFR Part 200 - Uniform Administration Requirements, Cost Principles, and audit Requirements for Federal Awards.

2) The costs are accorded consistent treatment through the application of generally accepted accounting principles appropriate to the circumstances.

3) An adequate accounting and statistical system exists to support claims that will be made under the cost allocation plan; and

4) The information provided in support of the proposed cost allocation plan is accurate.

Utah Department of Health & Human Services

Don Moss
Don Moss (Jun 30, 2026 11:40:04 MDT)
Signature

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Lindsay Harris
Finance Director Initials

Don Moss
Name of Official

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Deputy Director

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Deputy Director

To whom it may concern,

The attached document includes our State of UtahDepartment of Health and Human Services Public Assistance Cost Allocation Plan submission for the 2026 Fiscal Year.

This submission pertains to our consolidated department which is currently operating under the following two UEIs: C172TQML5G99 and N4KVG4UWSTH1.

If you have any questions or concerns please let us know.

Utah Department of Health & Human Services

Summary of Changes

Effective Date	Section	Appropriation(s)	Cost Center(s)	Summary of Requested Change	Financial Impact of this requested Change	Page
7/1/2025	Various	Various	Various	The State's Accounting software underwent upgrades and is now referred to as Vantage.	No additional impact to federal funding.	I - 1
7/1/2025	Section I	Specific Costs	Capital Expenditures	Updating the amount for capital expenditures from $5,000 to $10,000.	No additional impact to federal funding.	I - 1
7/1/2025	Section I	Other Costs	Other Costs	Providing additional clarification on allocating costs within DHHS.	No additional impact to federal funding.	I - 1
7/1/2025	Section I	Single Audit Costs	Single Audit Costs	Adjusted name for clarity.	No additional impact to federal funding.	I - 1
7/1/2025	Section I	Indirect Cost Plan	Indirect Cost Plan	Spelling correction.	No additional impact to federal funding.	II - 2
7/1/2025	Section III	KMCAC	1771	Internal Audit is now funded completely by the indirect cost plan and no longer charges time out for specific audit work.	No additional impact to federal funding.	III - 1
7/1/2025	Section III	KMAAG	1255	Removal of specific grant listed in this cost center.	No additional impact to federal funding.	III - 1
7/1/2025	Section III	KMBAB	1509	Removal of cost center.	No additional impact to federal funding.	III - 2
7/1/2025	Section III	KMDAB	1561-1567	Added dental, vision, and pharmacy services to the description.	No additional impact to federal funding.	III - 2
7/1/2025	Section IV	KMAAC	1163	Clarifying language for cost center.	No additional impact to federal funding.	IV - 1
7/1/2025	Section IV	KMAAC	1169	Clarifying SSBG reference.	No additional impact to federal funding.	IV - 1
7/1/2025	Section IV	KMAAC	1374	Allowing for the inclusion of personnel for those who work on software in this cost center	No additional impact to federal funding.	IV - 2
7/1/2025	Section IV	KMAAD	1210-1249 except 1231, 1242, 1244, 1245, and 1249	Updating appropriations to "ALL" due to the finance consolidation.	$1.7M - Adjustment to federal funds overall between federal funds and indirect.	IV - 3
7/1/2025	Section IV	KMAAD	1231	Removal of old language.	No additional impact to federal funding.	IV - 3
7/1/2025	Section IV	Licensing & Background Checks	Overview	Updating and clarifying descriptions of areas within DLBC.	No additional impact to federal funding.	IV - 4
7/1/2025	Section IV	KMCAB	1715	Clarifying cost center, name, and description for the office of background processing	No additional impact to federal funding.	IV - 5
7/1/2025	Section IV	KMCAB	1717 except AINVEST, 1717 AINVEST	Separating cost centers in order to clarify that these office of licensing (OL) investigation costs will be allocated using OL investigation personnel costs as opposed to OL personnel costs.	No additional impact to federal funding.	IV - 5
7/1/2025	Section IV	KMCAB	Various	Clarifying name to coincide with overview section.	No additional impact to federal funding.	IV - 6
7/1/2025	Section IV	KMCAB	1719 ASCR, 1719 ASCE	Adding program codes and cost center to clearly differentiate between costs allowable for 50% Medicaid participation and for 75% SPMP participation.	No additional impact to federal funding.	IV - 6
7/1/2025	Section IV	KMCAB	1720 ADMN	Clarifying the clearing account is used for costs that cannot be charged out directly.	No additional impact to federal funding.	IV - 7
7/1/2025	Section IV	KMCAB	1721	Removing old language.	No additional impact to federal funding.	IV - 8
7/1/2025	Section IV	KMCAB	1736	Clarifying cost center description and name.	No additional impact to federal funding.	IV - 9
7/1/2025	Section IV	5820	1660 - 1669	Clarifying language on the types of fees used in this program.	No additional impact to federal funding.	IV - 10
7/1/2025	Section IV	KMCAE	1791-1798	Changed how grants will be differentiated, from function to program codes. This is to bring UDDC in line with other OU's.	No additional impact to federal funding.	IV - 10
7/1/2025	Section IV	KMAAJ	1282 ADMN	Clarified the allocation will occur "at least" quarterly. Added 1282 ACON to this allocation.	No additional impact to federal funding.	IV - 11
7/1/2025	Section IV	KMAAJ	1282 ADAA	Word change- circumstances to services.	No additional impact to federal funding.	IV - 11
7/1/2025	Section IV	KMAAJ	1282 ACON	Added a new program- congregate care ombuds which is funded with State funds.	No additional impact to federal funding.	IV - 11
7/1/2025	Section IV	KMAAJ	1283 ALDT	Spelling correction.	No additional impact to federal funding.	IV - 12
7/1/2025	Section IV	KMAAH	1261 AQDA, 1261 ADSR, 1261 except AQDA and ADSR, 1262, 1263	Clarifying language, spelling, and clarifying funding source.	No additional impact to federal funding.	IV - 13
7/1/2025	Section IV	KMAAE	1323	Spelling correction - CVC to CDC	No additional impact to federal funding.	IV - 14
7/1/2025	Section IV	KMAAE	1335	Adding a more complete description for this cost center for the all payer claims database.	No additional impact to federal funding.	IV - 14
7/1/2025	Section IV	KMAAE	1336	Delete cost center - no longer in use	No additional impact to federal funding.	IV - 14
7/1/2025	Section IV	KMAAE	1337	State funded HWIC program moved to Population Health. Removed from DSE.	No additional impact to federal funding.	IV - 14

Utah Department of Health & Human Services

Summary of Changes

Effective Date	Section	Appropriation(s)	Cost Center(s)	Summary of Requested Change	Financial Impact of this requested Change	Page
7/1/2025	Section IV	KMAAE	1343	Delete cost center - no longer in use	No additional impact to federal funding.	IV - 15
7/1/2025	Section V	KPBBB	KPBBB - Overview	Spelling correction	No additional impact to federal funding.	V - 2
7/1/2025	Section V	KPAAB KPBAG	3100/PDL/XRS,XES	Adding appropriation to the cost center.	No additional impact to federal funding.	V - 4
7/1/2025	Section V	KPAAB KPBAK	3100/JW/XR4XRS 3125/JW/XRS	Updating appropriation and cost center.	No additional impact to federal funding.	V - 4
7/1/2025	Section V	KPAAB	3100/XRS	Moved the Analytics Section cost center from B2) to B1).	No additional impact to federal funding.	V - 5
7/1/2025	Section V	KPAAB	3100/XGE	Created Cost center for the CDC Government Efficiency Grant.	Initial FIscal Year Impact $1,430,000	V - 5
7/1/2025	Section V	KPAAB	3100/E-HRO/XRS	Cost center created for planning and implementation in the One Big Beautiful Bill.	Initial FIscal Year Impact $110,000	V - 5
7/1/2025	Section V	KPAAB	3105/XRS	Removed cost center.	No additional impact to federal funding.	V - 6
7/1/2025	Section V	KPAAB	3100/XMC 3105/XMC 3130/XMC	Removed cost center.	No additional impact to federal funding.	V - 9
7/1/2025	Section V	KPBAK	3125/MEDTR	Added cost center for Medicaid travel costs.	Initial FIscal Year Impact $75,000	V - 13
7/1/2025	Section V	KPAAB	3135/XRS	Included description to add in the agency information security officer within the OSPM directors office.	Initial FIscal Year Impact $75,000	V - 14
7/1/2025	Section V	KPAAB	3155/E-HRO/XD4	Cost center created for planning and implementation in the One Big Beautiful Bill.	Initial FIscal Year Impact $10,000	V - 15
7/1/2025	Section V	KPAAF KPAAB KPBAK	3170/XR4, XE4, XD4	Added appropriation and program code to the cost center.	No additional impact to federal funding.	V - 16
7/1/2025	Section V	KPAAB	3120/XRS	Added cost center for the Medicaid Pregnancy program.	Initial FIscal Year Impact $25,000	V - 17
7/1/2025	Section V	KPAAB	3190/XR4	Added cost center for 1115(a) waiver.	Initial FIscal Year Impact $135,000	V - 19
7/1/2025	Section V	KPCAC	4170	Added SSBG funding source to the APS administration area.	No additional impact to federal funding.	V - 29
7/1/2025	Section V	KPCAB	4167	Clarifying SSBG with naming convention.	No additional impact to federal funding.	V - 30
7/1/2025	Section V	DSPD	DSPD - Overview	Removed grants from the overview section that have ended. Added clarification to USDC overview on Title XIX funding being received through the cost settlement process.	No additional impact to federal funding.	V - 34
7/1/2025	Section V	KPCAF	4350 - 4599 except 4350, 4385, 4387, 4389, and FM75.	Removed grant applicable to 4387 that ended and updated unit code in the description used for PASRR.	No additional impact to federal funding.	V - 35
7/1/2025	Section V	KPCAF	4387 except FM75	Removed cost center for ended grant.	No additional impact to federal funding.	V - 35
7/1/2025	Section VI	Various	Various	Updated the funding source for various DCFS cost centers to more align with department conventions for consistency.	No additional impact to federal funding.	VI - 2
7/1/2025	Section VI	7300	HWTF	Adding cost center for State Funded Trust account program.	No additional impact to federal funding.	VI - 2
7/1/2025	Section VI	KTBAB	HAMS, HBUD, HBLD, HCMS, HCOM, HGRM, HDEP, HOFS, HPPI, HRCC, and HRGA	Removing unused activity code and adding live scan fee as a funding source.	Fee collections will marginally decrease the amount of IV-E collected.	VI - 2
7/1/2025	Section VI	KTBAB	HFCA	Adding Interstate Compact on the Placement of Children (ICPC) fee collections as a funding source.	Fee collections will marginally decrease the amount of IV-E collected.	VI - 3
7/1/2025	Section VI	KTBAB	HELG	Added clarification to the PACAP in the allocation method for what is actually being done.	No additional impact to federal funding.	VI - 3
7/1/2025	Section VI	KTBAD	HPWS, HPSP, and HPPP	Removing obsolete language from FFY22 and FFY23.	No additional impact to federal funding.	VI - 5
7/1/2025	Section VI	KTBAE	HOMS	Adding cost center for out of home mental health services.	No additional impact to federal funding.	VI - 6
7/1/2025	Section VI	KTBAG	HSHC	Updating cost center to show that HSHC payments are allowable under IV-E foster care.	Less than $250,000 per fiscal year.	VI - 7
7/1/2025	Section VI	KTBAG	HFEN	Updating description and funding sources as allowable costs under IV-B subpart 1 and SSBG.	No additional impact to federal funding.	VI - 7
7/1/2025	Section VI	KTBAS, KTBAG	HCSA	Adding additional appropriation unit the cost center may be used in and adjusting the name of the cost center.	No additional impact to federal funding.	VI - 7
7/1/2025	Section VI	KTBAS	HMSO, HMS2, HMS4	Adding clarification to the description on the CCWIS systems used and the programs they support.	No additional impact to federal funding.	VI - 8
7/1/2025	Section VI	KTBAS	HCAP	Removing old language for the public health emergency and clarifying and standardizing federal funds.	No additional impact to federal funding.	VI - 8
7/1/2025	Section VI	KTBAS	HETV	Removing pandemic language for COVID funds that were allowable at 100% FFP.	No additional impact to federal funding.	VI - 8
7/1/2025	Section VI	KTBAK	7701	Clarifying and standardizing allocation method.	No additional impact to federal funding.	VI - 11

Utah Department of Health & Human Services

Summary of Changes

Effective Date	Section	Appropriation(s)	Cost Center(s)	Summary of Requested Change	Financial Impact of this requested Change	Page
7/1/2025	Section VI	Office of Maternal and Child Health	Overview	Updated overview to keep current applicable programs.	No additional impact to federal funding.	VI - 12
7/1/2025	Section VI	KTBAJ	7714, 7719, 7720-7734, 7709	Adding units to this cost center.	No additional impact to federal funding.	VI - 12
7/1/2025	Section VI	KTBAJ	7712, 7732, 7745-7746	Removing unit and specific federal grant that was associated with this cost center.	No additional impact to federal funding.	VI - 12
7/1/2025	Section VI	KTBAJ	7715	Removing cost center.	No additional impact to federal funding.	VI - 13
7/1/2025	Section VI	KTBAJ	7722, 7727-7729	Removing cost center.	No additional impact to federal funding.	VI - 13
7/1/2025	Section VI	KTBAM	7773, 7775 and 7785	Adding the allowability of TANF funds for this area and added a unit for organization.	No additional impact to federal funding.	VI - 14
7/1/2025	Section VI	KTBAM	77768-7782	Updated the cost center unit range.	No additional impact to federal funding.	VI - 15
7/1/2025	Section VI	KTBAH	7664	Added a State Funded cost center.	No additional impact to federal funding.	VI - 16
7/1/2025	Section VI	KTBAH	7670-7674, 7709	Removed unit for the cost center.	No additional impact to federal funding.	VI - 16
7/1/2025	Section VI	KTBAH	7781	Added cost center related to State Funds from another State Agency for the Afghan Early Childhood Services.	No additional impact to federal funding.	VI - 17
7/1/2025	Section VI	KTBAL	7650	Removing language for Title XIX funds not used in this cost center.	No additional impact to federal funding.	VI - 18
7/1/2025	Section VI	KTDAE	JTCM	Added clarifying language in the allocation method for internal use and reference.	No additional impact to federal funding.	VI - 21
7/1/2025	Section VI	Various	Various	Updated the funding source for various ORS cost centers to more align with department conventions for consistency.	No additional impact to federal funding.	VI - 25
7/1/2025	Section VI	KTCAC	8201-8259	Removing cost center.	No additional impact to federal funding.	VI - 25
7/1/2025	Section VI	KTCAC	8201-825905	Updating cost center range.	No additional impact to federal funding.	VI - 25
7/1/2025	Section VI	KTCAC	8201-8259 8210-8259	Updating cost center range and cost center methodology	No additional impact to federal funding.	VI - 25
7/1/2025	Section VI	KTCAF	8351-8355 8352	Updating cost center range.	No additional impact to federal funding.	VI - 26
7/1/2025	Section VI	KTCAF	8353 - 8355	Adding cost center for Medical Collections that will be applicable to direct costs.	No additional impact to federal funding.	VI - 26
7/1/2025	Section VI	KTAA*, KTBAD KMBAD	AXXS	Added appropriation unit due to structural changes that may be used for SSBG funding.	No additional impact to federal funding.	VI - 27
7/1/2025	Section VI	KTAAN	PRHT	Adding cost center for the Rural Health Transformation Grant.	Initial FIscal Year Impact $200M	VI - 27
7/1/2025	Section VI	KTAAH	6550, 6560, 6570, 6580	Adding clarifying language to the description.	No additional impact to federal funding.	VI - 27
7/1/2025	Section VI	KMBAC	1521 Activities LBDR, LBFN, LBMP, LBNL, LBIT	Updating language for the allocation method from annually to quarterly.	No additional impact to federal funding.	VI - 36
7/1/2025	Section VI	KMBAC	1526 Activities SOAD, SOLS, SOCS, SOSF, SOSR	Updating language for the allocation method from annually to quarterly. Clarifying description and funding sources.	No additional impact to federal funding.	VI - 37
7/1/2025	Section VI	KMABC	1531	Removed cost center.	No additional impact to federal funding.	VI - 37
7/1/2025	Appendix A	N/A	N/A	Updated org chart for DHHS.	No additional impact to federal funding.	A - 1

Utah Department of Health & Human Services

Utah Department of Health & Human Services
Public Assistance Cost Allocation Plan

Table of Contents

Certification Page		Cert - 1
DHHS Section I	**DHHS General**	**I - 1**
	A) ~~FINET~~ Vantage	I - 1
	B) DHHS Cost Aspects	I - 1
	B1) Specific Costs	I - 1
	B2) Funding Sources	I - 1
	B3) Allocation Methods	I - 2
DHHS Section II	**Indirect Cost Plan**	**II - 1**
DHHS Section III	**Executive Director Section**	**III - 1**
	A) Executive Director	III - 1
	B) Internal Audit	III - 1
	C) American Indian/Alaska Native Health & Family Services	III - 1
	D) Health Clinics of Utah	III - 1
	E) Medical Examiner	III - 2
	F) Correctional Health Services	III - 2
DHHS Section IV	**Operations Section**	**IV - 1**
	A) Administrative Hearings	IV - 1
	B) Ancillary Services	IV - 1
	C) Finance & Administration	IV - 3
	D) Licensing & Background Checks	IV - 4
	D1) Center for Medical Cannabis	IV - 10
	E) Utah Developmental Disabilities Council	IV - 10
	F) Customer Experience	IV - 11
	G) Continuous Quality & Improvement	IV - 13
	H) Data, Systems, & Evaluation (DSE) and Technology Costs	IV - 14
	I) Legislative Affairs	IV - 16
	J) Public Affairs & Education	IV - 16
	K) Department Clearing Accounts	IV - 16
DHHS Section V	**Healthcare Administration Section**	**V - 1**
	A) Substance Use & Mental Health (SUMH)	V - 1
	B) Medicaid and CHIP	V - 3
	B1) DIH Director's Office	V - 3
	B2) Financial Services (OFS)	V - 6
	B3) Reimbursement, Coordinated Care & Audit (ORCA)	V - 7
	B4) Managed Healthcare (OMH)	V - 7
	B5) Long-term Services and Supports (LTSS)	V - 9
	B6) Healthcare Policy and Authorization (HPA)	V - 10
	B7) Medicaid Operations (OMO)	V - 11
	B8) Eligibility Policy (OEP)	V - 12
	B9) Systems and Project Management (PRISM)	V - 14
	B10) Contracts	V - 17
	B11) Children's Health Insurance Program (CHIP)	V - 21

C) Aging & Adult Services V - 23
C1) State Office V - 24
C2) Local Government - Formula Funds V - 26
C3) Non-Formula Funds V - 28
C4) Adult Protective Services V - 29
C5) Aging Waiver Services V - 30
C6) Aging Alternatives and General and Other Items V - 30
D) Public Guardian V - 31
E) Services for People with Disabilities (DSPD) V - 34
F) Utah State Hospital V - 38
DHHS Section VI **Community Health and Well Being** VI - 1
A) Child & Family Services VI - 1
B) Family Health VI - 11
B1) Maternal and Child Health VI - 12
B2) Early Childhood VI - 14
B3) Children with Special Health Care Needs (CSHCN) VI - 16
B4) Coordinated Care and Regional Supports VI - 18
C) Juvenile Justice & Youth Services VI - 19
D) Office of Recovery Services VI - 24
E) Population Health VI - 27
E1) Communicable Diseases and Emerging Infections VI - 28
E2) Health Equity VI - 31
E3) Health Promotion & Prevention VI - 31
E4) Preparedness and Response VI - 34
E5) Primary Care and Rural Health VI - 35
E6) Division Contracts and Pass Thru VI - 35
F) Utah Public Health Laboratory VI - 36

Appendices

Appendix A **DHHS Organizational Structure** A - 1
Appendix B **Random Moment Sampling** B - 1
Appendix C **Mechanized Claims and SPMP Timesheeting Activities** C - 1
Appendix D **Administrative Hearings Categories** D - 1

Utah Department of
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DHHS Section I

DHHS General

The DHHS General section covers miscellaneous and general cost allocation aspects for the Department of Health and Human Services.

A) ~~FINET~~ Vantage	
Financial Information Network (~~FINET~~Vantage)	DHHS expenditures are recorded in the State's centralized accounting system (~~FINET~~Vantage). The State Division of Finance (State Finance) maintains ~~FINET~~Vantage. The system includes internal control aspects, such as approvals for some transactions and access roles. ~~FINET~~Vantage supports cost accounting functions, with functionality for assigning costs to codes to assist with cost identification and grouping. State Finance supports a "data warehouse" for agencies to access ~~FINET~~Vantage transaction information and compile data and reports for management responsibilities.
B) DHHS Cost Aspects	
B1) Specific Costs	
ADP Equipment	Prior approval for ADP equipment purchases must be requested in accordance with applicable federal regulations.
Capital Expenditures	Non-ADP Equipment. The following procedures apply to non-data processing equipment purchased by the Department. a. For Department equipment purchases with unit acquisition costs more than $~~5~~10,000 allocated to federal programs via the indirect cost rate: equipment purchase costs will be depreciated or charged through a use allowance. For prior approval requirements see 2 CFR 200.313. b. For Department equipment purchases with unit acquisition costs exceeding $25,000 allocated to public assistance federal programs (see 45 CFR 95.705) not through the indirect cost rate: equipment purchase costs will be depreciated or will be charged through a use allowance. For prior approval requirements see 2 CFR 200.313. c. For Department equipment purchases with unit acquisition costs exceeding $~~5~~10,000 allocated to non-public assistance federal programs: equipment purchase costs will be direct charged, depreciated, or charged through a use allowance, and prior approval will be obtained as necessary (in accordance with applicable federal regulations). d. Department equipment purchases which do not meet the above criteria or which are charged to federal programs exempt from the above requirements such as Title XX (Social Services Block Grant) may be directly allocated to federal programs without being subject to depreciation, use allowance, or prior federal approval requirements.
Current Operating Costs	Current operating costs may originate from a variety of sources and are charged to applicable cost areas and coding through financial transactions. State Finance maintains policies and procedures that provide guidance impacting statewide disbursements and costs. State Purchasing also provides statewide coordination and requirements that can impact disbursements and costs. Some costs result from rates and changes generated from statewide areas involving facilities, risk management, fleet services, human resources, technology, legal, etc. See miscellaneous costs. These costs can be charged to applicable areas such as current operating costs.
Facility Remodeling Costs	1. Building remodeling costs up to $25,000 per project will be allocated in the same manner as other current operating costs. 2. Building remodeling costs in excess of $25,000 per project need prior approval in order to claim federal financial participation.
Other Costs	DHHS costs can include items such as provider, client, Medicaid, and other program payments. Direct cost assignment or reasonable allocation may occur for these costs subject to program and federal participation requirements. DHHS attempts to allocate costs across the department, and subsequently to federal grants, on a monthly, quarterly, or annual basis in accordance with the timing of the charges received.
Miscellaneous State Costs	Costs from other State entities may be charged to various cost centers throughout the Department. These costs are subject to cost treatment described for the applicable cost centers. Examples of other State entity charges and arrangements may include technology (including telecommunications), risk liability, human resource and payroll processing, facility charges, legal, etc.
Rent or Other Related Facility Costs	Facility rent, lease, or charged costs for privately or publicly owned buildings are allocated in the same manner as other current operating costs.
Single Audit Costs	Single audit costs from the ~~State Auditor's Office~~ Office of the State Auditor are allocated to Department Divisions based on federal revenue recorded in the State financial system to the total Department federal revenue recorded in the financial system.
Travel	State and Department policies and procedures exist involving requirements and guidance impacting travel costs. The Division of Finance and Administration assists in helping with travel coordination and processing. Travel associated costs can include reimbursement, per diem and other travel related costs. Motor Pool vehicle costs are charged to applicable cost areas based on vehicle rates, or other associated charges.
B2) Funding Sources	
SSBG	The Social Services Block Grant (Title XX) can be allocated within DHHS as a funding source as deemed appropriate, available, and allowable.
Federal Funds	Federal funds may include but is not limited to general use of a cost center for federal programs where grants are differentiated using specific cost accounting codes. Some federal grants may be listed specifically in the plan.
State Funds	State funds could represent appropriated State funding, collections, fees, and other State related funding.
Other Funds	Other funds may include but is not limited to dedicated credits, expendible receipts, fee revenue, donations, and transfers with other State Agencies.
Clearing Account	Clearing accounts listed as a funding source are intended to be a location to gather costs that will then be allocated to various cost centers by the end of the State Fiscal Year. These costs will be allocated using the defined methodologies.
Title XXI CHIP administration	Costs, including indirect costs, are matched in accordance with the applicable quarterly CHIP FMAP rate. Indirect costs are calculated as personnel costs multiplied by the state fiscal year indirect cost rate
Title XIX Medicaid administration	Costs are matched as follows: XD4: 90 percent (matched in accordance with CFRs listed below) XES or XE4: 75 percent (matched in accordance with CFRs listed below) XRS or XR4 : 50 percent (matched in accordance with CFRs listed below) Indirect costs are calculated as personnel costs multiplied by the state fiscal year indirect cost rate and are matched at 50 percent for Medicaid. Costs are matched in accordance with one or more of the following: 42 CFR 432.50, 42 CFR 433.112, 42 CFR 433.116, 42 CFR 433.15, 42 CFR 433 Subpart C, 42 CFR 438.358, 42 CFR 438.370, 42 CFR 440.170, 45 CFR 95 Subpart F, 42 USC 1396b.

Title XIX and IVE administration participation	The federal participation percentage is 50% for Title IVE and XIX programs for administrative cost areas of the plan, unless another federal participation rate is indicated for the applicable cost section.
B3) Allocation Methods	
Cumulative Fiscal Year-to-Date Cost Treatment	The State fiscal year is July 1 to June 30. For determining costs for an applicable quarter, a cumulative fiscal year-to-date process may be used. The difference between the cumulative fiscal year costs at the end of the quarter and the prior quarter cumulative fiscal year costs can be used to determine the quarterly cost amount. Changes or adjustments identified for a previous quarter can be made and processed in a current quarter impacting the current quarter's cost amount as reasonable, considering program cut-off constraints. This cumulative quarter processing can also be used for identifying data to use for an applicable quarterly cost allocation purposes. Specific quarter identification and processing may also occur. Costs processed after June 30 applicable to the prior fiscal year can be accumulated with the current fiscal year costs for the September quarter reporting. The ~~FINET~~Vantage period cut-off (that does allow for some processing after the end of the month) may be used for the applicable quarterly processing -- also used as reasonable for applicable grant cut-off constraints.
Direct Cost Assignment	Costs attributable to a specific cost center -- this assignment of costs to centers or areas can occur through various avenues, such as time entered using applicable coding in the State payroll system, transaction processing, inter- and intra-governmental transactions/transfers/rates, payments, adjustments, provider payments, claims, contracts, one-time payments, miscellaneous charges, subrecipient payments, etc. Direct cost assignment to specific cost centers can result from allocations of other area costs, such as technology allocations. Direct cost assignment can also occur through decisions for charging costs to applicable benefitting areas or through other appropriate or reasonable distribution of costs to areas. Cost adjustment may also be the source for costs assigned to applicable cost centers or areas. Cost accounting and other identification codes are used to help identify costs assigned to the specific cost centers or areas.
Personnel Costs	The State payroll systems including time entry software may be utilized as determined appropriate for employees to assign time to cost centers. Costs from the payroll system are recorded in ~~FINET~~Vantage. Personnel costs include wage, salary and benefit costs. Employees use the State systems for processing and entering their work and leave time. Personnel service costs at DHHS are charged to accounting codes through the processing of bi-weekly time information. Time sheets reflect the actual time worked by employees on applicable activities. Additionally, Skilled Professional Medical Personnel (SPMP) and employees engaged in Mechanized Claims Processing record their time in bi-weekly timesheets. The time these employees record in the bi-weekly timesheets is claimed at 50% FFP. These employees also record their time by activity in 15-minute increments in Division of Integrated Healthcare's (DIH) timesheet database. At the end of each quarter, an allocation is made to claim enhanced funding based on the activities recorded. See also Appendix C.
Indirect Cost Plan	"Indirect Cost Plan" included as an allocation for a cost area in the plan is an indication that the costs for the applicable areas are subject to being included in the indirect cost pool for determining the indirect rate. See the Indirect Cost Plan section for information regarding the methodology for assigning costs identified for the indirect cost pool to federal and other programs as determined applicable.
Other Miscellaneous Grants (Federal or Other)	Costs may be assigned to miscellaneous grants (federal or other) using unique coding to identify costs for an area or federal program not specifically described in the cost allocation plan. This allowance can be used to facilitate obtaining miscellaneous federal grants without necessitating a cost allocation update.
Titles XIX Medicaid and XXI CHIP administrative allocation	Medicaid Administrative costs, including indirect costs, having a program code with the third character being an "S" (i.e., XES or XRS) are allocated among Title XIX Medicaid, Title XXI CHIP, and State Funds based on the ratio of programmatic expenditures for the base and waivers to the total medical assistance expenditures on a cumulative state fiscal year-to-date basis.
2.5% CHIP Allocation	Percentage used fiscal year-to-date for allocation between CHIP and Medicaid for Advanced Planning Documents (APD) projects related to development.

DHHS Section II

Indirect Cost Plan

The indirect cost plan section for the Department of Health and Human Services (DHHS) includes 3 schedules listed below. The schedules are used to support the determination of the ratio of "indirect" to personnel costs. This ratio (or rate) is the methodology for the Department to be able to assign costs identified as "indirect" to federal or other programs.

The rate can be applied to applicable personnel costs to assign indirect to a federal program. The State's data warehouse associated with the general ledger financial system (~~FINET~~Vantage) is used to identify personnel costs for indirect purposes. DHHS cost areas included in indirect costs (schedule 1) are indicated in applicable plan descriptions as "Indirect Cost Plan."

The schedules show applicable information for how the indirect rate is calculated. The indirect cost rate is based on estimated indirect costs of the Department. Beginning with the 2025 State fiscal year, the indirect cost rate will be adjusted for a carryforward difference based on actual 2023 State fiscal year costs, as an example. Rates used in future fiscal years will be determined using similar methodology.

Schedule 1 - This schedule summarizes indirect costs (including personnel).

Schedule 2 - This schedule calculates the proposed indirect cost rate.

Schedule 3 - This schedule summarizes allowable indirect costs (including personnel) for restricted rate in accordance with~~th~~ 34 CFR 75-564 through 75.569.

Schedule 4 - This schedule calculates the proposed ED restricted indirect cost rate.

Schedule 1: State Fiscal Year Indirect Costs EXAMPLE*

Organization Name	Indirect Personnel Costs	Other Indirect Costs	Total Indirect Costs
Executive Director Office	2,846,600	432,200	3,278,800
Internal Audit	2,142,100	169,700	2,311,800
Ancillary	100,000	1,400,000	1,500,000
Finance & Administration	6,518,000	505,200	7,023,200
Customer Experience	481,300	20,000	501,300
Continuous Quality	375,500	20,000	395,500
Data, Systems & Evaluation	1,491,100	100,000	1,591,100
Public Affairs and Education	793,200	115,400	908,600
American Indian/Alaska Native	92,100	10,000	102,100
Unallowable or excluded costs **a)**	(300,000)	(200,000)	(500,000)
Schedule 1 Total	14,539,900	2,572,500	17,112,400

Schedule 2: Indirect Cost Rate Calculation EXAMPLE*

	SFY20xx	
Total Indirect Costs b)	17,112,400	
SWCAP for Health & Human Services (two years prior**)	2,164,000	
SWCAP diff (submitted vs CAS approved amount)	42,000	
Misc costs or planned PACAP changes **c)**	200,000	
Under/(Over) Recovery (two years prior**)	100,000	
Other adjustments	(500,000)	
Total Allowable Indirect Costs	19,118,400	(1)
Base: DHHS Personnel Services	453,047,000	
Less: Indirect Personnel Costs	(14,539,900)	
Misc costs or planned PACAP changes **d)**	(200,000)	
Total Direct Personnel Services	438,307,100	(2)
Proposed Indirect Rate (1/2)	4.4%	

Schedule 3: State Fiscal Year Restricted Indirect Costs for ED Calculation EXAMPLE*

Organization Name	Indirect Personnel Costs	Other Indirect Costs	Total Indirect Costs
Executive Director Office	3,745,466	916,132	4,661,598
Internal Audit	1,703,982	132,037	1,836,019
Ancillary	622	311,623	312,245
Finance & Administration	6,396,201	863,814	7,260,015
Customer Experience	563,228	58,011	621,239
Continuous Quality	338,797	53,776	392,573
Data, Systems & Evaluation	1,406,553	950,365	2,356,918
Public Affairs and Education	754,471	190,417	944,888
American Indian/Alaska Native	92,171	100	92,271
Unallowable or excluded costs **e)**	(3,089,324)	(180,347)	(3,269,671)
Schedule 3 Total	11,912,167	3,295,928	15,208,095

Schedule 4: ED Restricted Rate Calculation EXAMPLE*

	SFY20xx	
Total Indirect Costs b)	15,208,095	
SWCAP for Health & Human Services (two years prior**)	2,164,000	
Misc costs or planned PACAP changes **c)**	200,000	
Other adjustments	(350,000)	
Total Allowable Indirect Costs	17,222,095	(1)
Base: DHHS Personnel Services	453,047,000	
Less: Indirect Personnel Costs	(11,912,167)	
Misc costs or planned PACAP changes **d)**	(200,000)	
Total Direct Personnel Services	440,934,833	(2)
Proposed Indirect Rate (1/2)	3.9%	

Notes:

* Note that these amounts are for demonstration purposes only and is not meant to calculate the indirect rate for a specific fiscal year.

** representing the amount calculated for the fiscal year, not the fiscal year of the costs used in it's calculation

(a) Allowance for unallowable costs will be adjusted for actual carryforward

b) Indirect cost area amounts were obtained through review of consolidated areas determined applicable for the indirect rate, using budget estimates and adjustments to determine amounts.

c) to account for any costs or changes not included in the cost year's Indirect cost pool that will affect the current year's calculated Indirect rate

d) to account for any costs or changes not included in the cost year's Direct cost pool that will affect the current year's calculated Indirect rate

(e) The Education restricted rate is determined with the intent of excluding personnel costs for the Department Executive Director and other support personnel as well as other costs that are considered unallowable for the Education restricted rate in accordance with 34 CFR 75.564 through 75.569.

DHHS Section III

Executive Director

The Executive Director's Office is responsible for advocating, supporting, and serving all individuals and communities in Utah. We will ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. We will achieve this through effective policy and a seamless system of services and programs.

This part of the plan includes Clinical Services areas of the department which includes Correctional Health Services and Medical Examiner. This Executive Director part of the of plan also includes administration functions.

Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
A) Executive Director					
KMAAB	1100 - 1143 Except 1111	Executive Director's Office	The Executive Director Office (EDO) includes costs for the Executive Director, Deputy and Assistant Deputy Directors, and support staff. The Department Medical Director is included as a Deputy Director in EDO. EDO is responsible for the overall leadership and coordination of the Department. This coordination includes policy development, management, and other Department-related functions and performance.	State, Federal, & Other Funds	Indirect Cost Plan
KMAAB	1144	EDO Non-Indirect	This cost center may be used for EDO direct charges not assigned for indirect cost allocation.	State and Federal Funds (SSBG)	Direct Cost Assignment
KMAAB	1145	Wellness Council	This program may include costs for the intent of assisting employees or other individuals to promote healthy habits. Costs may help provide a healthy environment for employees, including information about healthy diet and exercise.	State Funds and Wellness Grant Funding	Direct Cost Assignment
B) Internal Audit					
KMCAC	1771	Internal Audit	The Office of Internal Audit consists of audit staff and associated costs. Internal Audit is responsible for planning, performing, reviewing, and reporting internal audits of DHHS programs. This area may perform projects, reviews, and other assistance for the Department including follow-up and coordination involving external audits and requests.	State, Federal, & Other Funds	Indirect Cost Plan ~~Internal Audit employees may use the state payroll and time reporting systems to charge costs to other areas for specific audit work as determined appropriate. These costs are subject to allocation and federal participation applicable to the specific assigned cost areas.~~
C) American Indian/Alaska Native Health & Family Services					
KMAAG	1250 - 1259 except 1251, 1255	American Indian / Alaska Native	The mission of American Indian/Alaska Native (AI/AN) Health Affairs is to raise the health status of Utah's AI/AN population to that of Utah's general population. In addition, this cost center assures that the agency properly addresses the consultation requirements for government-to-government relationships and provides formal reports on improvement and activities to the Utah Tribal Leaders and the Native American Legislative Liaison Committee (Utah Code Annotated Section 9-9-104.6). See also section V.B9 Indian Health Policy (IHP) Analyst and Tribal Liaison.	State and Federal Funds (including Title XIX administration) Based on agreement with the Division of Integrated Healthcare, a portion of personnel costs are charged for Title XIX participation as determined appropriate. Costs may also be charged to other areas with applicable federal grants.	Direct Cost Assignment
KMAAG	1251	AI/AN Indirect	AI/AN general administrative costs.	State, Federal, & Other Funds	Indirect Cost Plan
KMAAG	1255	Indian Health – Opioid Response	This cost center conducts a gap analysis of Utah's opioid response among the AI/AN population. In addition, this area was tasked to develop culturally relevant and appropriate opioid prevention materials and messaging.	State and Federal Funds ~~Opioid Response Grant~~	Direct Cost Assignment
D) Health Clinics of Utah					
KMBAE	1630 - 1639	Health Clinics of Utah	The Utah Health Clinics provided direct services to Medicaid and CHIP eligible clients. The Utah Health Clinics were closed as of April 30, 2023. This area exists only for post closure work related to the Health Clinics including document retention, minimal post closure costs and will be covered with Other Funds and / or State Funds.	State funds and Other funds.	Direct Cost Assignment.

E) Medical Examiner					
KMBAB	1501- 1507	Medical Examiner	Medical Examiner (OME) is responsible for the investigation and certification of any sudden and/or unexpected deaths, which occur within the State of Utah. OME is involved to varying degrees in investigating approximately 25 percent of the deaths in Utah each year. Various codes are used to differentiate funding sources.	State, Federal, and Other funds. Funds may include service fees generated from charges for reports and other documents, use of the OME facility by tissue harvesting agencies, review of death certificates in cases where the body will be cremated or interred out-of-state, court appearances in non-criminal cases, and occasional non-jurisdictional autopsies.	Direct Cost Assignment
~~KMBAB~~	~~1509~~	~~Clinical Services Administration~~	~~General costs for the adminstration of the Office of the Medical Examiner (OME) and Correctional Health Services (CHS).~~	~~State Funds~~	~~Direct Cost Assignment~~
F) Correctional Health Services					
KMDAB	1561- 1567	Correctional Health Services	Correctional Health Services (CHS) provides direct medical, dental, vision, ~~and~~ mental health, and pharmacy services for individuals under the custody of the Department of Corrections (UDC) in state correctional facilities. For individuals under the custody of UDC who either are receiving outside medical care or reside in county jails, CHS is responsible to cover the the medical and mental health care costs.	Federal and State Funds	Direct Cost Assignment

DHHS Section IV
OPERATIONS

The operation section of DHHS includes the strategic performance management, department supports and services for the department including the Office of Administrative Hearings, Ancillary Services (including support costs from the Assistant Attorneys General, the Division of Human Resources Management, Local Discretionary, and the Division of Technology Services), Division of Finance & Administration, Division of Licensing & Background Checks, Division of Customer Experience, Division of Continuous Quality & Improvement, Division of Data, Systems & Evaluation, Office of Legislative Affairs, Office of Public Affairs & Education, and the Utah Developmental Disabilities Council.

Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
A) Administrative Hearings					
The Office of Administrative Hearings provides a platform for Utahns to exercise their due process rights regarding the Department of Health & Human Services' actions.					
KMCAD	1781	Administrative Hearings	The Office of Administrative Hearings (OAH) includes staff costs for conducting hearings (including support staff) . Costs for this area may include assigned current expenses, technology, system and other costs associated with OAH. OAH conducts hearings for decisions that can be appealed. OAH Judges account for their daily time in 15 minute increments entering information in the system used by OAH. The tracked time represents, as closely as is practical, actual time expended in each function. When two or more hearings are conducted sequentially, the employee reporting the time may exercise discretion to properly allocate the expended time (including travel, if applicable) to conduct each hearing. Reported time identifies the following items: date the work was performed; the individual performing the work; the particular case as applicable on which the work was performed; and the category of work. Time spent preparing for a hearing such as research, correspondence; discussion, travel, etc. is recorded to the category applicable to the hearing. Support staff, including paralegals, do not track their time for entering in the OAH system. Their costs assigned to 1781 (along with other 1781 costs) are distributed to applicable programs through the OAH Judges reported time.	Federal (including Title IV-B, Title IV-D, Title IV-E, Title XIX, SSBG, and Baby Watch), State, and Other Funds.	Time information entered into the OAH system is used to allocate costs to applicable categories. Information is summarized on a fiscal year-to-date basis. The percent of time spent in each applicable category will be the basis upon which costs in this cost center are allocated to programs for funding purposes. The categories and descriptions are included in Appendix D.
B) Ancillary Services					
KMAAC	1161	Legal	The Legal cost center includes costs related to overseeing legal matters and providing liaison services involving the Attorney General's Office for the Department. The State Attorney General Office provides department support for legal activities such as handling matters of litigation and review. DHHS provides occupancy costs for the Attorney General's staff.	State, Federal, & Other Funds	Indirect Cost Plan Costs that remain in this cost center are charged to the Indirect Cost Plan. Information from the Attorney General's Office for activities performed will be used to directly assign costs to other cost centers. The federal participation for these costs will be applicable to the allocation method used in the applicable cost center. This assignment of costs may include the Attorney General costs, the associated facility costs, and other related costs.
KMAAC	1163	Human Resource, Misc.	~~Miscellaneous~~ Allocated costs applicable to services provided by the Division of Human Resource Management to the department. Other miscellaneous costs ~~including facility related costs,~~ may be charged to this cost center such as rent or facility related costs.	This cost center is funded with State funds and this cost center may use SSBG ~~Social Services Block Grant~~ funds.	Direct cost assignment.
KMAAC	1169	Local Discretionary	The Local Discretionary cost center accumulates direct charges to ~~the~~ SSBG ~~Social Services Block Grant~~ by local governments.	SSBG	Direct cost assignment

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
Following cost areas may be used to account for technology related activities and costs.					
KMAAC	1371	Technology -- ARPA	Department technology costs -- activities for American Rescue Plan Act (ARPA) technology related	Federal, ARPA	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
KMAAC	1372	Technology	Department technology costs -- activities and costs may involve department training, coordination, and other overall costs associated with technology, training, and data processing May include Department costs for technology support including hardware and software maintenance, data storage, new system acquisition and development, security, network and desktop support, and server support	State, Federal, & Other Funds	Indirect Cost Plan
KMAAC	1373	Technology - Miscellaneous	Technology related costs for miscellaneous projects, software, DTS charges, and other initiatives charged to State funds or other allowable funding, such as SSBG.	Federal, State, and Other Funds (federal funding may include SSBG)	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
KMAAC	1374	Technology - Miscellaneous, Indirect	Department technology costs -- this cost area may be used to record DTS charges or technology related purchases for miscellaneous items, such as hosting, security, desktop, or other services or purchases that are considered appropriate for the indirect cost plan. This may also be used to cover employee costs of those who work entirely on technology and software.	State, Federal, & Other Funds	Indirect Cost Plan
KMAAC	1375	Data Warehouse	Cost center for data warehouse -- costs may include technology assigned costs for department data warehouse support, department website support, or other department technology related costs.	State, Federal, & Other Funds	Indirect Cost Plan

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
C) Finance & Administration					
The Division of Finance and Administration (DFA) provides financial reporting and accounting, contract administration, budget, and facilities management and operations support for DHHS.					
~~KMAAD~~ ALL	1210-1249 except 1231, 1242, 1244, 1245, and 1249	DFA	This area may involve responsibility for finance, purchasing, accounting and budgeting, contract support, facility and employee support, special projects for the Department, data analysis, and research studies. Other support to Department functions or operations may be performed in this area such as assisting with emergency preparedness and technical support. Employees from this area coordinate with the Governor's Office, and the Legislative Fiscal Analyst Office during the appropriation process. Direct charged employees are covered in other areas of the cost allocation plan.	State, Federal, & Other Funds	Indirect Cost Plan
KMAAD	1231	CAPS (Contracts Approvals and Payments System)	CAPS costs include coordination, maintenance, operation of the automated provider payment system, and other CAPS related costs. Costs to replace or enhance CAPS including planning may be included in this cost center.	Possible funding sources based on Division/program participation are as follows: IV B subpart 1 (DCFS), IVE (foster care (DCFS, JJYS) and adoptions (DCFS), and XX (DCFS, JJYS, DSPD) - costs may be allocated to other federal and other funding sources as determined appropriate and available. 1231 costs will not be directly or indirectly (including any rate development and administrative expense) submitted for Title XIX participation.	This cost center is allocated on the basis of the ratio of the number of individual client payments per Division/program (~~as of July 2022 -~~ Division of Child and Family Services (DCFS), Division of Services for People with Disabilities (DSPD), and Juvenile Justice Services (JJYS)). Allocation methods of the applicable Divisions in this plan will be used to allocate to the appropriate funding sources.
KMAAD	1242	Other	This area is used for other costs, such as costs used to support Utah's local health departments and public health in Utah.	State Funds	Direct cost assignment
KMAAD	1244	Finance Programs - ARPA Federal	Funding covers pandemic response related activities or other federal programs administered by DFA.	Federal Funds (including ARPA)	Direct cost assignment
KMAAD	1245	Finance Programs - Federal	This area is used for DFA personnel to charge to federal programs administered in the Division of Population Health. Activities include federal reporting, budgeting, contract management and other financial support involved in grant administration. Costs can include those allowable under the IV-E waiver to assist in the transition from the IV-E waiver.	Federal Funds (including ELC CARES grant funds, Family First Transition Act, Funding Certainty Grant).	Direct cost assignment
KMAAD	1249	DFA non-indirect	This cost center may be used for DFA direct charges not assigned for indirect cost allocation.	State funds and Federal (SSBG), or other allowable funding.	Direct cost assignment

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
D) Licensing & Background Checks					
The Division of Licensing & Background Checks (DLBC) comprises of the Office of Background Processing (OBP), the Office of Licensing (OL), and Center for Medical Cannabis (CMC). OBP ~~is involved in facilitating~~ facilitates background screenings for providers, ~~and for~~ DHHS employees, and contractors. ~~Medicare and Medicaid healthcare providers are regularly inspected and complaints are investigated by this office. All healthcare licences for issuance or renewal are handled for various provider types. All healthcare providers are subject to an annual on-site survey inspections and complaint survey investigations.~~ OL regulates childcare, health, and human services entities and facilities. Medicare and Medicaid healthcare providers are regularly inspected and complaints are investigated by this office. All healthcare licences for issuance or renewal are handled for various provider types. All healthcare providers are subject to an annual on-site survey inspections and complaint survey investigations. Health Facility Licensing (HFL) is a section within the Division of Licensing and Background Checks (DLBC) Office of Licensing (OL) under the authority of the Utah Department of Health and Human Services (DHHS). Human Services Licensing (HSL) is a section within the Division of Licensing and Background Checks (DLBC) Office of Licensing (OL) under the authority of the Utah Department of Health and Human Services (DHHS). Child Care Licensing (CCL) is a section within the Division of Licensing and Background Checks (DLBC) Office of Licensing (OL) under the authority of the Utah Department of Health and Human Services (DHHS). The Center for Medical Cannabis (CMC) oversees the development and implementation of the Medical Cannabis program in Utah.				
KMCAB	1711 except CANA	DLBC Administration	DLBC costs involving general administration, oversight, and coordination with the DLBC areas and other programs. General operations that affect the entire operation of the Division can be located in this area involving accounting/budgeting, legislative activities, information requests, and other related support activities and costs.	Clearing Account	Costs will be allocated quarterly (with adjustment for state fiscal year-end) using DLBC personnel costs (excluding 1711). Costs will be allocated to the following Programs: Background Processing (1715) , Health Facility Licensing (1720 ADMN), Plan Review (1725), Home Health Community Based (1726), CMC DLBC Administration (1711,CANA), Child Care Licensing (1731), and Human Services Licensing (1736).
KMCAB	1711, CANA	CMC DLBC Administration	Costs associated with oversight of CMC will be charged to activity code CANA.	State and Other Funds	Direct Cost Assignment
KMCAB	1712	DLBC Other and Special Projects	DLBC miscellaneous costs not assigned to other areas, special project costs, or pass through costs	State and federal funds and collections including fees; costs may be funded with SSBG as allowable	Direct Cost Assignment

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
KMCAB	1715	OBP - General	Background Processing facilitates screening for licensed child care providers, individuals providing direct care to patients through licensed health care facilities, human services, and Medical Cannabis pharmacy agents and caregivers, DHHS employees, and other applicable providers and facilities associated with DHHS.	Federal (SSBG), State, and Other funds (DWS transfers for CCL background processing. Fees include collections for background check fees and fingerprint fees, and fees that may be charged to other areas that involve federal participation)	Direct Cost Assignment
KMCAB	1717 except AINVEST	OL Administration	Office of Licensing (OL) costs involving general administration, oversight, and coordination with the OL areas and other programs. General operations that affect the entire operation of the Office can be located in this area involving budgeting, legislative activities, information requests and other related support activities and costs.	Clearing Account	Costs will be allocated quarterly (with adjustment for state fiscal year-end) using OL personnel costs (excluding 1717). Costs will be allocated to the following Programs: Health Facility Licensing (1720 ADMN), 1721 (State Licensing), 1725 (Plan Review), 1726 (Home Health), Child Care Licensing (1731), and Human Services Licensing (1736).
KMCAB	1717, AINVEST	OL Investigations	Office of Licensing (OL) costs involving general investigations for OL areas and other programs.	Clearing Account	Costs will be allocated quarterly (with adjustment for state fiscal year-end) using OL Investigations personnel costs (excluding 1717). Costs will be allocated to the following Programs: Health Facility Licensing (1720 ADMN), 1721 (State Licensing), Child Care Licensing (1731), and Human Services Licensing (1736).

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
KMCAB	1718	HFL ~~OL~~ - Medicare	Direct or allocated costs for CMS Medicare facility types involving on-site, follow-up, and complaint surveys. Following is included in this area: Onsite Inspections of Non Long Term Care Ambulatory Surgical Centers End State Renal Facilities Home Health Agencies Hospitals Hospice Centers Dual Certified Facilities Other non long term care facilities and skilled nursing facilities Certified Nurse Assistant Registry (CNA)* Minimum Data Set (MDS)* Outcome and Information Set (OASIS)* Patient Safety Initiative (PSIS)* *The authority to perform this function is found in the Social Security Act §1818, §1819, and Title 42 of the Code of Federal Regulations (CFR).	Title XVIII Federal	Direct Cost Assignment. Costs that cannot be direct charged will be cost allocated quarterly from clearing account unit 1720.
KMCAB	1719 ASCR	HFL ~~OL~~ - Medicaid	Direct or allocated costs for CMS Medicaid facility types involving on-site, follow-up, and complaint surveys. Following are also included in this area: Home Health Agency Intermediate care facilities for individuals with intellectual disabilities (ICFI) Dual Certified Facilities Nursing facilities Psych residential facilities Minimum Data Set (MDS)* Outcome and Information Set (OASIS)* *The authority to perform this function is found in the Social Security Act §1818, §1819, and Title 42 of the Code of Federal Regulations (CFR).	~~Title XIX~~ Federal (including Title XIX), and State Funds	Direct Cost Assignment. Costs that cannot be direct charged will be cost allocated quarterly from clearing account unit 1720. ~~The match rate for Skilled Professional Medical Personnel (SPMP) and Health Program Specialist directly supervised by SPMP in this area is 75% Federal Financial Participation (FFP) and 25% State Funds in accordance with 42 CFR, 432.50 (b) (2).~~ Staff including Health Program Specialists not directly supervised by SPMP have a match rate of 50% Federal Funds and 50% State Funds in accordance with 42 CFR, 432.50

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
KMCAB	1719, ASCE	HFL - Medicaid SPMP	Skilled professional, medical professional (SPMP) costs are determined at 75% FFP as defined in 42 CFR, 432.50(d). Healthcare professionals include registered nurses, dietitians, and social workers (social workers have been defined as healthcare professionals through a Departmental Appeals Board Decision, No. 1032, dated August 9, 1989). Support staff are directly supervised by SPMP's and provide clerical duties as defined in 42 CFR 432.50(d) (v).	Federal (including Title XIX), and State Funds.	Direct Cost Assignment Costs that cannot be direct charged will be cost allocated quarterly from clearing account unit 1720. The match rate for Skilled Professional Medical Personnel (SPMP) and Health Program Specialist directly supervised by SPMP in this area is 75% Federal Financial Participation (FFP) and 25% State Funds in accordance with 42 CFR, 432.50 (b) (2).
KMCAB	1720 ADMN	HFL - Non-SPMP/Admin ~~Health Facility Licensing~~	Clearing account to record Health Facility Licensing administrative costs and non-skilled professional, medical professional (Non-SPMP) costs that cannot otherwise be directly charged.	Clearing Account	Costs will be allocated to units 1718 and 1719 based on direct personnel charge hours for those units. This allocation will result in charging costs to State funds, Title XVIII and Title XIX.
KMCAB	1720 SPMP	HFL - Skilled Professional, Medical Professional ~~– Health Facility Licensing~~	Clearing account to record Health Facility Licensing costs for skilled professional, medical professional (SPMP) costs that cannot otherwise be direct charged. Skilled professional, medical professional (SPMP) costs are determined at 75% FFP or 50% FFP as defined in 42 CFR, 432.50(d). Healthcare professionals include registered nurses, dietitians, and social workers (social workers have been defined as healthcare professionals through a Departmental Appeals Board Decision, No. 1032, dated August 9, 1989). Support staff are directly supervised by SPMP's and provide clerical duties as defined in 42 CFR 432.50(d) (v).	Clearing Account	Costs will be allocated to State Funds, Title XVIII and Title XIX based on direct personnel charge hours.
KMCAB	1720 LTCS	HFL - Dual Certified Facility ~~– Health Facility Licensing~~	Clearing account to record Health Facility Licensing costs for dual certified facilities. The Long-Term Care Survey Section has the responsibility for conducting on-site, follow-up, and complaint survey investigations for all nursing homes and intermediate care facilities for individuals with intellectual disabilities that participate in the Medicare/Medicaid Program. The authority to perform this function is found in the Social Security Act §1818, §1819, and Title 42 of the Code of Federal Regulations (CFR). This clearing account is used to track staff hours conducting on-site, follow-up, and complaint survey investigations for all nursing home providers certified to participate in both the Medicare and Medicaid Programs.	Clearing Account	Costs will be allocated between Title XVIII and Title XIX based on annual dual facility bed count determined each State Fiscal Year based on the prior Fiscal Year's data. The costs associated with the Medicaid portion of these expenses, are separated into two separate reimbursement methodologies: a. Personal services, travel, and training are reimbursed at 75 percent federal and 25 percent state and are recorded in unit 1719 with the appropriate enhanced rate program code. b. All other expenses are matched at 50 percent federal and 50 percent state and reported in unit 1719 with the appropriate program code.

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
KMCAB	1721	HFL ~~OL~~ - State Licensure, Abortion Clinics and Other Funding Activities - Health Facility Licensing	Licensing activities including Medicaid/Medicare surveys and skilled professional medical personnel costs. ~~Cost codes will be used to differentiate long-term and non-long-term care costs.~~ ~~Long-term care (LLIC) licensing involves conducting on-site, follow-up, and complaint survey investigations for nursing homes and intermediate care facilities for individuals with intellectual disabilities that participate in the Medicare/Medicaid Program.~~ ~~Non-long-term care (NLIC) licensing involves activities for conducting on-site, follow-up and complaint surveys of hospitals, rural health clinics, hospice agencies, home health agencies, end-stage renal disease, portable x-ray, and various other providers certified to participate in the Medicare/Medicaid Program.~~	State and Other Funds	Total hours worked are recorded on an approved bi-weekly timesheet and tracked for each employee. These percentages are also used to allocate current expenses. Travel costs, individual training costs (travel, per diem, registration, etc.) and capital expenditures are charged to the benefiting program(s). Contracted services are a direct cost assignment to the individual units as specified in the contract term. All associated costs are reimbursed from State Funds.
2177	1724	HFL ~~OL~~ - Sanctions	This area is used to record Health Facility Licensing Medicaid Sanctions. Cost account coding will be used to track specific costs as allowed by CMS sanctions to use for the applicable collections.	CMS Sanctions	Direct Cost Assignment
KMCAB	1725	HFL ~~OL~~ - Plan Review	Program purpose -- establish construction standards for licensed healthcare providers, and assure facility building plans and actual construction are carried out in compliance with standards.	Other Funds	Direct Cost Assignment
KMCAB	1726	HFL ~~OL~~ - Home and Community Based Waiver	Home and Community-Based Services Quality Assurance Program: This program was established through a contract between the Division of Integrated Health and Division of Licensing and Background Checks. This contract was established to provide an independent review of the quality of care being provided to Home and Community Based Services (HCBS) clients being served in licensed and/or certified healthcare settings. The majority of the healthcare providers to be included under this contract are home-health agencies and hospices, including their branch and/or satellite locations and assisted living facilities. Specific activities billed to this program are survey time at the facilities, support staff time to process the paperwork reporting to the Medicaid agency and coordination meetings to plan workloads.	Federal (including Title XIX) and State Funds	Direct Cost Assignment
2205	1728	HFL ~~OL~~ - Licensed Provider Assessment Account	The licensed provider assessment account is used for State civil money penalties. These funds are used for costs to support the Office of Licensing, such as for upgrades to and maintenance of licensing databases and applications, for provider and staff training, to assist individuals during a facility shutdown; or for other administrative costs.	State civil money penalties	Direct Cost Assignment

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
KMCAB	1731	~~OL~~CCL - Child Care Licensing ~~(CCL)~~	CCL supports working parents by protecting the health and safety of children in regulated child care programs. CCL strives for: • Training and supporting providers in meeting the established health and safety standard; and • Providing the public with accurate information about regulated child care. CCL is responsible for licensing of child care facilities in the State of Utah. Categories include Child Care Centers, Hourly Centers, Out of School Time Programs, Licensed Family Providers, and Residential Certificate Providers. Compliance with State administrative rules is regulated through onsite inspections, pre-license activities, and suppression of illegal operations. CCL conducts inspections and investigates complaints for licensed and certified programs. CCL costs include administrative functions and the Child Care Licensing Advisory Committee that advises on rules promulgated for licensed and certified child care providers.	State and Other Funds	Direct Cost Assignment
KMCAB	1736	HSL ~~OL~~ - Human Services Licensing	Licensing provides services applicable to vulnerable populations. Fees collected are ~~transferred to State funds or are~~ used to fund costs associated with specific licenses. Licensing activities include inspecting individual homes and determining home and family ability to care for foster children and investigations or review of providers and other licensing related activities applicable to DSPD, congregate care, foster care, youth transportation, and other treatments.	Federal (including Title IV-B, Title IV-E, Title XIX, SSBG) State and Other Funds.	Personnel use cost codes for their time reporting in the State payroll system to allocate personnel and other costs for this area to applicable areas. Costs assigned to a general administrative code (used for general administrative activities, such as general office meetings) are excluded from the allocation ratio that assigns 1736 costs to applicable areas. Costs assigned to foster care will be allocated to Title IV-E Foster Care based on the DCFS Title IV-E foster care penetration rate. Costs assigned to DSPD will be allocated to Title XIX using the allocation methodology described for DSPD KPAAC section V.E.

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
D1) Center for Medical Cannabis					
5820	1660 - 1669	Medical Cannabis	The Center for Medical Cannabis (CMC) was created in response to the passing of the Utah Medical Cannabis Act. This law directed DHHS to develop and implement a program that would allow for patients who met certain qualifying conditions to apply for a medical cannabis card and legally purchase medical cannabis.	State and Other funds. Funding is through the Qualified Patient Enterprise Fund which receives revenue through medical cannabis transaction fees, ~~qualified medical provider registration fees, and~~ medical cannabis cardholder and cardholder-related fees, and provider-related fees.	Funds are used to cover administrative costs, including those costs in 1711, CANA. DLBC maintains programmatic oversight for the Center for Medical Cannabis.
E) Utah Developmental Disabilities Council					
KMCAE	1791-1798	Developmental Disabilities Council (UDDC)	The mission of UDDC is to advocate, build capacity and encourage system changes to support people with disabilities and their families to fully and independently participate in their communities. UDDC provides service coordination and financial assistance to various organizations associated with the developmentally disabled.	This program is funded with direct federal grants and may be funded with State funds, or other miscellaneous funding including federal sources. Grants are differentiated using ~~function~~ program codes.	Direct Cost Assignment

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
F) Customer Experience					
Customer Experience (DCE) contains the Office of Ombudsman (Ombuds) and the Office of Leadership, Development and Training. A primary function is to ensure DHHS customers know who to contact for services, receive the services they need, and are treated equitably.					
KMAAJ	1281 except ACXM	Administration	General administration, oversight, and coordination with DCE areas and other programs -- costs supporting the Division and Department can be included in this area including management, information requests, and other related support activities and costs. This area includes miscellaneous activities that provide support for the Department, such as coordination, collaboration, and responding to records and information requests (GRAMA); activities supporting a diverse and inclusive workforce; and other constituent concerns.	Federal and State funds	Indirect cost plan
KMAAJ	1281 ACXM	Administration - SSBG	Costs can be related to improving the digital experience for customers accessing DHHS websites, analyzing customer data, and documenting customer journey maps from application to receiving DHHS services.	Federal (SSBG)	Direct Cost Assignment
KMAAJ	1282 ADMN	Ombuds - Administration	General administration, oversight, and supervision of Ombuds programs.	Clearing Account	Costs will be allocated at least quarterly (with adjustment for state fiscal year-end) between 1282 ADCF, 1282 ACON and 1282 ADAA. The allocation will be based on FTE count.
KMAAJ	1282 ADCF	Ombuds - child protection	Costs related to independently investigating complaints and reviews related to the Division of Child and Family Services (DCFS). A main objective for this area is to resolve concerns, work with DCFS to facilitate solutions, build upon best practices, and strengthen service delivery.	Federal (including Title IV-B, Title IV-E, SSBG), and State funds	1282 ADCF costs will be allocated to Title IV-B, Title IV-E, SSBG, and State Funds based on the DCFS RMS and application of the applicable penetration rate.
KMAAJ	1282 ADAA	Ombuds - long-term care	Costs for oversight, coordination, and performance for providing residents of nursing homes and assisted living facilities with ombuds services regarding complaints/reviews concerning care, treatment, and rights.	Federal and State funds	1282 ADAA costs may be charged to federal grants (through direct cost assignment) administered by the Division of Aging and Adult ~~Circumstances~~ Services or to federal grants obtained for the Ombuds-long term care area, coding will be used to differentiate costs charged to the Aging related federal grants.
KMAAJ	1282 ACON	Ombuds - congregate care	Costs related to advocating for children admitted to congregate care programs and investigating concerns pertaining to a congregate care program or staff.	State funds	Direct cost assignment
KMAAJ	1282 ADIS	Ombuds - disabilities	Costs related to providing ombuds services for individuals with disabilities investigating and reviewing complaints and performing other reviews and assistance.	Federal (including Title XIX) and State funds	1282 ADIS costs may be allocated to Title XIX using the ratio of the number of Medicaid eligible clients to total clients served by the 1282 ADIS area for the quarter (ADIS penetration rate). Data for the ADIS penetration rate and costs will be accumulated and applied through a state fiscal year-to-date basis.
KMAAJ	1283 except ALDT	Leadership, Development, & Training	The cost area is responsible for implementing comprehensive professional development and new employee orientation for DHHS senior leadership, managers and employees.	Federal and State funds	Indirect cost plan

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
KMAAJ	1283 ALDT	Leadership, Development, & Training	This area assists with training, development, programs and ~~initatives~~ initiatives related to public health improvement for the department. Costs are assigned directly to the applicable federal grant.	Federal Funds	Direct Cost Assignment.
KMAAJ	1285	2-1-1	2-1-1 is an information and referral service provided by the Utah's Promise. It helps to streamline information and referrals, avoid duplication of services, and simplify the connection process. Utah's Promise has also created and maintained a 2-1-1 web database with department contracted service provider information.	State funds	Direct cost assignment

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
G) Continuous Quality & Improvement					
The Division of Continuous Quality & Improvement (CQI) includes the Office of Service Review (OSR) and the Office of Innovation. CQI's primary function is to ensure DHHS operational units and their contracted providers have evidence-based tools, recommendations, and information to promote iterative, high-quality practices and to improve outcomes for Utahns.					
KMAAH	1261 AQDA	Administration	~~AQDA includes general CQI administrative costs.~~ This cost area includes general, management, or administrative activities that support (or are applicable to) the Division. Costs for this and other CQI areas may include assigned current expenses, technology, system, personnel, and other costs associated with CQI.	State and federal funds (including Title XIX), funds applicable to other CQI areas including indirect in accordance with cost allocation processing	~~AQDA c~~ Costs are allocated for funding (for cost allocation purposes) based on the ratio of CQI personnel costs excluding AQDA. See other CQI descriptions for allocations and federal funding.
KMAAH	1261 ADSR	OSR Administration	~~1261 ADSR includes general Office of Service Review administrative costs.~~ This cost area includes general, management, or administrative activities that support (or are applicable to) the Office of Service Review (OSR).	State and federal funds applicable to other OSR areas	~~ADSR c~~ Costs are allocated for funding (for cost allocation purposes) based on the ratio of OSR personnel costs excluding ADSR. See other OSR ~~decriptions~~ descriptions for allocations and federal funding.
KMAAH	1261 except AQDA and ADSR	Administration other	~~1261~~ This area may be used for Division activities not specifically assigned to other CQI areas.	Federal, State, and Other funding State or Other funds	Direct cost assignment
KMAAH	1262	OSR -- service review, fatality reviews, and related party investigation	~~1262~~ This area is used for on-going and one-time quality control evaluations. Reviews may be performed regarding compliance. Information may be used to design and conduct training and in-depth studies of problems, recommend improvements, and assist in monitoring worker performance. DHHS fatality reviews, and efforts to resolve case concerns may be performed.	Federal (Title IV-B, Title IV-E, SSBG), and State Funds	~~1262 c~~ Costs, except those identified for non-DCFS activities (determined through ratio using costs associated with time reported for the State payroll system), will be allocated to Title IV-E, Title IV-B, and SSBG based on the DCFS RMS and application of the applicable penetration rate. Costs for the non-DCFS activities will be charged to State funds and/or SSBG.
KMAAH	1263	OSR -- Quality Management	~~1263~~ This area is used for contract and quality management involving contracts, agreements, and provider arrangements.	~~1263 is used for contract and quality management involving contracts, agreements, and provider arrangements.~~ State, Federal, & Other Funds	Indirect Cost Plan
KMAAH	1264	Office of Innovation	This area provides education, direction, and support to organizational units of DHHS around the implementation of performance management, quality improvement, and strategic planning best practice principles and processes.	State, Federal, & Other Funds	Indirect Cost Plan

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
H) Data, Systems, & Evaluation (DSE) and Technology Costs					
The Data, Systems & Evaluation Division serves the department, partner organizations, public health stakeholders, and individual Utahns by collecting, registering, securing, analyzing, and making available accurate vital records and health and human services data; and conducting public health and community health assessments to promote better outcomes.					
KMAAE	1301	DSE Administration	Division administration and financial staff involved in providing DSE and Department data/technology support and guidance. This cost area may also include activities/costs for the internal review board involving living projects, fatality review, or other research.	State, Federal, & Other Funds	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
KMAAE	1302	Utah Clinical and Translational Science (CTSI) Contract	Data consulting arrangement for the University of Utah	University funds that involve National Institute of Health (NIH) federal grant funds	Direct Cost Assignment
KMAAE	1321	ORE - Indicator Based Information System (IBIS)	Administration for survey and assessment program	State and other funds	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
KMAAE	1322	ORE - BRFSS	Behavioral risk factor surveillance system	Federal (including Prevention Block Grant), State, and Other Funds	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
KMAAE	1323	ORE - BRFSS grant	Behavioral risk factor surveillance system grant	~~CVC~~ CDC- Behavioral Risk Factor Surveillance System federal grant	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
KMAAE	1332	ORE - Research and Evaluation Information Management	Department data and information research/analysis for management purposes	State, Federal, & Other Funds	Indirect Cost Plan
KMAAE	1334	ORE - Healthcare Statistics	Involves costs for collecting, analyzing, and distributing healthcare data under direction of the Utah Health Data Committee - program objective involves supporting health improvement initiatives through collection, analysis, and public release of healthcare information	Federal (including Title XIX, State, and Other Funds	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
KMAAE	1335	ORE - APCD	All payer claims database - The funds are for (1) access to analysis tools for the All-Payer Claims Database (APCD) for DIH, and (2) reports from the APCD on the costs of episodes of care for the Medicaid population to DIH upon request, and new reports requested by DIH which are deemed necessary to comply with statutory or regulatory requirements.	State and Title XIX - including fees	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
~~KMAAE~~	~~1336~~	~~ORE - Health Waste Calculator (HWC)~~	~~Software and costs to help identify waste related to the healthcare system~~	~~State Funds~~	~~Direct Cost Assignment, coding may be used to differentiate costs for applicable funding~~
~~KMAAE~~	~~1337~~	~~ORE - Utah Health Workforce Information Center (HWIC)~~	~~The HWIC is established under UCA 26-69-301 analyzes data, conducts research and creates reports regarding Utah's health workforce as directed by the Utah Health Workforce Advisory Council.~~	~~State Education Funds~~	~~Direct Cost Assignment~~

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
KMAAE	1340	OIDS - Administration and Coordination	OIDS administration and coordination involving integration and interoperability of informatics; the application of information, statistics, and computer technology for health improvement and learning	Federal and State Funds	Direct Cost Assignment
KMAAE	1342	OIDS - MPI OAPD	Costs for technology coordination assisting to develop and manage the Master Person Index (MPI) and the clinical health information exchange (cHIE)	Federal (including Title XIX) and State Funds	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
~~KMAAE~~	~~1343~~	~~OIDS - ASQ~~	~~Ages and Stages Questionnaire (ASQ) Contract~~	~~Other funds~~	~~Direct Cost Assignment~~
KMAAE	1350	IPS - Information Privacy & Security	Department costs coordinating privacy, security, and other technology related items. Activities can include: • coordination/management related to privacy and security policies, procedures, and standards. • technology risk assessment coordination. • review, establish, monitor, or implementation for appropriate privacy and security. • incident response management for remediation, reporting, mitigating, and response. • privacy and security training coordination including providing security tools, resources and processes.	State, Federal, & Other Funds	Indirect Cost Plan
KMAAE	1351	IPS - Specific Information Privacy & Security	IPS related activities differentiated for specific division support purposes	State & Other Funding arrangements	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
KMAAE	1360	OVRS - Administration	Administration for statewide vital records system - involving collection, preservation, and tabulation of records for births, deaths, marriages, divorces, and adoptions.	Federal, State and Other funds	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
KMAAE	1361	OVRS - Vital Statistics & Cooperative Program (VSCP)	Costs for providing state birth, death, and other data to federal agencies	SSA and CDC federal contract funds	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
KMAAE	1362	Adoption Registry	Costs for development, maintenance, and operation of the Adoption Registry	State & Other funds - including fees	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding

DHHS Section IV
OPERATIONS

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Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
I) Legislative Affairs					
The OLA advocates on behalf of the department to the legislature and educates staff and lawmakers. OLA coordinates the department's response to legislative requests, administrative rules, and requirements of Utah Code. The outcomes of their work lead to innovation, improvement, and trust.					
KMAAB	1111	Legislative affairs	Costs involving coordination working through budget, policy, laws/requirements (federal, state, and local), requests, issues, and other matters impacting various Health and Human Services areas, constituents, and populations; this area includes coordination for administrative rules, policy, and other administrative functions; this area includes coordination and involvement with Legislature, Governor's Office, and other oversight and management entities and individuals.	State, Federal, & Other Funds	Indirect Cost Plan
J) Public Affairs & Education					
The Office of Public Affairs and Education (OPAE) provides Department support for education, communication, and other outreach regarding health and human services. This office provides technical communication support including information provided internally and externally including coordination with media.					
KMAAF	1181	OPAE	Office of Public Affairs and Education media, communication, education, and other related costs.	State, Federal, & Other Funds	Indirect Cost Plan
KMAAF	1182	OPAE miscellaneous	OPAE personnel and other costs assigned to miscellaneous projects and funding sources; this area can include other OPAE costs not assigned to the indirect cost area.	Miscellaneous funding arrangements involving federal and other funding sources; costs may be assigned to State Funding or SSBG as allowable	Direct Cost Assignment, coding may be used to differentiate costs for applicable funding
K) DEPARTMENT CLEARING ACCOUNTS					
Clearing accounts are used for miscellaneous purposes resulting in costs (or revenue) eventually moved to other accounting codes, subject to applicable cost allocation and processing.					
Appropriation Program	**Cost Center**	**Name**		**Funding Source**	**Allocation Method**
Various	Various	Miscellaneous clearing accounts	Clearing accounts are used for various purposes facilitating Department processing of accounting data. Costs are reasonably assigned to areas and account coding. Data, reasonable for the applicable cost, may be used for the cost distribution to appropriate coding and cost centers. Examples of costs include but are not limited to: software maintenance, shred bins, recycling, facility operation maintenance costs, purchasing cards, etc. See DHHS General section for more information regarding the handling of costs.	State, Federal, & Other Funds Distributed costs are subject to federal participation and funding for the applicable cost centers	Distributed costs are subject to the allocation or handling for the applicable cost center. Following are examples of data that can be used for the distribution of costs to benefitting areas: • usage information • square footage for costs associated with the Department's two main administration facilities • miscellaneous data for technology, such as accounts (emails, equipment, or other technology items), users, and other defendable assignments or percentages • FTE (full-time equivalent) • other costs • direct determination of applicable area

DHHS Section V

HEALTHCARE ADMINISTRATION

The Healthcare Administration Section includes the Division of Integrated Healthcare (DIH) which provides support and oversight functions of the Medicaid, CHIP, and Substance Use and Mental Health services delivered within the State, including the Utah State Hospital. Additionally, Healthcare Administration is responsible for the Division of Aging & Adult Services, the Division of Services for People with Disabilities, and the Utah State Developmental Center.

Integrated Healthcare (DIH)

A) Substance Use & Mental Health (SUMH)

Substance Use and Mental Health (SUMH) administers substance use and mental health programs. SUMH oversees the publicly funded prevention and treatment system. The SUMH Strategic Initiatives detail the division policies, systems and programs, and activities to achieve certain legislative mandates. They are:
-Focus on prevention and early intervention
-Develop a recovery-oriented System of Care, led by people in recovery, that is trauma-informed and evidence-based
-Strengthen the system of care for children and youth that is family-driven, youth-guided, and community-based to make sure that it is culturally/linguistically competent
-Encourage integrated programs that address an individual's substance use disorder, mental health, and physical healthcare needs
-Zero suicides in Utah
SUMH makes sure that prevention/treatment services for substance use and mental health are available throughout the State. SUMH contract with local county governments statutorily designated as local substance abuse and local mental health authorities, to provide prevention or treatment services. Oversight and policy direction is provided to local authorities, including monitoring and evaluation of services through an annual site review process, review of local area plans, and review of program outcome data.
SUMH provide technical assistance and training to local authorities and evaluates the effectiveness of prevention and treatment programs to share information with stakeholders.

Overview	- The Office of Substance Use and Mental Health (SUMH) is divided into the following appropriations: KPAAH: 3212-3215 KPBBB: Office of Substance Use and Mental Health (SUMH)	- SUMH ensures effective alcohol and other drug treatment and prevention services are available to Utah citizens and administers a program of care and treatment for Utah's mentally ill population. - Programs managed by SUMH (including Federal and non-Federal): • Title XIX (Medicaid) services and support • Substance abuse and mental health services including, but not limited to, prevention; early intervention; and recovery services. • Drug court and drug rehabilitation programs • Community mental health services • Agreements and projects to benefit homeless individuals • Supported employment • Pre-admission screening/residential review (PASRR) of nursing facilities • Collection of behavioral health services information • State agency agreements applicable to SUMH services. Codes in the state's accounting system (~~FINET~~Vantage) identify the appropriation code and the sources of funding. The state or federal fiscal years, as applicable, are also identified. Appropriate costs are applied to each funding source code (cost center). - A rate may be charged to federal or other programs in accordance with Indirect Cost Plan methodology. - (BXXEXP) The Social Services Block Grant may be allocated to SUMH as a funding source as deemed appropriate, available, and allowable. - The State payroll system, Employee Self Service (ESS), may be utilized as determined appropriate for applicable employees to assign time to cost centers. - SUMH is primarily funded through SAMHSA, DOJ and HRSA grants including MHBG and SAPT block grants and State Funds.

Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
KPAAH	3212-3215 BEXD	Administration	Administration costs not allowed for federal participation are designated with activity code BEXD.	State Funds	Direct Cost Assignment
KPAAH	3212-3215 excluding BEXD	Administration - Medicaid Apportionment	Administrative costs associated with programs managed by SUMH are included in KPAAH 3212-3215, excluding BEXD. The portion of administrative costs assigned to Medicaid (Medicaid apportionment) provides support to Medicaid through PASRR services and through substance use and mental health services performed by SUMH.	Title XIX Medicaid, State Funds	• The remainder of KPAAH 3212-3215 costs identified (less BEXD) is multiplied by the Medicaid ratio. The Medicaid ratio is determined by the number of individuals served through the State's local mental health and substance abuse system for the prior State fiscal year. The ratio is based on the number of Medicaid clients versus non Medicaid clients as reported in the Mental Health Event File and Treatment Episode Data Set. Similar data regarding individuals served is expected to be submitted for Medicaid rate setting purposes by the local mental health and substance abuse authorities. • Medicaid costs identified through this process will receive Title XIX participation of 50%.

KPAAH	3212-3215 excluding BEXD	Administration - Non-Medicaid Apportionment	Administrative costs associated with programs managed by SUMH are included in KPAAH 3212-3215, excluding BEXD. The administrative costs not identified as Administrative Medicaid Apportionment will be allocated to other funding sources.	Federal, State, or other funds. State or other non-federal funding will be used to cover costs in situations where the full amount of the allocation is limited. See overview for description of potential funding sources.	Budget amounts applicable to SUMH (not including PASRR and Medicaid apportionment of BCSL) will be used to determine funding source percentages. Budget amounts will be obtained toward the beginning of the State fiscal year as recorded in the general ledger system, ~~FINET~~ Vantage. • The actual charge to a funding source may be limited or prohibited by various circumstances such as a specific grant restriction. • The full allowable administrative portion of the SAPT and/or CMHS block grants may also be used to cover KPAAH administrative costs. • These funding source percentages may be adjusted quarterly and at year-end for significant items, such as a new funding source. • After the State fiscal year, budgeted percentages used in the non-Medicaid apportionment will be compared to actual funding. Significant differences will be adjusted in the subsequent fiscal year.
KPBBB	KPBBB - Overview	Behavioral Health Services	SUMH receives ~~V~~various federal, state and other funding sources to support, develop, and enhance behavioral health services. Major funding in this area includes the sources listed in the above overview section. (This is not a comprehensive list of funding sources as programs and services in this and other appropriation codes may be added [or removed] during any fiscal period). SUMH oversees several state funded community behavioral health prevention and treatment programs. These include, but are not limited to, specialized autism preschool programs, school-based integrated health, family resource facilitation, mobile crisis outreach teams, child and early mental health interventions, telephone crisis lines, suicide prevention programs, drug courts, substance use prevention and treatment programs, residential and recovery supports and others. The funding sources and costs for these services are identifiable in the accounting codes to separately track the various interventions.		
KPBBB	All KPBBB excluding BPASRRE* and BCSL	Behavioral Health Services	SUMH receives numerous grants for behavioral health services. ~~FINET~~Vantage coding is used to help account for the various grants.	Federal, State, or other funds.	Direct Cost Assignment.
KPBBB	BCSL	Crisis Line	SUMH costs associated with delivering behavioral health crisis line interventions through a contract with Huntsman Mental Health Institute.	Title XIX, federal grants as deemed appropriate (such as MHBG, State funds)	Costs will be allocated to Title XIX using the KPAAH 3212-3215 excluding BEXD Administration - Medicaid Apportionment ratio. Remaining costs will be directly assigned to federal and State funding sources as determined appropriate.
KPBBB	BPASRRE*	PASRR	Preadmission Screening and Residential Review (PASRR) - SUMH uses Community Mental Health Centers (CMHCs) and independent contractors (for the areas in the state where the CMHC has opted not to provide this service) to perform PASRR level II evaluations.	Title XIX	Direct Cost Assignment SUMH receives Title XIX funds at the 75 percent Federal financial participation rate without regard to the eligibility status of the Medicaid certified nursing facility applicant or recipient. Indirect costs for this cost center will be calculated to receive Medicaid participation of 50 percent.

B) Medicaid and CHIP

DIH is responsible for developing, maintaining, and administering the Utah Medicaid and Children's Health Insurance (CHIP) Programs. This is accomplished by planning, managing, and evaluating activities which authorize payment to qualified providers of approved services that are reimbursed through DIH. To accomplish its assigned area of responsibility, DIH is comprised of functional areas as shown on the organization chart (see Appendix A).

As the single state Medicaid agency, DIH contracts with other state agencies and divisions within the Utah Department of Health and Human Services (DHHS) to provide qualified Medicaid services to eligible recipients.

Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
B1) DIH Director's Office					
KPAAB	3100/XRS	Medicaid Director's Office	The employees of the Director's Office include the Division Director, Operations Director, assistant division directors, an administrative secretary, and other staff. The Director's Office administers and coordinates program responsibilities delegated to develop, maintain, and administer the Utah Medicaid Program, CHIP, and other medical programs. The Director's Office ensures compliance with applicable federal laws, including Titles XIX and XXI of the Social Security Act, laws of the State of Utah, and appropriated budgets. The Director's Office develops liaison and communication interchange with provider and consumer organizations, other state and governmental agencies, Utah State Legislative leaders, and other governmental officials. The Director's Office directs and monitors outreach activities and programs as necessary. The Director's Office plans, develops, organizes, and evaluates division operational activities and is responsible for the development of long-range plans for operational activities. The Operations Director and assistant division directors supervise, direct, and administer the offices in the division. They also act for the Division Director when requested. The Administrative Secretary maintains the Division Director's calendar and produces and maintains all correspondence generated by the Director's Office. The secretary also provides additional administrative and secretarial support and coordinates with all office secretaries regarding policies and changes.	Title XIX Medicaid Administration, State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3100/XRS	Medical Care Advisory Committee	The Medical Care Advisory Committee serves as the advisory board to DIH in accordance with the State Plan requirement and 42 CFR 432.32. Members of the committee serve as volunteers, are reimbursed only for actual expenses incurred in providing service and are not reimbursed for their time.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3100/CLEAR	Division Administration	The Medicaid Director spends time on Medicaid, SUMH, and activities that benefit both programs. This section includes time the Medicaid Director spends on activities related to SUMH as well as activities that benefit both Medicaid and SUMH. Hours related directly to Medicaid are included in section V.B1 Medicaid Director's Office. This unit also includes other costs allocated from the Department.	State funds	Medicaid Director, function code SUMH: Direct cost assignment are direct charged and transferred to SUMH on a quarterly basis. Medicaid Director, no function code: Allocated proportionally based on direct hours charged in the quarter to Medicaid or to SUMH and are then transferred to SUMH or to Medicaid Director's Office on a quarterly basis. Other costs: Other allocation methods appropriate for those costs, as described in Section IV Operations.

KPAAB	3100/XRS, XES	Medical Director and Consultants	The Medical Director oversees the healthcare quality and population health efforts for members covered by Medicaid in the state. They work closely with internal Medicaid staff in medical/pharmacy policy development, program design and oversight, and, at the direction of DIH director, engages with external healthcare providers, community organizations, and government agencies to ensure that members have access to high-quality, cost-effective healthcare services that promote their overall well-being and quality of life. The Medical Director provides expertise in standards of care and quality of care to ensure that all Medicaid members receive care that meets or exceeds established guidelines. The Medical Director oversees part time clinical consultants that provide expertise as needed to help administer the Medicaid program. Additionally the Medical Director has direct oversight of the division's pharmacy teams (see below).	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see Medical Director profile under Appendix C.2) Direct Cost Assignment Titles XIX and XXI administrative allocation
KPAAB KPBAG	3100/PDL/XRS,XES	Preferred Drug List (PDL) SPMP	This section is responsible for the Utah Medicaid Preferred Drug List Program. Costs include salary, benefits, and travel (in-state and out-of-state) for the DHHS pharmacist and other staff who oversee the PDL program. In addition, the DHHS pharmacist and staff oversee a contract with the University of Utah for drug reviews, payments for services provided by the University's Drug Regimen Review Center and membership dues to the Sovereign State Drug Consortium (see also section V.B9 Contracts).	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see Pharmacy Policy Team profile under Appendix C.2) Direct Cost Assignment
KPAAB	3100/XRS	Pharmacy Rebate Program Management	Management of the pharmacy rebate program is contracted to an outside vendor (see also section V.B9 Contracts). DIH staff time related to pharmacy rebate program management is posted here.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB KPBAK	3100/XRS	Pharmacy Policy Development, Non-SPMP	This section has responsibility for federal and state policy interpretations on coverage and reimbursement issues for pharmacy services. Staff who do not qualify as SPMP are included in this cost center.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB KPBAG	3100/XRS,XES, 3100/XR4,XE4	Pharmacy Policy Development, SPMP	Staff in this group includes licensed medical professionals who are engaged in evaluating and developing Medicaid policy to determine the medical appropriateness of policy and that all medically necessary services are available for qualified individuals in accordance with federal mandates. This group is also responsible for providing case management services to fee-for-service Medicaid members receiving hemophilia services. Costs in this section are related to the time, travel, and training of SPMP staff who work in the Pharmacy Policy Development section.	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see Pharmacy Policy Team profile under Appendix C.2) Direct Cost Assignment Titles XIX and XXI administrative allocation
KPAAB KPBAK	3100/XRS,XES	Pharmacy Utilization Control	For Utilization Control, this section consists of pharmacy technicians and SPMP support staff employees who directly support them. They are responsible for conducting Utilization Control through prior authorization of Medicaid pharmacy services. This team oversees the evidence-based decision-making criteria for prior authorization decisions and conducts prior authorization training.	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see Prior Authorization Team profile under Appendix C.2) Direct Cost Assignment Titles XIX and XXI administrative allocation
KPAAB KPBAK	3100/JW/~~XR4~~XRS 3125/JW/XRS	1115 Justice Waiver	Costs related to the planning and implementation of the Medicaid Reform 1115 Demonstration Waiver ("Justice Waiver"), which provides limited coverage for a targeted set of services furnished to certain incarcerated individuals for 90 days immediately prior to the individual's expected date of release.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment

KPAAB	3100/XRS	Analytics Section	The Analytics Section develops and maintains information retrieval systems that provide statistical and fiscal information for state-managed medical assistance programs. This section utilizes reports from Management and Administrative Reporting System (MARS) as well as designs custom reports retrieved from the Division's Data Warehouse, the State Accounting System (Vantage), the Medicaid Managed Care System (MMCS), and the Utah Provider Reimbursement Information System for Medicaid "PRISM" system. This group also assists in the maintenance and programming of the CMS 64 preparatory report.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3100/XGE	Government Efficiency Grant	Government Efficiency Grant designated for administrative costs and system establishment required for new federal mandates under HR1.	Federal Funds	Direct Cost Assignment
KPAAB	3100/E-HRO/XRS	H.R.1	Costs related to planning and implementation of Medicaid provisions in the One Big Beautiful Bill Act.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation

B2) Financial Services (OFS)					
KPAAB	3105/XRS	Office of Financial Services (OFS) Director's Office	The OFS Director's Office oversees all activities of the office. Activities include coordination with other offices and divisions within DHHS and with other state agencies (Governor's Office of Planning and Budget, Legislative Fiscal Analyst's Office, etc.) Coordination also takes place with federal representatives, Medicaid providers, and various organizations.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3105/XRS	Budget and Forecasting Section	Budget and Forecasting is responsible for managing and controlling the Division's Medicaid and CHIP finances. This includes preparing state and federal budgets, projecting revenues and expenditures, and advising upper management of monetary concerns. The section also: a. Monitors receivables b. Reviews and ensures payment of contracts c. Provides administrative support services including the purchase of IT equipment d. Calculates budget neutrality or cost effectiveness of waivers	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
~~KPAAB~~	~~3105/XRS~~	~~Analytics Section~~	~~The Analytics Section develops and maintains information retrieval systems that provide statistical and fiscal information for state-managed medical assistance programs. This section utilizes reports from Management and Administrative Reporting System (MARS) as well as designs custom reports retrieved from the Division's Data Warehouse, the State Accounting System (FINET), the Medicaid Managed Care System (MMCS), and the Medicaid Management Information System (MMIS). This group also assists in the maintenance and programming of the CMS 64 preparatory report.~~	~~Title XIX Medicaid Administration State Funds~~	~~Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation~~
KPAAB	3105/XRS	Single Audit	The Office of the Utah State Auditor (OSA) performs the state's annual federal single audit, considered an external audit, pursuant to State law.	Title XIX Medicaid Administration State Funds	OSA allocates single audit costs to DHHS based on the relative dollar size of the Federal programs subject to the single audit.
KPBAK	3140/XR4	American Rescue Plan Act (ARPA), HCBS Enhanced Funding	DIH received approval of its State of Utah ARPA Home and Community Based Services Enhanced Funding spending plan. The approval included funding for administration costs for temporary staff to assist with implementation of the initiatives authorized under its spending plan.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment

B3) Reimbursement, Coordinated Care & Audit (ORCA)					
KPAAB	3140/XRS	Office of Reimbursement, Coordinated Care & Audit (ORCA) Director's Office	The ORCA Director's Office oversees all activities of the office. It also includes the technical writing unit.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3140/XRS	Reimbursement Unit	The Reimbursement Unit establishes reimbursement rates for fee-for-service medical services and supplies, including hospitals, nursing homes, physicians, dentists, etc. It also establishes, in consultation with contracted actuaries, prospective capitated rates for Accountable Care Organizations, Mental Health Centers, Managed Dental Plans, CHIP, and HOME programs contracted with the Medicaid Program.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3140/DIMA/XRS	Medicaid Restriction Program - Non-SPMP	All functions related to the federally mandated Restriction Program for Medicaid clients who overutilize Medicaid services, except costs associated with Skilled Professional Medical Personnel (SPMP).	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3140/DIMA/XRS,XES	Medicaid Restriction Program - SPMP	Costs related to the time, travel, and training of SPMP staff who work on the federally mandated Restriction Program for Medicaid clients who overutilize Medicaid services. The restriction team also coordinates restriction efforts with the managed care plans.	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see Restriction Team profile under Appendix C.2) Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3140/XRS	Audit Section	The Audit Section is responsible for performing cost settlements and other related duties as assigned. In addition, this unit is responsible for coordinating responses to all external and internal audits.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
B4) Managed Healthcare (OMH)					
KPAAB	3110/XRS	Office of Managed Health Care (OMH) Director's Office	OMH promotes wellness and access to services through effective managed health care and other health care delivery systems. It accomplishes its mission through: a. Obtaining federal approval of cost-effective managed care systems encompassing physical, behavioral, and oral health. b. Negotiating agreements with managed care entities. c. Educating Medicaid recipients in order for them to make informed choices about health care options. d. Educating Medicaid recipients about the appropriate use of their health care benefits. e. Linking Medicaid and CHIP recipients with primary care providers and other health systems to ensure access to necessary health and health related care services. f. Providing advocacy for Medicaid and CHIP recipients enrolled in managed care products and with primary care physicians. g. Monitoring services delivered through a variety of contracts with managed care entities, public health entities, and other public and private entities. h. Collaborating with various organizations to promote wellness among the Medicaid population. i. Managing Tobacco Cessation services for pregnant women on Medicaid. The OMH Director's Office provides overall direction and administrative support, respectively to office functions not charged to specific grant funded projects.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation

KPAAB	3110/HPR/XR4	Health Program Representatives (HPRs)	HPRs educate Medicaid and CHIP enrollees about Medicaid and CHIP benefits and managed health care options, enroll individuals in managed health care plans, and problem solve enrollee's managed health care issues. DIH contracts with the Local Health Departments (LHDs) to provide client education. HPRs develop training materials for use by internal and external staff to explain the Medicaid and CHIP Programs and benefits. In addition, HPRs monitor contract compliance by staff of LHDs who provide education to Medicaid and CHIP individuals. HPRs work with consumers and providers to solve problems and access to health care issues and interact with the public to provide education about the Medicaid and CHIP programs and benefits. HPRs maintain a database of managed care network providers for Medicaid and CHIP. See also section V.B110 CHIP.	Title XIX Medicaid Administration State Funds	All allowable costs are allocated between Title XIX and Title XXI funds. HPRs keep a strict log of the number and type of educations performed. At the end of the state fiscal year, the allocation of allowable costs between Titles XXI and XIX is calculated using the actual proportion of CHIP versus Medicaid educations that occurred in that state fiscal year as follows: • Allocation to Title XXI: Actual CHIP Educations / (Actual CHIP Educations + Actual Medicaid Educations) • Allocation to Title XIX: Actual Medicaid Educations / (Actual CHIP Educations + Actual Medicaid Educations)
KPAAB	3110/XRS	Managed Care Plan/Contracts	The Managed Care Plan/Contracts section encompasses all functions related to contracting with managed care programs including developing contracts, ensuring all federal and state requirements are included, monitoring adherence to contract provisions, and providing technical assistance to managed care entities. This also includes development and renewal of 1915b Physical Health Waivers and amendments and analysis and evaluation of the Managed Care Program's effectiveness in terms of cost and access to quality care, compliance with federal managed care regulations including external quality review requirements. Daily maintenance and operation functions ensure proper payments are made to managed care plans.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3110/XRS	Prepaid Mental Health Program	This program is responsible for all functions related to behavioral health managed care programs including contract negotiation, development, and monitoring and providing technical assistance to managed care entities. It administers development and renewal of 1915b Mental Health Waivers and amendments and ensures compliance with federal managed care regulations including external quality review requirements.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3110/CESS/XRS	Tobacco Cessation Case Management Services	This program is related to case management to assess the readiness of pregnant smokers to quit. The program provides educational and self-help materials, facilitates access to treatment, and conducts follow-up sessions to monitor progress and offer additional services.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3110/CESS/XRS	Tobacco Cessation Contracts	The Tobacco Cessation Contracts Section administers contracts for smoking cessation services for Medicaid applicants and eligible clients. This includes coordinating and contracting with the Division of Population Health (DPH) to conduct tobacco-use surveys. DPH provides notification of the need for case management and clerical assistance for the program such as ordering and the inventory of self-help materials. Costs posted to unit 5342 are usually HPR staff that do the original surveys.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation

B5) Long-term Services and Supports (LTSS)					
KPAAB KPBAK KPBAE	3130/XRS, 3130/WN/XRS	Office of Long-Term Services and Supports (LTSS) Director's Office and General Office Staff	LTSS has primary responsibility for policy and program development for Medicaid long-term care services including: • Maintaining and monitoring the state's 1915(c) Home and Community Based Services (HCBS) waiver application documents • Producing and maintaining provider manuals for the 1915(c) HCBS waivers • Directing operation of three HCBS waivers • Overseeing HCBS waiver operating agencies including managing administrative agreements with the Division for Services for People with Disabilities (DSPD), Division of Aging & Adult Services (DAAS), and Office of Substance Use and Mental Health (SUMH) for the operation of five HCBS waivers • Ensuring quality management of the HCBS waiver programs • Conducting initial and periodic reviews for skilled nursing facility and intermediate care facility residents • Management and operation of the Housing Related Services and Supports program Administrative costs for LTSS include staff members who perform the general administration of the Home and Community Based Services Programs and Resident Assessment.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB KPBAK KPBAE	3130/XRS,XES, 3130/WN/XRS,XES	LTSS Skilled Professional Medical Personnel (SPMP)	For HCBS program reviews, this section consists of registered nurses who perform quality assurance reviews of HCBS programs from a clinical nursing perspective, make level of care determinations, conduct care plan reviews, and review medication regimens, behavior plans, and critical incident reports to determine the health and safety of HCBS waiver recipients and the adherence to HCBS waiver assurances.	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see Waiver Nurse Team or Resident Assessment profile under Appendix C.2) Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPBAK	3130/XR4	American Rescue Plan Act (ARPA), HCBS Enhanced Funding	DIH received approval of its State of Utah ARPA Home and Community Based Services Enhanced Funding spending plan. The approval included funding for administration costs for temporary staff to assist with implementation of the initiatives authorized under its spending plan.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
~~KPAAB~~	~~3100/XMC~~ ~~3105/XMC~~ ~~3130/XMC~~	~~Health Home for Children with Medically Complex Conditions~~	~~DIH received funding for planning activities related to the development of a section 1945A State Plan Amendment (SPA) for children with medically complex conditions in order to plan and develop this health home model.~~	~~Title XIX Medicaid State Funds~~	~~Direct Cost Assignment Title XIX participation at the FMAP rate.~~

B6) Healthcare Policy and Authorization (HPA)					
KPAAB	3120/XRS	Office of Healthcare Policy and Authorization (HPA) Director's Office	HPA makes recommendations to the Division Director and Department Director on new policy and policy changes for Medicaid. HPA is additionally responsible for conducting Utilization Control through prior authorization of Medicaid services and producing and maintaining provider manuals for the State Plan Hospice Services, Personal Care Services, and Autism Spectrum Disorder Related Services for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible individuals. HPA Director's Office consists of the director and support staff.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3120/XRS	Quality Assurance, Non-SPMP	Quality Assurance maintains the Medicaid State Plan additions and changes and is responsible for all rulemaking for the Division. Staff who do not qualify as SPMP are included in this cost center.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3120/XRS,XES	Quality Assurance SPMP	This section is used to capture costs for SPMP who review the Medicaid State Plan services for medical necessity.	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see Medical Policy Team profile under Appendix C.2) Direct Cost Assignment Titles XIX and XXI administrative allocation
KPAAB KPBAK	3120/XRS	Medical Policy Development, Non-SPMP	This section has responsibility for federal and state policy interpretations on coverage and reimbursement issues for institutional and non-institutional services, including organ transplants, medical supplies, medical transportation, and dental services. It is divided into two sub-groups. Staff who do not qualify as SPMP are included in this cost center.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3120/XRS,XES,	Medical Policy Development, SPMP	Staff in this group includes licensed medical professionals who are engaged in evaluating and developing Medicaid policy to determine the medical appropriateness of policy and that all medically necessary services are available for qualified individuals in accordance with federal mandates. Costs in this section are related to the time, travel, and training of SPMP staff who work in the Medical Policy Development section.	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see Medical Policy Team profile under Appendix C.2) Direct Cost Assignment Titles XIX and XXI administrative allocation
KPAAB KPBAK	3120/XRS,XES, 3120/EPSDT/XRS, XES	Medical Utilization Control	For Utilization Control, this section consists of registered nurses and SPMP support staff employees who directly support them. The support staff are directly supervised by the registered nurse who supervises the general prior authorization team. The nurses are responsible for conducting Utilization Control through prior authorization of Medicaid services. There are registered nurses who supervise the prior authorization teams. Another registered nurse oversees the evidence-based decision-making criteria for prior authorization decisions and conducts prior authorization training for all the registered nurses.	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see Prior Authorization Team profile under Appendix C.2) Direct Cost Assignment Titles XIX and XXI administrative allocation
KPAAF	3171/XR4	School-Based Skills Development Program	The Medicaid School-Based Administrative Claiming Program is accomplished through a contract with Public Consulting Group (PCG) for participating school districts to claim FFP for allowable costs incurred to perform covered administrative activities. This program includes the following elements: a. A contract between DHHS and PCG. b. Contracts between DHHS and participating school districts b. Direction on the treatment of indirect costs claimed by the school districts. c. Explanation of Intergovernmental Transfers used by the program. d. Description of current administrative activities which qualify for Medicaid reimbursement. e. Explanation of the random moment time study plan. f. DHHS monitoring process of the program.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment A comprehensive description of the mechanisms and procedures for claiming costs are outlined in " Utah School-Based Medicaid Time Study Implementation Guide for Direct Care Cost Settlement and Medicaid Administrative Claiming".

B7) Medicaid Operations (OMO)					
KPAAB	3115/XRS	Office of Medicaid Operations (OMO)	The OMO Director's Office oversees all activities within the office.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3115/XRS,XES	Claims Processing	This section performs claim processing for all provider types.	Title XIX Medicaid Administration State Funds	Personnel Costs - Mechanized Claims Processing (see Appendix C.1 DHHS Personnel - Mechanized Claims, Claims Processing and BMO Project Team profiles) Direct Cost Assignment Titles XIX and XXI administrative allocation
KPAAB	3115/XRS	Provider Enrollment	This section validates and enrolls new providers for claims processing.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3115/XRS,XES	Electronic Data Interchange	This section provides Electronic Data Interchange to support electronic claims.	Title XIX Medicaid Administration State Funds	Personnel Costs - Mechanized Claims Processing (see Appendix C.1 DHHS Personnel - Mechanized Claims, Electronic Data Interchange profile) Direct Cost Assignment Titles XIX and XXI administrative allocation
KPAAB	3115/DSTC/no program	OMO Custody Medical Program	This program covers medical services for children placed in custody of the State while Medicaid eligibility is being determined. Staff duties include processing the preauthorization of medical services and quarterly reporting of services paid.	State funds	Direct Cost Assignment
KPAAB	3115/DJJS/ no program	OMO Juvenile Justice and Youth Services (JJYS)	This program relates to JJYS eligibility for the JJYS youth. Tracking of the JJYS claims is also handled in this program.	State funds	Direct Cost Assignment

B8) Eligibility Policy (OEP)					
KPAAB	3125/XRS	Office of Eligibility Policy (OEP) Director's Office	The OEP Director's Office performs the following core duties: • Determines eligibility policy for Medicaid, CHIP, and Utah Premium Partnership for Health Insurance (UPP) programs and oversees the contract with the Department of Workforce Services (DWS) for the determination of medical assistance program eligibility. The Division of Child & Family Services (DCFS) determines Medicaid eligibility for children in Foster Care and Subsidized Adoption. DWS determines eligibility for most other medical assistance programs. • Ensures the State Plan is accurate and up to date on eligibility policy, complies with state rulemaking guidelines, and writes Medicaid, CHIP, and UPP policy for eligibility determinations. • Manages contracts with DWS for Medicaid eligibility determinations, monitors said contracts, provides disability determinations, monitors the quality of eligibility determinations made by DWS and DCFS, and acts as a liaison with DWS and DCFS concerning Medicaid eligibility policy. • Interprets, analyzes, and writes eligibility policy for Medicaid, prepares waivers regarding eligibility, and represents DIH at Medicaid eligibility-related fair hearings. • Monitors eligibility Memoranda of Agreements signed with hospitals and clinics to determine presumptive eligibility for the Medicaid program. OEP provides the required training to these qualified entities, monitors their progress, may provide corrective action, and communicates regularly with these groups. • Oversees the State's 1115 waiver. As part of this oversight, OEP drafts waiver amendments as needed, answers questions regarding waiver policy, submits required reports to CMS, and monitors waiver activities. • Provides input and monitors the State's annual Medicaid corrective action plan, assists in the preparation of health sponsored Medicaid eligibility state legislation, resolves eligibility complaints, and represents DIH with clients and professional organizations on matters involving Medicaid eligibility policy, and provides administrative services for the division that do not fall within any specific office.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB KPBAK	3125/XRS,XES	Disability Medical Decisions	The Medical Review Board (MRB) consists of physicians and several claims examiners. They review medical evidence to determine if a disability exists in order to qualify for Medicaid.	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see Eligibility Policy Team profile under Appendix C.2) Direct Cost Assignment Titles XIX and XXI administrative allocation
KPAAB	3125/XRS	Buyout	The Buyout program purchases available third-party health insurance for individuals who qualify for Medicaid and are expected to have large medical expenses. This process is a cost-effective option of providing care for these individuals.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3125/XRS	Administrative Services	The Administrative Services section provides services for the division that do not fall within any specific office. These services include the preparation and monitoring of contracts, quality improvement activities, constituent services, and special projects.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation

KPAAB KPAAF	3125/XRS 3174/1115/XR4	1115 Waiver	The 1115 waiver became operational July 1, 2002. The waiver is a statewide demonstration that provides Medicaid coverage and benefits for individuals who are not otherwise eligible for state plan services. Waiver coverage and benefits include, but are not limited to; non-traditional Medicaid, Targeted Adult Medicaid (TAM), Adult Expansion Medicaid, Former Foster Care Youth from Another State, Intensive Stabilization Services, dental benefits for individuals who are Aged, or have blindness or disabilities, and qualified TAM members; coverage for individuals with a serious mental illness or substance use disorder who are residing in and receiving treatment in an Institution for Mental Diseases (IMD), and Utah Medicaid Integrated Care (UMIC). This section includes personnel and related costs to administer the waiver, as well as waiver evaluation contract costs.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
KPAAB	3125/XR4	Utah's Premium Partnership (UPP) for Adults	UPP is a Medicaid 1115 Demonstration Waiver Project that provides insurance premium payment assistance for individuals who buy employer-sponsored health insurance. Costs related to administering the adult portion of UPP are posted to this cost center. (Costs related to administering the child portion of UPP are posted to section V.B110 CHIP.)	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
KPAAF	3170/XR4,XE4	Department of Workforce Services (DWS) Transfers	Costs consist of DWS transfers for Medicaid Eligibility Determination. The DWS administrative activities associated with these transfers are covered by the DWS Cost Allocation Plan.	Title XIX Medicaid Administration State Funds Medicaid Program Federal Funding for Medicaid Eligibility Determination and Enrollment Activities (CMS-2346-F) at 75 percent.	Transferred from DWS per DWS cost allocation plan
KPAAB	3125/XD4	Family Planning Administration	The Family Planning Administration section includes evaluation costs for the family planning waiver DIH is developing.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
KPBAK	3125/MEDTR	Medical Travel	Costs consist of reimbursements to members for overnight loding for medical travel.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment

B9) Systems and Project Management (PRISM)					
KPAAB	3135/XRS	Office of Systems & Project Management (OSPM) Directors Office	The OSPM Director's Office oversees all activities within the office. Utah maintains a state operated Medicaid Enterprise System (MES) and serves as its own fiscal agent. Acentra Health supports DIH and is responsible for the design, development, implementation, operation, and maintenance of the MES and related support systems. The Medicaid Data Warehouse is another subsystem of the MES which supports advanced analytic needs. The Agency Information Security Officer manages cybersecurity posture, incident response, compliance with HIPAA and other state/federal laws, and coordinates security awareness training.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3169/POS/XE4	Point of Sale and ACO Pharmacy Systems	The State has an approved I-APD for the Legacy Point of Sale (POS)/Drug Rebate Mangement System (DRMS), which is being replaced by a new Pharmacy Benefit Administration (PBA) solution. Maintenance expenses for the ACO pharmacy claims processing system are also included.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
KPAAB	3155/TMSIS/XD4, 3155/TMSIS/XE4	Transformed Medicaid Statistical Information System (T-MSIS) Project	The State of Utah has an approved I-APD for the T-MSIS Project. The Centers for Medicare and Medicaid Services (CMS) introduced the T-MSIS initiative to ensure complete and timely data submission from the States' Medicaid and CHIP programs. This initiative seeks to support data-driven decisions based on information provided by the States. Further, this initiative should reduce the burden on States of multiple requests from CMS for data. This section is used to track the expense of the implementation phase.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation
KPAAB	3155/UDW/XD4, 3155/UDW/XE4	Utah Data Warehouse Project	The State has an approved I-APD to support large-scale data analysis efforts by building a Transition Schema and Data Marts to create data segments to create a better user experience to business reporting and data analysis from the PRISM data warehouse.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation
KPAAD	3150/XD4	Project Management Office (PMO)	PRISM is the new MES, replacing the Legacy MMIS System, implemented April 2023. PMO expenses include all allowable costs related to state personnel who are designated as MES home unit staff, contractor personnel, facilities, travel, staff equipment, staff supplies, hardware and software, and other allowable costs.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation (development) Titles XIX Medicaid and XXI CHIP administrative allocation (operations)
KPAAD	3150/DPPRISM/XD4, 3150/XRS	MES Division Partners	The MES Division Partners unit will track the personnel expenses related to employees who work only a portion of their FTE equivalent time on the MES System.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation (development) Titles XIX Medicaid and XXI CHIP administrative allocation (operations)
KPAAD	3150/DDIPRISM/XD4, 3150/DDIPRISM/XR4	MES DDI Partner	The MES Design Development and Implementation Partner unit will track expenses related to external consultants working on system development and implementation.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation
KPAAD	3150/DTSPRISM/XD4	MMIS DTS	The MMIS DTS cost center will track expenses related to DTS employees working on the system, as well as hardware and software.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation

KPAAB	3155/UDP/XD4	Utah Digital Population Health Management System	The State has an approved I-APD for the UPHMS Project to implement a solution to identify, collect, validate, calculate, report, and analyze data on information for Medicaid - Health Outcome Measures, Core Set Measures, Claims-based IQR requirements, and MAC QRS Framework. This I-APD will also fund the development of public and internal dashboard that analyze and display interim and annual Health Outcome Measures.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation
KPAAB	3155/EVV/XD4, 3155/EVV/XE4	Electronic Visit Verification (EVV) Project	The State has an approved I-APD for the EVV Project to employ a secure automated system for providers to submit EVV records and automate the audit process to assess provider compliance with the Section 12006 – 21st Century CURES Act requirements.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation
KPAAB	3155/PBA/XD4, 3155/PBA/XE4	Pharmacy Benefits Administration (PBA) Project	The State has an approved I-APD for the PBA Project for implementation of a modernized pharmacy program, including "point of sale" claims management and processing, medication prior authorization implementation, drug rebate administration, drug utilization review (DUR) systems support, and integration with the Utah Provider Reimbursement Information System for Medicaid "PRISM" system.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation
KPAAB	3155/IPA/XD4, 3155/IPA/XE4	Interoperability-Patient Access (IPA) Project	The State has an approved I-APD for the IPA Project to research and implement the Interoperability and Patient Access final rule (provisions of the 21st Century Cures Act) and develop and implement interoperability components such as patient access , prior authorization, and provider directory application programming interface, payer to payer data exchange and increasing the frequency of federal-state data exchanges to improve the dually eligible experience.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation
KPAAB	3169/MMIS(MMISS)/XES	MMIS	DTS ongoing support of hardware and software maintenance and servers, hosting, staff costs. MMIS supports DIH by providing information systems support to ensure the efficient, effective, and economic administration of the Utah Medicaid Program. Miscellaneous costs pertaining to the maintenance and hosting of the Legacy MMIS.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation
KPAAB	3169/MDW/XES	Medicaid Data Warehouse	The Medicaid Data Warehouse supports the MES by providing users with reports and reporting capabilities. All costs pertaining to the maintenance of the Medicaid Data Warehouse are included.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3155/OIG/XD4, 3155/OIG/XR4	UOIG Case Management and Program Integrity Project	The State has an approved I-APD for the UOIG Case Management and Program Integrity Project to replace UOIG's current Customer Relationship Management product to a Fraud Waste Abuse (FWA) cloud-based solution. FWA tool will review medical, pharmacy and dental claims for various forms of inappropriate payments.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment (Transferred from OIG)
KPAAB	3155/E-HRO/XD4	H.R.1	Used by DTS for work done for DWS to implement functionalities required for the Community Engagement (CE) requirements for Medicaid Eligibility under the One Big Beautiful Bill Act.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment

KPAAF KPAAB KPBAK	3170/XR4, XE4, XD4	eREP Project	The State of Utah has an approved I-APD for the eREP Project to modify Utah's Eligibility & Enrollment System (eREP). The eREP system supports the eligibility determinations for Medicaid and Children's Health Insurance Program (CHIP). Administrative costs under the I-APD are incurred under an interagency agreement with the Department of Workforce Services (DWS) and are further detailed in the DWS cost allocation plan. (See also section V.B11 CHIP.) A portion of the funds under this I-APD are associated with the Electronic Asset Verification System (AVS) contract, which was initiated in order to comply with the requirements found in 42 USC 1396w.	Title XIX Medicaid Administration State Funds Mechanized Claims Processing and Information Retrieval Systems (90/10) Final Rule (CMS 2392-F)	Direct Cost Assignment (Transferred from DWS)

B10) Contracts					
KPAAB	3100/CONT/XRS	Attorney Contracts	This section is used to capture charges for the attorney contracts.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3100/XRS	Sovereign State's Drug Consortium Membership	This section covers membership dues to the Sovereign States Drug Consortium.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB KPBAK	3115/XES	Mechanized Claim Processing Contracts	This section is used to identify contracts relating to the operation of mechanized claim processing systems.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3155/POS/XR4	Pharmacy Rebate Contract	This contract is for the management of the pharmacy rebate program.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
KPBAG	3100/XR4	MAC Pharmacy Pricing	This contract with an external vendor is to calculate maximum allowable cost (MAC) pricing for pharmacy, manage MAC disputes, and perform analytics and other activities related to pharmacy pricing.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
KPAAB KPBAK	3105/XRS	Healthcare Facility Audit Contract	DIH contracts with an outside audit firm to conduct agreed upon procedure reviews of various healthcare facilities which receive Medicaid reimbursement.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3110/XRS	Actuarial Services	DIH contracts with an outside vendor to perform actuarial services.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3110/XRS	ACO Quality Consultant	DIH contracts with an outside vendor to provide consulting support in establishing a quality program with Utah Medicaid accountable care organizations.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3120/XRS	Medicaid Pregnancy App	The general purpose of this contract is to provide a pregnancy and postpartum application for Utah Medicaid members that enhances access to recommended pregnancy and postpartum care, helps members navigate their pregnancies, and improves access to Medicaid benefits.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3125/XRS	Take Care Utah	DIH has a contract with an outside vendor to assist individuals and families in accessing healthcare coverage through Medicaid or the Health Insurance Marketplace.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAF	3174/1115/XR4	1115 Demonstration Waiver Evaluation	DIH contracts with an outside vendor to design and annually conduct an evaluation of the 1115 Demonstration Waiver.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
KPAAB	3100/XRS	Medicaid Outreach	DIH has a contract to conduct outreach activities, including a series of focus groups with the Medicaid members in order to better understand the member experience.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3100/XRS	Indian Health Policy (IHP) Analyst and Tribal Liaison	The IHP Analyst develops strategies and policies to achieve the established health priorities for improving Indian health within Utah. The IHP Analyst facilitates better working relationships among DHHS programs, tribal health, local health departments, and private sector providers. The analyst also advises the Governor's Office, Legislature, and Utah Congressional members regarding public health policy and its implications for American Indians living in Utah. Furthermore, the analyst staffs the Utah Indian Health Advisory Board, which represents all tribes and urban populations, and ensures the availability of technical assistance needed for tribes to develop the internal capacity to manage their own health systems. DIH will pay for costs associated with UIHAB member travel.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation

KPAAB	3120/XRS	Local Health Department (LHD) Asthma Contracts	DIH has agreements with LHDs to provide asthma home visiting services for Medicaid members and collect data to demonstrate outcomes of the home-based self-management.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3130/XRS	Financial Transaction Services (FTS)	DIH has an FTS contract related to the Aging Waiver and New Choices Waiver home and community-based programs. This service acts as an intermediary between the case management agencies and the Medicaid program processing reimbursement requests for authorized services that participants are receiving in order to provide for conflict-free case management.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAB	3120,3115,3110/XRS	Encoder Tool	DIH has a contract for access to an encoder tool and crosswalk files to assist in determining code coverage, appropriate modifier application, and coding crosswalks. This contract is also used as needed to obtain resources containing information on procedure codes.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPBAK	3105/TRAN/XRS, 3105/TRAN/XES, 3105/TRAN/(no program)	Interpretive Services	DIH utilizes various interpretive services providers which are on State contract.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation All State funds pay for telephonic interpretive services, no shows, and cancellations.
KPBAK	3110/XR4	Data, Systems & Evaluation Office of Research & Evaluation (ORE) CAHPS and HEDIS Agreement	DIH has an administrative agreement with ORE for Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS) data collection, analysis and reporting related to Medicaid and CHIP. See also section V.B11 CHIP.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
KPBAK KPBAM	3110/PIPVR/XR4,XE4	External Quality Review	This contract is for the federally required external quality control reviews pursuant to 42 CFR 438.358.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
KPBAK	3120/XRS	Pregnancy Risk Line	DIH contracts with Division of Family Health (DFH) to provide Medicaid recipients with access to counseling through the Pregnancy Risk Line and to provide public education materials.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPBAG	3100/XRS	Drug Utilization and Regimen Review	This contract with the University of Utah is to provide a series of drug management techniques in order to assist prescribers in optimizing drug therapy.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
KPBAK	3120/XRS	Non-Emergency Medical Transportation (NEMT) Administrative Costs	This is related to mileage and lodging costs reimbursed by DWS that are not charged through the State's non-emergency medical transportation contract.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPBAK	3120/EPSDT/XRS	Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	This is related to the administrative costs for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. This program is administered through contracts with the Local Health Departments.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPBAK	3120/XRS	Consumer Education and Assistance	The Consumer Education and Assistance program is administered through contracts with Local Health Departments.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation

KPBAK	3120/XES	Medical Review Tool	DIH has a contract for access to a medical review tool. This tool allows Department staff to perform medical reviews on a variety of services to determine medical necessity, level of care, and appropriateness of care. The medical necessity clinical content will be used to assist in decision-making for both adults and pediatrics.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAF	3190/XR4,XE4	Other Divisions and Offices	LTSS has arrangements with DSPD, DAAS, and SUMH for activities related to the 1915(c) HCBS Waiver Programs, Medicaid Administation, and Pre-admission Screening and Resident Review (PASRR) Program. See also sections for SUMH, Aging & Adult Services, and DSPD.	Title XIX Medicaid Administration State Funds	Quarterly transfer of allowable costs from other divisions and offices in the department.
KPAAF	3190/XR4	Juvenile Justice and Youth Services	DIH has an arrangement in place with the Division of Juvenile Justice and Youth Services (JJYS) for activities related to the administration of the 1115(a) demonstration waiver.	Title XIX Medicaid Administration State Funds	Quarterly transfer of allowable costs from other divisions and offices in the department.
KPAAF	3190/XR4	Recovery Services and Public Guardian Contracts	DIH has an arrangement in place with the Office of Recovery Services (ORS) for activities related to the administration and operation of the third-party liability collections performed by ORS. DIH also has an arrangement for the administration of the Office of Public Guardian (OPG). See also sections for Public Guardian and Office of Recovery Services.	Title XIX Medicaid Administration State Funds	Quarterly transfer from ORS
KPAAF	3191/XE4	Master Person Index (MPI)	The Division of Data, Systems & Evaluation (DSE) received CMS approval for an OAPD for the ongoing operational costs related to the MPI functionality in the State's MMIS. The MPI functionality will enable Utah to better meet its requirements for Transformed Medicaid Statistical Information System (T-MSIS). See also section IV.H OIDS --MPI OAPD.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment 2.5% CHIP Allocation
KPAAF	3191/XR4	Division of Data, Systems & Evaluation (DSE) Contracts	This unit is used for the DSE All Payer Claims Database (APCD) contract (see also section ORE - APCD) and the Patient Safety Surveillance and Improvement Program and Institutional Review Board administrative costs (see also section DSE Administration).	Title XIX Medicaid Administration State Funds	DSE transfers administrative costs at least annually. Direct Cost Assignment for administrative costs directly attributable to Medicaid APCD operating costs not directly attributable to a specific program are allocated to Medicaid based on the percentage of Medicaid data within the database to all data within the database.
KPAAF	3173/XR4	Nurse's Aide Training	This unit is for costs associated with certifying Certified Nursing Assistants through a contract with Davis Technical College. Contract costs are allocated between Medicaid and Medicare in accordance with the methodology described in DFH's section of the cost allocation plan.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment
KPAAB	3100/XRS	Psychotropic Medication Oversight	Arrangement with the University of Utah to manage the psychotropic medication oversight for children in foster care to help ensure that foster children are being prescribed psychotropic medications consistent with their needs.	Title XIX Medicaid Administration State Funds	Direct Cost Assignment Titles XIX Medicaid and XXI CHIP administrative allocation
KPAAF	3192/XR4	Population Health Tobacco Contract	DPH costs for conducting tobacco media outreach services for Medicaid clients. See also section Tobacco Prevention and Control Program (TPCP).	Title XIX Medicaid Administration State Funds	Annual transfer from DPH
KPAAF	3192/BYBA/XR4	Baby Your Baby Administrative Outreach	DPH conducts a "Baby Your Baby" (BYB) media outreach campaign through a contract with an outside vendor that is designed to educate parents about the importance of early prenatal care and well child care and to inform them that they may be able to access services through Medicaid if they are or become eligible. See also section Health Resource Center (HRC).	Title XIX Medicaid Administration State Funds	Annual transfer from DPH

KPAAF	3193/XRS,XES	Division of Family Health (DFH) Contracts	DIH has administrative agreements with the DFH for Baby Watch Early Intervention Administrative Case Management, Fostering Healthy Children Program, Children with Special Health Care Needs, and Pregnancy Risk Assessment and Monitoring System. DFH administrative activities are covered in the Family Health section.	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see DFH Personnel profile under Appendix C.3) Direct Cost Assignment Titles XIX and XXI administrative allocation
KPAAF	3172/XR4,XE4	Medicaid Office of Inspector General (OIG)	DIH contracts with the Utah Medicaid Office of Inspector General (OIG) to perform program integrity functions.	Title XIX Medicaid Administration State Funds	Personnel Costs - SPMP (see OIG Personnel profile under Appendix C.4) Direct Cost Assignment Titles XIX and XXI administrative allocation
KPAAF	3190/MHCL/XR4	Mental Health Crisis Line	This unit accounts for administrative costs associated with delivering behavioral health crisis line interventions through a contract with Huntsman Mental Health Institute as well as administrative costs of the Division of Integrated Healthcare to oversee the contract.	Title XIX Medicaid Administration State Funds	Costs in the pool are allocated to Medicaid based on the allocation methodology described in section V.A KPBBB Crisis Line.

B11) Children's Health Insurance Program (CHIP)					
Various cost centers	Various cost centers CHP*	Various cost centers	The portion of administrative costs allocated to CHIP for various cost centers with program code XRS or XES (see the various applicable cost centers in the Medicaid section.	Title XXI CHIP Administration State Funds	Titles XIX and XXI administrative allocation
KPAAF	3191/CHP	All Payer Claims Database (APCD)	This unit is used for the DSE All Payer Claims Database (APCD) contract (see also section IV.H ORE - APCD)	Title XXI CHIP Administration State Funds	Direct Cost Assignment for programming costs directly attributable to CHIP APCD operating costs not directly attributable to a specific program are allocated to CHIP based on the percentage of CHIP data within the database to all data within the database.
KPAAB KPAAD	3150,3155/(various functions)/CHP	APDs	The portion of administrative costs allocated to CHIP for various APDs.	Title XXI CHIP Administration State Funds	Costs from the 2.5% CHIP Allocation
KPBAB	3105/CHP	Financial Services (OFS)	OFS is responsible for the funding, budget, and forecasts for CHIP.	Title XXI CHIP Administration State Funds	Direct Cost Assignment
KPBAB	3100/CHP, 3110/CHP, 3400/OTRCH/CHP	Policy and Administration	Charges to these units include administrative costs to set reimbursement and coverage policy pertaining to CHIP, manage day-to-day operations including customer service, contract with private health plans and FQHCs, and ensure compliance with federal regulations and State laws. These units also include charges for personnel who interact with the public, state agencies, legislators, and advocacy groups regarding program policy, objectives, and funding. Unit 3400 includes outreach contract administrative costs.	Title XXI CHIP Administration State Funds	Direct Cost Assignment
KPBAB	3110/CHP	DSE Office of Research & Evaluation (ORE) CAHPS and HEDIS Agreement	DIH has an administrative agreement with ORE for Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS) data collection, analysis and reporting related to Medicaid and CHIP.	Title XXI CHIP Administration State Funds	Direct Cost Assignment
KPBAB	3170/CHP	Department of Workforce Services (DWS) Transfers	Charges to this cost center include transfers from DWS for eligibility determination services and related administrative services.	Title XXI CHIP Administration State Funds	Transferred from DWS per DWS cost allocation plan
KPBAB	3105/CHPCD/CHP	CHIPicaid (also known as MCHIP)	The Affordable Care Act (ACA) changed the income requirements and removed the Medicaid asset test for children in the determination of eligibility for Medicaid. These changes, referred to as CHIPicaid, allow certain children who would not have been eligible for Medicaid under the state plan in effect prior to ACA to now be eligible for Medicaid. As authorized under the Social Security Act, the State of Utah can draw enhanced Title XXI FMAP for these children. With approval from CMS, DIH identified two groups of children that previously would have qualified for CHIP but now under ACA qualify for Medicaid: • Group A: Children who would have been on CHIP but are now on Medicaid because the Medicaid income level increased in 2014 • Group B: Children who would have been on CHIP even though they were Medicaid income eligible because they had assets that exceeded Medicaid asset test limits in place prior to 2014 but are now on Medicaid because of the removal of the asset test in 2014	Title XXI CHIP Administration State Funds	Titles XIX and XXI administrative allocation

KPBAB	3125/CHP	Utah's Premium Partnership for Health Insurance (UPP)	UPP for Children is a CHIP Demonstration Waiver Project that provides insurance premium payment assistance for individuals that buy employer-sponsored health insurance. Costs related to administering the child portion of UPP are posted to this cost center.	Title XXI CHIP Administration State Funds	Direct Cost Assignment
KPBAB	3110/HPR/CHP	Health Program Representatives (HPRs)	HPRs educate Medicaid and CHIP enrollees about Medicaid and CHIP benefits and managed health care options, enroll individuals in managed health care plans, and problem solve enrollee's managed health care issues. DIH contracts with the Local Health Departments (LHDs) to provide client education. HPRs develop training materials for use by internal and external staff to explain the Medicaid and CHIP Programs and benefits. In addition, HPRs monitor contract compliance by staff of LHDs who provide education to Medicaid and CHIP individuals. HPRs work with consumers and providers to solve problems and access to health care issues and interact with the public to provide education about the Medicaid and CHIP programs and benefits. HPRs maintain a database of managed care network providers for Medicaid and CHIP.	Title XXI CHIP Administration State Funds	All allowable costs are allocated between Title XIX and Title XXI funds. HPRs keep a strict log of the number and type of educations performed. At the end of the state fiscal year, the allocation of allowable costs between Titles XXI and XIX is calculated using the actual proportion of CHIP versus Medicaid educations that occurred in that state fiscal year as follows: • Allocation to Title XXI: Actual CHIP Educations / (Actual CHIP Educations + Actual Medicaid Educations) • Allocation to Title XIX: Actual Medicaid Educations / (Actual CHIP Educations + Actual Medicaid Educations)

C) Aging & Adult Services

Aging and Adult Services is focused on serving adult populations through protection and services through Area Agency on Aging (AAA). Services provided include Home and Community Based Services, Caregiver Support, Health Wellness, and Nutrition Programs, Legal Services, Medicare Assistance (SHIP), and Senior Community Service Employment Program (SCSEP). Protections provided include Adult Protective Services, Financial Exploitation (FEP), Medicare Fraud (SMP), Multidisciplinary Community Teams, and Scams and Consumer Fraud.

DAAS - Overview	The Division of Aging and Adult Services (DAAS) is divided into the following appropriations: # Name KPAAK State Office KPCAB Local Government - Formula Funds KPCAB Non-Formula Funds KPCAC Adult Protective Services KPCAE Aging Waiver Services KPAAC Aging Alternatives - Aging and Adult Services is responsible for developing and administering a comprehensive and coordinated system of services for the State's aged and vulnerable adult population. It is also responsible at the State level for administering the federal Older Americans Act, Adult Protective Services Programs, Medicaid Home and Community-Based Aging Waiver, and In-Home Services Program. Aging services are provided through contracts with local Area Agencies on Aging, which are units of local government. Other entities may be used to provide Aging services.	• Board member and Board meeting costs are direct charged to the account. • The Division administers the use of the following federal grants: Title III, Part B: Supportive Services Title 111, Part C-1: Congregate Meals Title III, Part C-2: Home Delivered Meals Title 111, Part D: Preventive Health Title III, Part E: National Family Caregiver Support Program Title VII- B: Ombudsman Title VII- C: Elder Abuse Department of Labor (DOL) Title V: Senior Community Service Employment Program (SCSEP) Title XIX: Medicaid HCBS Aging Waiver Title XX: Social Services Block Grant Nutrition Services Incentive Program (NSIP) Administration for Community Living (ACL) Grants: Health Information Counseling Senior Medicare Patrol (SMP): SMP Capacity Building, and other grants Department of Justice (DOJ): Enhanced Multidisciplinary Teams Grant (MDT) The Social Services Block Grant (Title XX) will be allocated within DAAS as a funding source as deemed appropriate, available, and allowable. - A rate may be charged to federal or other programs in accordance with Indirect Cost Plan methodology.	• The Social Services Block Grant (Title XX) will be allocated within DAAS as a funding source as deemed appropriate, available, and allowable. • The State payroll system, Employee Self Service (ESS), may be utilized as determined appropriate for applicable employees to assign time to cost centers. • Miscellaneous funding (state, federal, or other revenue sources) may be obtained such as COVID funding. Unique coding, such as units, activity, or program may be used to facilitate tracking and recording costs assigned to these funding sources.

Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
All Appropriations	Grants are differentiated using unique coding.	General and Other Items	The Division receives other non-ongoing grants (for example grants related to Alzheimer's disease). The costs for these grants are charged to appropriate cost centers.	Various funding sources	Federal funding sources listed for any particular area should not be interpreted as disallowing the use of additional Federal funding sources, as determined appropriate.

C1) State Office					
KPAAK	4100	Aging and Adult Services Board	The State Board on Aging and Adult Services is a policy making board - they set policy for the Division of Aging and Adult Services. The must approve of our rules and any changes to our rules. They approve our State Plans, as well as the Area Agencies on Aging's Annual Plans.The purpose of the Board is: to set policy for the Division, to act as an advocate for adult and senior citizens,o assist governmental and private agencies to coordinate their efforts on behalf of adults and aged in order that such efforts be effective and that duplication and waste of effort be eliminated.	State Funds	Costs are related to travel reimbursements for board meetings. State Travel per diems are used to calculate the reimbursement.
KPAAK	4101	Centenarian Program	Governor's Century Club of Utah. Each year, DAAS will promote and host a luncheon to celebrate Utah's citizens that are 100 years of age or older with the Governor. DAAS creates a yearly yearbook featuring Utah's centenarians that includes their secret to longevity, best advice and memories and the most impressive changes they have experienced or observed throughout their lives. It is on behalf of the Governor but DAAS is responsible for all funding.	Mostly State funds. Federal Funds for this area are limited to contribution for the Centenarian publication that will include information for the applicable Federal program.	Direct Cost Assignment
KPAAK	4102	Administration	DAAS Division Director, general DAAS administration staff and finance staff.	This program is included in the funds available to the State under Title III Section 303(a)(2) of the Older Americans Act.	Costs are direct charged, or where applicable, allocated proportionally between State Funds and Federal Funds in accordance with the percentage of time staff spend in this area. Percentages are calculated on the basis of individual time sheets.
KPAAK	4103	Title III Older American Act and other Aging grant programs Administration	DAAS Office Director of Older Americans act , OAA support staff and the Program Managers for respite care, nutrition and preventative health. OAA Office Director and staff provide support to Area Agencies on Aging. Caregiver and Respite Care Program Manager monitors and assists AAAs with their caregiver and respite programs. Preventative Health Program manager monitors and assists AAAs with the nutrition compliance requirements for meals and health promotion programs.	This program is included in the funds available to the State under Title III Section 303(a)(2) of the Older Americans Act.	Costs are direct charged, or where necessary, allocated on a pro-rated basis in accordance with the percentage of time individual staff spend in this program. Percentages are calculated on the basis of individual time sheets.
KPAAK	4104	Legal Services Developer	DAAS Program Manager oversees the AAAs legal assistance and elder rights programs that are required under Title IIIB funding. AAAs must spend 2% of their Title IIIB funding on legal services. These legal services are specifically targeted to older Americans with economic or social needs. DAAS Legal Services Developer monitors AAAs and provides guidance for legal services to protect older Americans against direct challenges to their independence, financial security, accessing long-term care, other community based services, reducing financial exploitation and abuse.	This program is included in the funds available to the State under Title III Section 303(a)(2) of the Older Americans Act.	Costs of the Legal Services Developer are direct charged to the program
KPAAK	4105	Ombuds - long-term care	Costs for oversight, coordination, and performance for providing residents of nursing homes and assisted living facilities with ombuds services regarding complaints/reviews concerning care, treatment, and rights. Costs can be incurred due to coordination with the Customer Experience Ombuds- long term care cost center.	Title III-B	Direct Cost Assignment

KPAAK	4106	Alzheimer's Program	DAAS Program Manager oversees the state and community efforts to increase the availability of dementia- capable and community-based support for people living with Alzheimer's disease and related dementia "ADRD" and their caregivers. ADRD Program Manager oversees the ADRD AAA programs for compliance with ADRD funding, provides guidance and monitoring. Coordination will occur with state and local government entities, health care organizations, nonprofit and for-profit associations, academic institutions, and other stakeholders involved in addressing these conditions. The Council is currently working on developing standards for information dissemination related to Alzheimer's and dementias. Interventions will be implemented to increase public awareness, and to improve availability of resources to support patients, as well as their caregivers.	State Funds	Direct Cost Assignment
KPAAK	4108	Senior Community Service Employment (SCSEP) Administration	SCSEP is a community service and work-based job training program for older Americans. DAAS Program Manager oversees and monitors the vendor that provides these employment services for Utah.	This Senior Community Service Employment (SCSEP) program is funded with Federal Title V funds from the US Department of Labor.	This program is allocated through the U. S. Department of Labor the Administrative costs are direct charged, or where necessary, allocated on a pro-rated basis in accordance with the percentage of time individual staff spend in each DAAS program. Percentages are calculated on the basis of individual time sheets.
KPAAK	4109	State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers (MIPPA)	DAAS Program Manager oversees AAAs health information and counseling for older Americans. The program manager provides training and Medicare open enrollment assistance at senior centers and AAAs throughout the state.	The program is funded through ACL grants (SHIP).	Costs are direct charged, or where necessary, allocated on a pro-rated basis in accordance with the percentage of time individual staff spend in this program. Percentages are calculated on the basis of individual time sheets.
KPAAK	4110	Senior Medicare Patrol Administration (SMP)	DAAS Program Manager oversees AAAs health information and counseling for older Americans. The program manager provides training and Medicare fraud prevention at senior centers and AAAs throughout the state.	This program is funded with ACL grants (SMP).	Costs are direct charged, or where necessary, allocated on a pro-rated basis in accordance with the percentage of time individual staff spend in this program. Percentages are calculated on the basis of individual time sheets.

C2) Local Government - Formula Funds					
KPCAB	4150	Area Plan Administration	Administered by AAAs for their administration costs. The AAAs are allowed to use up to 10% of Title III funds and 25% of State Service, State Transportation, State Nutrition, and State Home Delivered Meals funds for AAA administration costs.	State Funds and Title III Parts B, C-1, C-2 and E.	The Title III, Title VII Ombudsman and State Funds are allocated and contracted to Area Agencies on Aging based on State of Utah Rule R510-100-1 and Utah Rule R510-100-3. The Nutrition Services Incentive Program, even though not allocated by a State Rule funding formula, is included in this area because they are a part of the Title III C Nutrition Services Program.
KPCAB	4151	Supportive Services	Administered by AAAs, that provide a broad array of services that enable older adults to remain in their homes for as long as possible. These services include, but are not limited, to: Access to services such as transportation, case management, and information and assistance; In-home services such as personal care, chores, and homemaker assistance; and Community services such as legal services, mental health services, and adult day care.	State Funds and Title III B	The Title III, Title VII Ombudsman and State Funds are allocated and contracted to Area Agencies on Aging based on State of Utah Rule R510-100-1 and Utah Rule R510-100-3. The Nutrition Services Incentive Program, even though not allocated by a State Rule funding formula, is included in this area because they are a part of the Title III C Nutrition Services Program.
KPCAB	4152	Congregate Meals	Administered by AAAs. Congregate meals are meals provided in the Senior centers.	State Funds and Title III C-1	The Title III, Title VII Ombudsman and State Funds are allocated and contracted to Area Agencies on Aging based on State of Utah Rule R510-100-1 and Utah Rule R510-100-3. The Nutrition Services Incentive Program, even though not allocated by a State Rule funding formula, is included in this area because they are a part of the Title III C Nutrition Services Program.
KPCAB	4153	Home Delivered Meals	Administered by AAAs. Home delivered meals is also known as Meals On Wheels.	State Funds, Title III C-2, and other federal funds.	The Title III, Title VII Ombudsman and State Funds are allocated and contracted to Area Agencies on Aging based on State of Utah Rule R510-100-1 and Utah Rule R510-100-3. The Nutrition Services Incentive Program, even though not allocated by a State Rule funding formula, is included in this area because they are a part of the Title III C Nutrition Services Program.
KPCAB	4154	Preventative Health	Preventative health programs administered by AAAs in health management, prevention, and wellness programs for older adults. This includes behavioral health information, chronic disease self-management education programs; diabetes self-management, disease prevention and health promotion services	Title III D, and State Funds.	The Title III, Title VII Ombudsman and State Funds are allocated and contracted to Area Agencies on Aging based on State of Utah Rule R510-100-1 and Utah Rule R510-100-3. The Nutrition Services Incentive Program, even though not allocated by a State Rule funding formula, is included in this area because they are a part of the Title III C Nutrition Services Program.
KPCAB	4155	Title III E - NCSP - Caregiver/Respite	Family Caregiver Support Program is administered by AAAs, offering a variety of support and help to family or informal caregivers care for older adults in their homes for as long as possible. The Respite program works to improve the delivery and quality of respite services for caregivers of older adults, and provide respite assistance to assistance and relief to caregivers. AAA coordinated support services can reduce caregiver depression, anxiety, and stress, and enable them to provide care longer, which avoids or delays the need for costly institutional care. This area includes Title III and State funds.	State Funds and Federal Title III-E	This area also includes programs that are funded solely through State Funds and costs are direct charged to these programs based on the eligibility of the clients and/or the service. Costs will also be charged directly to the Federal programs involved based on Federal Laws and Regulations, and based on the eligibility of the clients and/or service. The Title III and State Funds are allocated and contracted to Area Agencies on Aging based on State of Utah Rule R510-100-1 and Utah Rule R510-100-3.
KPCAB	4156	Cash-in-lieu Congregate Meals	Administered by AAAs. Cash-in-Lieu funds, or cash in lieu of commodities, can be used to pay for the cost of food for the Congregate Meals. This funding cannot be used for administration or even preparation of the meals, but can only be used for the food itself.	NSIP grant	The Title III, Title VII Ombudsman and State Funds are allocated and contracted to Area Agencies on Aging based on State of Utah Rule R510-100-1 and Utah Rule R510-100-3. The Nutrition Services Incentive Program, even though not allocated by a State Rule funding formula, is included in this area because they are a part of the Title III C Nutrition Services Program.

KPCAB	4157	Cash-in-lieu Home Delivered Meals	Administered by AAAs. Cash-in-Lieu funds, or cash in lieu of commodities, can be used to pay for the cost of food for the Home Delivered Meals. This funding cannot be used for administration or even preparation of the meals, but can only be used for the food itself.	NSIP grant	The Title III, Title VII Ombudsman and State Funds are allocated and contracted to Area Agencies on Aging based on State of Utah Rule R510-100-1 and Utah Rule R510-100-3. The Nutrition Services Incentive Program, even though not allocated by a State Rule funding formula, is included in this area because they are a part of the Title III C Nutrition Services Program.
KPCAB	4158	Ombudsman Services	Administered by AAAs, as part of statewide ombudsman programs, AAA ombudsman staff and volunteers, assist residents and their families by providing a voice for those unable to speak for themselves. AAA Ombudsman resolve issues surrounding the care and quality of life for people living in nursing homes and assisted living facilities. Ombudsmen are there to represent the residents' interests.	Title VII Chapter 2 and State Funds	State rule R510-100-3 directs the allocation of funds to the AAAs.
KPCAB	4159	Elder Abuse Prevention	Advocacy program Administered by AAAs that promotes the rights of seniors and protects them from abuse, neglect, and exploitation. AAA personal help adult victims of abuse understand their rights and to prevent abuse before it happens.	Title VII Chapter 3 funds.	In working with the AAA Directors, the State Program Coordinator determines regional funding amounts.
KPCAB	4160	Alzheimer's Program	Alzheimer's disease and other related dementia support is administered by AAAs. The program offers delivery of support and direct services to individuals living with ADRD and their caregivers and facilitation of evidence-based models that have proven beneficial support for ADRD individuals and their family caregivers into a community-level practice. The ADRD program supports quality, person-centered services that help people with ADRD remain independent and safe in their communities.	State Funds	Funding allocation is based on AAA formal written requests. It is expended at the AAAs level.
KPCAB	4168	Professional Healthcare Workforce Grant	COVID Professional Healthcare Workforce Grant. This COVID grant focuses on increasing healthcare worker force staff.	Federal Funds - Professional Healthcare Workforce grant	Funding allocation is based on AAA formal written requests. It is expended at the AAAs level.

C3) Non-Formula Funds					
KPCAB	4161	Volunteer Support	Administered by AAAs. Volunteer travel expenses support offered by AAAs. AAAs reimburse volunteers for the cost incurred while performing their volunteer AAA assignments.	State Funds	Each AAA received the same funding amount each year. There is no calculation made to changing the distribution.
KPCAB	4162	Health Information Counseling and Assistance Program (SHIP and MIPPA)	Program administered by AAAs. SHIP is a national program that offers one-on-one assistance, counseling, and education to Medicare beneficiaries, their families, and caregivers to help them make informed decisions about their care and benefits. SHIP services support people with limited incomes, Medicare beneficiaries under the age of 65 with disabilities, and individuals who are dually eligible for Medicare and Medicaid. MIPPA program helps Medicare beneficiaries with limited income and assets learn about programs that may save them money on their Medicare costs. Through MIPPA, ACL provides grants to states and tribes to support targeted outreach and education to eligible Medicare beneficiaries, especially those who are: Low-income with limited resources; Residents of rural areas; Members of American Indian, Alaskan Native, and Native Hawaiian communities; People with disabilities under age 65; Speakers of English as a secondary language	Federal grants from the US Department of Health and Human Services/Administration for Community Living (ACL).	In working with the AAA Directors, the State Program Manager determines regional funding amounts.
KPCAB	4164, 4165 & 4166	Title V Senior Community Service Employment Program (SCSEP)	Program administered by one vendor for the State of Utah. SCSEP is a community service and work-based job training program for older Americans. Authorized by the Older Americans Act, the program provides training for low-income, unemployed seniors. SCSEP participants gain work experience in a variety of community service activities at nonprofit and public facilities. Participants work an average of 20 hours a week and are paid the highest of federal, state or local minimum wage. This training serves as a bridge to unsubsidized employment opportunities for participants. Participants must be at least 55, unemployed, and have a family income of no more than 125% of the federal poverty level. Enrollment priority is given to veterans and qualified spouses, then to individuals who are over 65, have a disability, have low literacy skills or limited English proficiency, reside in a rural area, are homeless or at risk of homelessness, have low employment prospects, or have failed to find employment.	Federal Title V funds from the US Department of Labor.	Funding is based on the actual award amount, with a small portion staying at the state office for state administrative functions. Costs are based on wages and training expenditures of program participants, including administrative costs for the grantee.
KPCAB	4163	Senior Medicare Patrol	Program administered by AAAs. Senior Medicare Patrol empowers and assists Medicare beneficiaries, their families, and caregivers, to prevent, detect, and report suspected healthcare fraud, errors, and abuse through outreach, counseling, and education. SMPs work to resolve beneficiary complaints of potential healthcare fraud in collaboration with state and federal partners. AAAs promote community awareness of healthcare fraud, errors, and abuse; Disseminate consumer education materials about Medicare fraud through presentations, health fairs, and other community events; Provide counseling, and when needed, serve as consumer advocates to resolve billing disputes/issues; and make appropriate referrals to state and federal partners for suspected cases of Medicare fraud, errors, and abuse for further investigation.	Federal grants from the US Department of Health and Human Services/Administration for Community Living (ACL).	In working with the AAA Directors, the State Program Manager determines regional funding amounts.
2180	4214	Transportation	This area may provide assistance to the disabled and elderly persons needing transportation services through the "Out and About Transportation Program".	Public donations through driver license applications and renewals.	Public proposals are made to the Board on Aging and Adult Services, who determines the awarding of funds.

C4) Adult Protective Services					
KPCAC	4170	Adult Services Administration	DHHS Office of Adult Protective Services Director and support staff. Adult Protective Services provides services to the aged and vulnerable adult population through staff located throughout the State of Utah. This cost center will also include APS costs directly assigned to State funding.	Title VII Elder Abuse, SSBG, and State Funds	Direct Cost Assignment
KPCAC	4171, 4172, 4173, 4174,	APS Operations 4171: Service Staff Ogden Office 4172: Service Staff Salt Lake City Office 4173: Service Staff Provo Office 4174: Service Staff St. George Office	DHHS APS Program Administrator, APS Program Managers, intake staff and APS caseworkers. APS workers investigate abuse, neglect and exploitation of vulnerable adults throughout Utah. with staff located in the following offices; Ogden, Price, Clearfield, SLC, Provo and St George. APS works with vulnerable adults who experience abuse, neglect and exploitation. In these cases, APS works with clients to ensure they are receiving eligible services through Medicaid. APS will bill services under Medicaid administration claiming.	Title XIX, SSBG, and State Funds	A percentage is used to allocate a portion of these costs to Medicaid on a cumulative year-to-date basis. The percentage is determined by the number of APS Medicaid eligible clients compared to the total APS clients. Costs allocated to Title XIX will be charged at the administrative match rate of 50 percent. An APS Medicaid eligible client is defined as any individual who is reported to Utah's Adult Protective Services who is also eligible under Medicaid. Costs not allocated to Medicaid will be covered with SSBG or State Funds.
KPCAC	4175	APS Federal Grants	APS uses a multidisciplinary approach to meet the needs of vulnerable adults who are victims of abuse, neglect and exploitation. ACL and DOJ federal funding (such as Formula Grant, FEP, and BRIA pass through) allow professional service providers to assist APS and collaborate with APS to provide education, resources, services to victims of abuse, quality assurance, and prevent recidivism.	Federal Funds	Direct Cost Assignment
KPCAC	4176	Adult Protective Intervention	Emergency intervention needs for APS clients. Used for housing/emergency relocation placement needs to critically vulnerable adults.	State Funds, ARPA grant	Direct Cost Assignment
KPCAC	4177	APS Training	The training budget for the APS Trainer for DHHS and AAA staff, community partner trainings, first responders and mandatory reporters.	State Funds	Direct Cost Assignment
KPCAC	4178	APS COVID Funding	APS software program enhancements, technology, training and APS support staff.	Costs are direct charged (using a program code) for the applicable funding. ARPA grants.	Direct Cost Assignment

C5) Aging Waiver Services					
KPCAE	4190	Home and Community-Based Services Waiver Administration	A program to provide services to Medicaid recipients who meet nursing home level of care but are being served in the community. The Medicaid Program Waiver, Section 1915(c) Title XIX of the Social Security Act, authorizes this program. State Admin costs associated with the Aging Waiver Program; including coordination, tracking, monitoring, and auditing.	State Funds and Federal Title XIX (obtained through transfer from the Department of Health).	Administrative costs are charged to Title XIX at a 50 percent federal participation rate including costs for the Registered Nurse and direct supporting staff assigned to the program for skilled professional medical personnel (SPMP) (42 CFR 432.50.).
KPCAE	4191	HCBS Waiver Admin	AAA Admin invoiced costs of administering the Aging Waiver Program including assessments and case management.	State Funds and Federal Title XIX (obtained through transfer from the Department of Health).	Funding allocation may include past year's distribution weighted averages, and AAA information (including assessments and level of care determinations) and claims review, and applicant list management. Costs are direct charged and invoiced by the AAAs. Costs are charged to Title XIX at a 50 percent federal participation rate including costs for the skilled professional medical personnel and direct supporting staff (42 CFR 432.50.).
KPCAE	4192	Home and Community Based Services Aging Waiver	AAA Payments applicable to private providers billing on the Aging Waiver.	State Funds and Federal Title XIX (obtained through transfer from the Department of Health).	State funds are transferred to DIH based on the current FMAP rate to cover the state portion of the service costs.
KPCAE	4193	Personal Attendant Reimbursements	Used to capture payments to AAAs who reimbursed setup costs paid for by personal attendants.	State Funds	Costs are invoiced by the AAAs, who reimburse personal attendant costs (background checks, CPR training, and fingerprinting)
C6) Aging Alternatives and General and Other Items					
KPAAK	4107	In-home Services Administration	This program provides for the administration of the In-Home Services program.	State Funds	Costs are directly assigned, or allocated in accordance with the percentage of time individual staff spend on this program. Percentages are calculated on the basis of individual time reports.
KPCAB	4167	In Home Services	Includes services such as homemaker, personal care.	~~Title XX Social Services Block Grant~~ SSBG and State Funds.	Funding is allocated to AAAs based on State rule R510-100-2.

D) Public Guardian

The Office of Public Guardian (OPG) provides guardianship and conservatorship services for adults who are unable to make basic life decisions for themselves due to conditions such as aging-related illness, intellectual disabilities, brain injuries and mental illness. Individuals often have no other family or friends to care for them or have been victims of abuse, neglect or exploitation. We continue to make a consistent effort to locate and reunite individuals with family members or close friends. Often they are able to assume responsibility for the individual's long-term care.

Overview	-The Office of Public Guardian (OPG) will provide information and education about guardianship, alternatives to guardianship, and health and human services and benefits; perform related assessments and refer individuals to other sources of assistance; file guardianship petitions and interact with and report to the court about guardianships; plan, coordinate and arrange for health, health-related and non-health services and assistance to clients; oversee and monitor the provision of services to clients; and manage the financial affairs and estates of a limited number of clients. OPG provides guardianship (of person) and conservatorship (of estate) services to incapacitated adults who have no one else to serve as their guardians and/or conservators. Most of OPG's clients are Medicaid recipients (the remaining clients have small estates). Virtually all OPG clients live in supervised living arrangements, including long-term care facilities and state-supported residential facilities. -OPG direct service staff and contracted direct service staff must carefully document their time in 15 minute increments to the activities described below. When an OPG direct service staff or contracted direct service staff is involved in more than one activity during a 15 minute time period, s/he should allocate the time to the activity which required the majority of the time. May be funded with State Funds, Title XIX, or SSBG (associated with contracted guardianship services). A rate may be charged to federal or other programs in accordance with Indirect Cost Plan methodology. The Social Services Block Grant (Title XX) will be allocated within OPG as a funding source as deemed appropriate, available, and allowable. The State payroll system, Employee Self Service (ESS), may be utilized as determined appropriate for applicable employees to assign time to cost centers. In order to track and report information necessary to claim federal matching funds for provision of services to Medicaid recipients, OPG direct service staff and OPG-contractor direct service staff will account for their time using activities. OPG direct staff will use the State payroll system to report activities. Contract direct staff will track their activities for OPG and report the results monthly. OPG's director and support staff will not record their time. Activities AINT, AELG, ARNG, AMNT, and ANHR will be used to allocate costs. Of these activities used to allocate costs, activities AINT, AELG, ARNG, and AMNT are allowable for Title XIX. All costs for OPG will be accumulated in one cost center KPCAD. Costs for KPCAD are allocated to programs based on activity percentages (Title XIX, SSBG, and State funds) times a penetration rate and applied to costs on a year-to-date basis, except for costs charged to activity KLGL (for some legal assistance and other costs charged to OPG funded with State funds). The penetration rate is determined by the number of Medicaid eligible clients compared to the total clients served for the quarter. Costs allocated to Title XIX will be charged at the administrative match rate of 50%.

Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
KPCAD	All costs except those in activities KLGL, AINT, AELG, ARNG, AMNT, ANHR, AIND, and ADMN	OPG Miscellaneous	All costs for OPG will be accumulated in one cost center KPCAD.	State Funds, Title XIX, or SSBG (associated with contracted guardianship services).	Costs for KPCAD are allocated to programs based on activity percentages (Title XIX, SSBG, and State funds) times a penetration rate and applied to costs on a year-to-date basis, except for costs charged to activity KLGL (for some legal assistance and other costs charged to OPG funded with State funds). The penetration rate is determined by the number of Medicaid eligible clients compared to the total clients served for the quarter. Costs allocated to Title XIX will be charged at the administrative match rate of 50%.
KPCAD	AINT	Initial and Periodic: Medical/Health Related Assessment and Referral	• Obtaining available collateral documentation and direct information regarding the prospective ward's / ward's medical status and psychosocial, intellectual and functional capacity. May include time spent in direct observation, interviewing, phone calls and writing requests for medical and health related information. • Arranging for physician, psychologist and other medical I health related professionals as necessary to evaluate capacity of prospective ward /ward. • Reviewing information and documentation gathered, to identify medical and health related service needs and prospective ward's or ward need for guardianship. • Determining the availability of family members or others to serve as guardian. • Referring prospective ward / ward to third party agency(ies) if determined ward needs assistance but is not incapacitated or can be served in less restrictive or alternative manner. • Facilitating referral of ward to OPG contractor if OPG unable to serve but fits service priorities.	State Funds, Title XIX, or SSBG (associated with contracted guardianship services).	Costs for KPCAD are allocated to programs based on activity percentages (Title XIX, SSBG, and State funds) times a penetration rate and applied to costs on a year-to-date basis, except for costs charged to activity KLGL (for some legal assistance and other costs charged to OPG funded with State funds). The penetration rate is determined by the number of Medicaid eligible clients compared to the total clients served for the quarter. Costs allocated to Title XIX will be charged at the administrative match rate of 50%.

KPCAD	AELG	Outreach I Assistance to Obtain or Maintain Medicaid Eligibility	• Providing verbal or written information on the Medicaid program including services, benefits, and/or how to make application. • Facilitating ward's Medicaid application (or reviews) including time spent gathering necessary paperwork and completing the application / review.	State Funds, Title XIX, or SSBG (associated with contracted guardianship services).	Costs for KPCAD are allocated to programs based on activity percentages (Title XIX, SSBG, and State funds) times a penetration rate and applied to costs on a year-to-date basis, except for costs charged to activity KLGL (for some legal assistance and other costs charged to OPG funded with State funds). The penetration rate is determined by the number of Medicaid eligible clients compared to the total clients served for the quarter. Costs allocated to Title XIX will be charged at the administrative match rate of 50%.
KPCAD	ARNG	"Referring, Assisting, Planning, Coordinating and Arranging" Medicaid Services	• Scheduling / attending appointments and meetings as necessary to obtain information / confer with physicians, psychologists, social workers, support coordinators, SNF/ICF staff and other Medicaid providers in order to update medical / health related information. • Developing medical and health related portion of individualized guardianship plan in accordance with available, current assessments and evaluations. • Identifying scope and frequency of necessary follow-up and coordination of each medical I health related service identified in the plan, and the individual(s) responsible. • Facilitate development of health care advance directives. • Attending and participating in ward's treatment and care planning processes (e.g., interdisciplinary treatment plan, individual program plan, person-centered plan, individualized education plan, etc.) considering wards wishes, preferences and needs. • Arranging for the ward's routine and emergent health care and treatment (including medical, psychological, habilitative and other Medicaid covered services) including arranging for transportation of ward to Medicaid covered services.	State Funds, Title XIX, or SSBG (associated with contracted guardianship services).	Costs for KPCAD are allocated to programs based on activity percentages (Title XIX, SSBG, and State funds) times a penetration rate and applied to costs on a year-to-date basis, except for costs charged to activity KLGL (for some legal assistance and other costs charged to OPG funded with State funds). The penetration rate is determined by the number of Medicaid eligible clients compared to the total clients served for the quarter. Costs allocated to Title XIX will be charged at the administrative match rate of 50%.
KPCAD	AMNT	Oversight and Monitoring of Medicaid Services	• Monitoring / Overseeing the ward's treatment and care. Includes time spent in direct observation and discussion, phone calls or other collateral contacts when the contact is for the purpose of monitoring the medical and health related services the ward is receiving. • Documenting results of oversight activities carried out on behalf of ward (e.g. were Medicaid services provided as planned and authorized, were services appropriate and of adequate quality, ward's rights are observed and upheld etc.). • Amending the service plan as necessary if and when services / providers are changed.	State Funds, Title XIX, or SSBG (associated with contracted guardianship services).	Costs for KPCAD are allocated to programs based on activity percentages (Title XIX, SSBG, and State funds) times a penetration rate and applied to costs on a year-to-date basis, except for costs charged to activity KLGL (for some legal assistance and other costs charged to OPG funded with State funds). The penetration rate is determined by the number of Medicaid eligible clients compared to the total clients served for the quarter. Costs allocated to Title XIX will be charged at the administrative match rate of 50%.
KPCAD	ANHR	Non-Medical/ Non Health Related Activities	• Assist AG in preparing and filing of guardianship and conservatorship petitions, attend court, provide technical assistance and/or testimony, arrange for transportation of ward to court. • Develop conservatorship plan. • Facilitate applications for Social Security, VA benefits, SSI and Medicare. • Inventory and determine value of ward's personal and real property. • Manage ward's income and benefits, pay ward's bills and debts, and/or function as payee. • Prepare and submit annual and as needed reports to the court.	State Funds, Title XIX, or SSBG (associated with contracted guardianship services).	Costs for KPCAD are allocated to programs based on activity percentages (Title XIX, SSBG, and State funds) times a penetration rate and applied to costs on a year-to-date basis, except for costs charged to activity KLGL (for some legal assistance and other costs charged to OPG funded with State funds). The penetration rate is determined by the number of Medicaid eligible clients compared to the total clients served for the quarter. Costs allocated to Title XIX will be charged at the administrative match rate of 50%.

KPCAD	AIND	Indirect Time	• Work related in-state travel. • Consulting/staffing cases with supervisors and other guardians. • Writing case notes, preparing ward records and gathering and sending treatment and care related info concerning ward.	State Funds, Title XIX, or SSBG (associated with contracted guardianship services).	Costs for KPCAD are allocated to programs based on activity percentages (Title XIX, SSBG, and State funds) times a penetration rate and applied to costs on a year-to-date basis, except for costs charged to activity KLGL (for some legal assistance and other costs charged to OPG funded with State funds). The penetration rate is determined by the number of Medicaid eligible clients compared to the total clients served for the quarter. Costs allocated to Title XIX will be charged at the administrative match rate of 50%.
KPCAD	ADMN	General Administrative Time and Overhead	• Annual, sick, administrative leave. • Breaks • Staff meetings, work related training, in-services and workshops. • Supervision, personnel issues and program administration (performance plans and reviews).	State Funds, Title XIX, or SSBG (associated with contracted guardianship services).	Costs for KPCAD are allocated to programs based on activity percentages (Title XIX, SSBG, and State funds) times a penetration rate and applied to costs on a year-to-date basis, except for costs charged to activity KLGL (for some legal assistance and other costs charged to OPG funded with State funds). The penetration rate is determined by the number of Medicaid eligible clients compared to the total clients served for the quarter. Costs allocated to Title XIX will be charged at the administrative match rate of 50%.

E) Services for People with Disabilities (DSPD)		
Services for People with Disabilities provides a wide range of services intended to help people with disabilities participate more fully in their communities and lead self-determined lives. The type of services available depends on which waiver the person qualifies for. These services are primarily funded through Medicaid waivers, which are paid for by the federal government and appropriations by the Utah Legislature. Waiver programs utilized by DSPD are described in greater detail below. DSPD provides a great number of varied services intended to help people with disabilities participate more fully in their communities and lead more self-determined lives. Some of the more common categories of services are listed here, with a brief explanation, and can often be tailored to your unique situation. These services include Behavior Supports, Day Services, Host Home Services, Respite Care, Supported Living, Support Coordination, Professional Parent Supports, Transportation Services, Environmental Adaptations, Chore Services, etc.		
Overview	The Division of Services for People with Disabilities (DSPD) is divided into the following appropriations: KPAAC Administration KPCAF Service Delivery KPCAK Utah State Developmental Center KPCAG Utah Community Supports Waiver for Individuals with Intellectual disabilities and Other related Conditions KPCAJ Brain Injury Waiver Services KPCAJ Physical Disability and Waiver Services KPCAH Non-Waiver Services KPCAJ Limited Supports Waiver Services KPCAJ Community Transition Waiver Services Costs are tracked in each appropriation unit; please see the applicable sections of the plan for further description of each area.	DSPD purchases services from private and/or public providers. These expenditures are posted to Appropriation Unit Codes KFA KPAAC through KFI KPCAJ (Defined Previously) and to the Department's internal payment system (CAPS), which interfaces with the Utah State Financial System (~~FINET~~Vantage) and the Department of Health accounting system (MMIS PRISM). The eligibility of the individual and the eligibility of the service determine Medicaid claims. The eligibility factors are included in CAPS. The "FSSBG" code will be used for Social Services Block Grant (TITLE XX). • A rate may be charged to federal or other programs in accordance with Indirect Cost Plan methodology. • The Social Services Block Grant will be allocated within DSPD as a funding source as deemed appropriate, available, and allowable. • The Division of Services for People with Disabilities has developed fiscal intermediary payroll services for individuals who direct their own supports. The fiscal intermediary is paid a service rate for individualized payroll services. DSPD will submit the cost of these program support services, individual by individual, to the Medicaid Division for reimbursement. Individuals must meet all eligibility requirements established by the Medicaid Division for all DSPD Waivers. The fiscal intermediary rates are approved by the Medicaid Division. • Federal Programs Administered by DSPD include: Social Services Block Grant (Title XX) Medicaid (Title XIX) Social Security (SSA & SSI) ~~Department of Justice (DOJ) - Improving State-Level Prevention, Training, and Service Response for Female Victims with Disabilities~~ ~~Centers for Disease Control and Prevention (CDC) - Rape Prevention and Education Grant~~ Centers for Disease Control and Prevention (CDC) - Enhancing Public Health Surveillance of Autism Spectrum Disorder through the Autism and Division of Human Development and Disability; obtained through the Utah Registry of Autism and Developmental Disabilities. • Actual state and federal participation for costs assigned to Title XIX may adjust in accordance with flexibility and changes allowed through federal action, such as COVID relief action, and as allowed by the State Medicaid Agency. •Utah State Developmental Center (USDC) is reimbursed by Title XIX per diem rate for billable Title XIX days on a cost settlement basis for individuals served at the Intermediate Care Facility. DSPD Waiver / Non-Waiver - KPCAG, KPCAJ, KPCAH • Services may include: Behavior Consultation Services, Chore Services, Personal Assistance Supports, Remote Support, Residential Habilitation Supports, Consumer Preparation Services, Authorized Psychological Payments, Attendant Care, Companion Services, Personal Emergency Response Systems, Behavioral Service, Day Supports, Support Coordination Liaison, Supported Employment, Environmental Adaptations, Transportation Services, Pre-Employment Skill Building, Extended Living Supports, Community Broker Services, Job Development Supports, Family Training and Preparation, Extended Community Living Supports, Integrated Community Learning, Family and Individual Training and Preparation, Family Training and Assistance, Reimbursement of Goods and Services, Financial Management Services, Peer Support Services, Homemaker Services, Host Home Supports, Living Start-up Costs, Homemaker Supports, Massage Therapy, Fingerprinting, Medication Dispenser and Emergency Response Devices, Personal Budget Assistance, Professional Medication Monitoring, Professional Parent Supports, Respite Care Services, Specialized Medical Equipment and Supplies, Supported Employment Supports, Supported Living Supports, Community Based Housing Allowances, Cash Assistance Payments, Evaluations and Assessment Services, Support Coordination, and Professional Parent Supports.

Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
KPAAC	4300 - 4349 excluding 4302	Administration	KPAAC includes administrative costs which are eligible for funding under the Home and Community Based Waivers for (1) Individuals with Intellectual Disabilities and Other Related Conditions, (2) Persons with Brain Injury, (3) Individuals with Physical Disabilities, (4) Individuals with Intellectual Disabilities and Other Related Conditions Transitioning from Intermediate Care Facilities, and (5) Individuals with Intellectual Disabilities and Other Related Conditions Who Have Limited Support Needs. Administrative costs supporting the Home and Community Based Waivers for (1) Individuals with Intellectual Disabilities and Other Related Conditions, (2) Persons with Brain Injury, (3) Individuals with Physical Disabilities, (4) Individuals with Intellectual Disabilities and Other Related Conditions Transitioning from Intermediate Care Facilities, and (5) Individuals with Intellectual Disabilities and Other Related Conditions Who Have Limited Support Needs will be paid for with Title XIX funds. Title XIX will be matched at the approved administrative rate.	Title XIX, State Funds, SSBG	Direct Cost Assignment, Miscellaneous Revenue These costs will be prorated based upon the ratio of Title XIX (Medicaid) individuals to total individuals within each waiver served by the Division of Services for People with Disabilities within the State of Utah (including individuals in DSPD Non-Waiver services, KPCAH). Costs that do not qualify for Medicaid funding may be funded from State funds and available Social Services Block Grant funds.
KPAAC	4302	Miscellaneous Non-Medicaid	Unit 4302 (miscellaneous Non-Medicaid) costs are not included in KPAAC costs subject to the ratio of Title XIX individuals. Costs assigned to Unit 4302 will not result in Title XIX participation.	State Funds, SSBG	Direct Cost Assignment
KPCAF	4350 - 4599 except 4350, 4385, ~~4387~~, 4389, and FM75.	Service Delivery	KPCAF includes administrative support and DSPD Support Coordinator costs. KPCAF costs (excluding Skilled Professional Medical Personnel costs charged to FM75, PASRR costs charged to unit 4385 ~~excluding Rape Prevention and Education program costs charged to 4387~~, and excluding DSPD Grant costs charged to 4389, not recovered under Medicaid approved monthly rate (Support Coordination)) will qualify for the 50 percent Title XIX matching rate. Title XIX will be billed for DSPD support coordination services. These reimbursed costs provided by DSPD personnel will be excluded in the federal match calculation. These DSPD support coordination services will be billed to Title XIX at the FMAP rate.	Title XIX, State Funds, and SSBG.	Direct Cost Assignment These costs will be prorated based upon the ratio of Title XIX (Medicaid) individuals to total individuals within each waiver served by the Division of Services for People with Disabilities within the State of Utah (including individuals in DSPD Non-Waiver services, KPCAH). Costs that do not qualify for Medicaid funding may be funded from State funds and available Social Services Block Grant funds.
KPCAF	4350	Miscellaneous Non-Medicaid	Unit 4350 (miscellaneous Non-Medicaid) costs are not included in KPCAF costs subject to the ratio of Title XIX individuals. Costs assigned to Unit 4350 will not result in Title XIX participation. These costs may be funded by State Funds, or may be funded from other funding sources as appropriate, such as available Social Services Block Grant funds.	State Funds and SSBG.	Direct Cost Assignment
KPCAF	4385 except FM75	PASRR assessments	The Division of Services for People with Disabilities incurs costs for PASRR assessments. PASRR costs are charged to unit 4385 and include payments for the performance of reviews. PASRR assessment costs are funded at a 75% Title XIX Federal financial participation rate without regard to the eligibility status of the Medicaid certified nursing facility applicant/recipient.	Title XIX, State Funds, and SSBG	Direct Cost Assignment Costs that do not qualify for Medicaid funding may be funded from State funds and available Social Services Block Grant funds.
~~KPCAF~~	~~4387 except FM75~~	~~Rape Prevention and Education Program~~	~~Costs include salaries, equipment, supplies, travel, and other assigned costs. The following activity codes are used to assign costs to funding sources:~~ ~~FGRT-Grants Awarded to DSPD~~ ~~FADM - state funds~~	~~Federal Grant Funds~~	~~Other Miscellaneous Federal Grant~~

KPCAF	4389 except FM75	DSPD Grants	Costs include salaries, equipment, supplies, travel, and other assigned costs. DSPD Grants are charged to 4389. Program codes are used to assign costs to specific funding sources miscellaneous federal grants.	Federal Funds and Other Funds	Direct Cost Assignment
KPCAF	4350 - 4599 FM75 except 4350, 4385, ~~4387~~, and 4389	Skilled Professional Medical Personnel (SPMP) and direct support staff	This area contains nurses and direct support staff costs for enhanced federal matching at 75%. This staff performs quality assurance reviews of HCBS programs from a clinical perspective, make level of care determinations, conduct care plan reviews, and review medication regimens, behavior plans, and critical incident reports to determine the health and safety of HCBS waiver recipients and the adherence to HCBS waiver assurances. In accordance with 42 CFR 432.2 travel and training costs will be charged to FM75. Office costs such as computer costs will not be charged to FM75 (these costs will be allocated to Title XIX).	Title XIX and State Funds.	Personnel Costs - SPMP (see Waiver Nurse Team or Resident Assessment profile under Appendix C.5) Direct Cost Assignment
KPCAK	48XX	Utah State Development Center	The Utah State Developmental Center (KPCAK) is reimbursed directly by DHHS based on Title XIX eligible individual days. Social Security payments issued to eligible individuals also help reimburse this cost center. USDC provides dental services to individuals with intellectual disabilities who are in DSPD services but not residents of USDC. Costs for these services are assigned to activity FRDP and are funded with State Funds. The treatment of FRDP costs including allocated administrative costs are subject to cost settlement review as requested by the Medicaid Division. USDC may receive other miscellaneous revenue, such as fees or insurance, that are to be appropriately handled for cost settlement purposes for Title XIX. All USDC costs including dental costs incurred separate from FDRP are subject to cost settlement process.	Title XIX, State Funds, and Other funds.	Direct Cost Assignment, Miscellaneous Revenues
KPCAG, KPCAJ	KPCAG/KPCAJ 4350 - 4599	DSPD Waivers (waivers are listed in DSPD Section Overview)	The waiver programs are set up to accumulate the cost of waiver services purchased from community providers. Caregivers are paid a fee by DSPD for individualized services for each individual served for Medicaid reimbursement. Each individual must meet all eligibility requirements established by Medicaid in order for the individual's costs to be reimbursed. Accounting for costs and the types of services that may be included in the waivers are defined previously in DSPD Section Overview. The budget plan for the Limited Support Waiver clients are capped to a certain amount per person.	Title XIX, SSBG, State Funds, and Other Funds	Direct Cost Assignment, Miscellaneous Federal Revenues Those services that do not qualify for Medicaid funding will be funded from State Funds and available Social Services Block Grant Funds.

KPCAH	455X	Non-Waiver Services	The Non-Waiver Services program tracks costs pertaining to Services for Non-Waiver individuals and Non-Waiver services provided to individuals (Appropriation Unit KPCAH). Possible examples of services in this appropriation unit include; Adult Foster Care, Authorized Psychological Payments, Behavior Consultation Services, Chore Services, Companion Services, Community Broker Services, Day Supports, Transportation Services, Environmental Adaptations, Extended Community Living Supports, Financial Management Services, Fingerprinting, Family Training and Assistance, Family Training and Preparation, Community Based Housing Allowances, Host Home Supports, Homemaker Supports, Cash Assistance Payments, Mental Retardation Evaluations and Assessment Services, Support Coordination, Personal Assistance Supports, Consumer Preparation Services, Personal Budget Assistance, Personal Emergency Response Systems, Medication Dispenser and Emergency Response Systems, Professional Medication Monitoring, Professional Parent Supports, Residential Habilitation Supports, Respite Care Services, Supported Employment Supports, Supported Living Supports, Specialized Medical Equipment and Supplies, Special Needs Fund, and Living Start-up costs.. State funds and available Social Services Block Grant Funds may be used to fund Non-Waiver Services. KPCAH costs may also be funded by funds obtained from other governmental entities.	State Funds, SSBG, Miscellaneous Federal Revenues, and other Governmental Entities	Direct Cost Assignment, Miscellaneous Federal Revenues

F) Utah State Hospital					
The Utah State Hospital provides a safe and healing environment in which all people are treated with dignity and respect. The State Hospital strives to assist patients to reach their potential, through individualized treatment, with a high value being placed on meeting the needs of each patient in a humanistic, caring and professional manner. We serve three main populations: pediatric, civil adult, and forensic adult.					
KPBBC	ALL except EXCS	State Hospital	The Utah State Hospital is reimbursed with Title XIX Medicaid funds, based on daily rates charged for services to Medicaid eligible patients.	Less than half of the funding for the State Hospital budget consists of other funds which include patient fees, third party insurance collections, Medicare (Title XVIII), interest on state lands, and Medicaid (Title XIX) and CHIP. The remainder of the revenue is from State funds.	Title XIX claiming is subject to cost settlement.
KPBBC	EXCS	Non-Federal Costs excluded from the Medicaid Cost Settlement	This activity code is used to exclude certain costs from the Medicaid Cost Settlement process. Costs with this activity code are not included as allowable for Medicaid participation.	State Funds	Direct Cost Assignment

DHHS Section VI

COMMUNITY HEALTH & WELL-BEING

The Community Health & Well-being section is responsible for children, youth, and family services and the administration of public health, prevention & epidemiology services within the state. This section includes the Division of Child & Family Services, Division of Family Health, Office of Children with Special Health care Needs, Division of Juvenile Justices & Youth Services, Office of Recovery Services, and Division of Population Health.

A) Child & Family Services

The Division of Child and Family Services keeps children safe from abuse and neglect and provides domestic violence services by working with communities and strengthening families. This is accomplished by engaging in service delivery, in and out of home services, facility based programs, domestic violence services, adoption assistance, while facilitating other programs and services related to the well being of children, youth, and families.

Overview	The Division of Child and Family Services is divided administratively into the following appropriation units: Unit Name KTBAB Child and Family Services KTBAC Domestic Violence KTBAD In-Home Services KTBAE Out-of-Home Services KTBAF Adoption Assistance KTBAG Child Abuse and Neglect Prevention and Facility Services KTBAS Selected Programs KTBAT DCFS Attorney General A rate may be charged to federal or other programs in accordance with Indirect Cost Plan methodology. Title XX funds will be allocated within the Division as deemed appropriate, available, and allowable. The maximum amount of Title IV-B Part 1 funds that will be claimed for administrative costs, as specified in section 422(c) of the Social Security Act, will be limited to 10%. The maximum amount of Title IV-B Part 2 funds that will be claimed for administrative costs, including Caseworker Visitation funds, will also be limited to 10% as specified in section 434(d) of the Social Security Act. Miscellaneous (federal, state, and other) funding may also be obtained and recorded to unique coding to assign costs to applicable funds.	Federal Funds administered by the Division, include but are not limited to the following: Adoption Incentive Grant (as available) Chafee Foster Care Independence Program Grant Child Abuse Prevention and Treatment Act (CAPTA) Basic State Grant Community-Based Child Abuse Prevention (CBCAP) Grant Education and Training Voucher Grant Family Violence Prevention and Service Grant Family First Transition Act, Transition Grant Funds Kinship Navigator Program Grant Social Security funds for clients Title IV-B Part 1 Child Welfare Services Title IV-B Part 2 Promoting Safe and Stable Families (PSSF) Title IV-E Foster Care, Adoption Assistance, and Prevention Program Title XX Social Services Block Grant TANF-Temporary Assistance for Needy Families	The State payroll system, Employee Self Service (ESS), may be utilized as determined appropriate for applicable employees to assign time to cost centers. Actual state and federal participation for costs assigned to federal grants may adjust in accordance with flexibility and changes allowed through federal action, such as COVID relief action. The cost allocation plan may be updated for future effective dates if deemed significant for cost allocation purposes. RMS may be used to allocate costs as deemed appropriate, available, and allowable. See below and Appendix B.
Various appropriations and activities	Random Moment Sample	- All Division direct casework staff not funded by a minor grant are part of the RMS population (appropriation units and activities listed below). The RMS universe includes activities for various programs. Strikes resulting from these activities are to be allocated to the applicable programs. However, strikes resulting from activities not allowed for specific federal programs are not to be allocated to those programs. See Appendix B for additional detail on the RMS process. Direct casework staff are found in the following appropriation units: Casework Staff Appropriation Units KTBAB HADP Adoption Workers KTBAB HCIN Centralized Intake KTBAB HCPS CPS Investigations KTBAB HGMF General Caseworkers KTBAB HIFP Intensive Family Preservation KTBAB HOHS Out of Home Home Services KTBAB HPSV Protective Supervision KTBAB HIDL Independent Living KTBAB HSPA Domestic Violence Worker - Strikes on the RMS will be allocated to various programs as described in the DCFS Funding Matrix in Appendix B. For those activities eligible under Title IV-E foster care and adoption (excluding eligibility determination), a penetration rate (percentage of clients who are Title IV-E eligible) will be applied to calculate the proportion of these activities benefiting Title IV-E for traditional claims. No penetration rate will be applied for Title IV-E prevention program claims. (Appendix B) - Activities allocated according to the RMS are indicated in the applicable appropriation unit sections below.	

Various appropriations and activities	Training	1. Training activities for personnel employed by the State, including CCWIS training, are allocated according to RMS strikes. As allowed under 45 CFR 1356.60(b)(2), training costs are eligible for Title IV-E federal matching at 75%, with the exception of training costs for the prevention program which are eligible for Title IV-E federal matching at 50%. Training costs allocated according to the RMS are in activity HTRA. To account for HTRA training that may involve general skills and knowledge, such as general personnel requirements and team building, the percentage of HTRA costs subject to the 50% IV-E federal participation for each State fiscal year will be determined based on review of the prior State fiscal year HTRA employee training curriculum. 2. Training activities that benefit only foster care or adoption are eligible for 75% Title IV-E matching funds after the applicable penetration rate (defined in Section XIII) has been applied to determine the portion benefiting Title IV-E. Training costs for foster care are in activity HFTA. Training costs for adoption are in activity HATA. Combined training activities for foster and adoptive parents are eligible for 75% Title IV-E matching funds after a combined penetration rate (defined in Section XIII) has been applied to determine the portion benefiting Title IV-E. Training costs for combined foster/adoptive training are in activity HBTA. 3. Training activities for Title IV-E eligibility for foster care or adoption are eligible for 75% Title IV-E matching with no penetration rate being applied. Title IV-E eligibility training costs are in activity HT4E. These costs will be proportionally split between foster care and adoption based upon total number of clients in the two programs. 4. Costs for long-term training and associated administrative costs provided for personnel employed or preparing for employment by the State by universities and resulting in MSW or BSW degrees are allocated according to the combined penetration rate (KTBAB appropriation and Appendix B). Training costs are eligible for Title IV-E matching at 75%. Training costs for long-term training are in activity H4UU. Administrative costs subject to 50% IV-E participation are in H4UT. 5. Indirect costs (determined through the rate applicable to Indirect Cost Plan) associated with this training part are subject to 50% IV-E federal participation. 6. Prevention program training costs that are not allocated through the RMS will be charged to activity HPTR. Costs in HPTR are eligible for Title IV-E federal matching at 50%. No penetration rate will apply to HPTR.

Appropriation Program	**Cost Center**	**Name**	**Description**	**Funding Source**	**Allocation Method**
7300	HWTF	Maurice M Warshaw Trust Fund	Warshaw Trust Account related expenses	State Funds	Direct Cost Assignment.
KTBAB	HAMS, HBUD, HBLD, HCMS, HCOM, HGRM, ~~HDEP~~, HOFS, HPPI, HRCC, and HRGA	Child and Family Services	While employees in these activities are not part of the RMS universe, these costs represent administrative expenses that are allowable for federal reimbursement.	Title IV-E foster care, adoption and prevention administration. The non-IV-E costs in these activities are eligible for Title IV-B Part 1 (subject to the 10% administrative limitation), Title XX, Other Funds (costs in activity HOFS are netted by live scan fee collections), and State Funds.	Activities are allocated according to the RMS, with Title IV-E federal matching for allowable foster care, adoption, and prevention program costs at 50%.
KTBAB	HTRA	Child and Family Services	HTRA is for training activities for personnel employed by the State, including CCWIS training.	Title IV-E foster care, adoption and prevention training. The non-IV-E costs in this activity are eligible for Title IV-B Part 1, Title XX and State Funds.	Activity HTRA is allocated according to the RMS, with Title IV-E federal matching for allowable costs at 75%, with the exception of training costs for the prevention program which are eligible for Title IV-E federal matching at 50%. To account for HTRA training that may involve general skills and knowledge, such as general personnel requirements and team building, the percentage of HTRA costs subject to the 50% IV-E federal participation for each State fiscal year will be determined based on review of the prior State fiscal year HTRA employee training curriculum.
KTBAB	HATA, HBTA, and HFTA	Child and Family Services	Training costs for foster care are in activity HFTA. Training costs for adoption are in activity HATA. Training costs for combined foster/adoptive training are in activity HBTA.	Title IV-E foster care and adoption training. The non-IV-E costs in these activities are eligible for Title IV-B Part 1, Title XX, and State Funds.	Costs in activities HATA, HBTA, and HFTA are eligible for 75% Title IV-E federal matching. Training activities that benefit only foster care or adoption are eligible for 75% Title IV-E matching funds after the applicable penetration rate (defined in Appendix B) has been applied to determine the portion benefiting Title IV-E. Combined training activities for foster and adoptive parents are eligible for 75% Title IV-E matching funds after a combined penetration rate (defined in Appendix B) has been applied to determine the portion benefiting Title IV-E.

KTBAB	HADA	Child and Family Services	HADA is for adoption administration.	Title IV-E adoption administration. The non-IV-E costs in this activity are eligible for Title IV-B Part 1 (subject to the 10% administrative limitation), Title XX, and State Funds.	Costs are eligible for 50% administrative match after the Title IV-E adoption penetration rate has been applied, as defined in Appendix B.
KTBAB	HAGC and HGFA	Child and Family Services	HAGC is for attorney general expenses that are not IV-E allowable and HGFA is for for State Fund expenses.	State Funds.	Direct Cost Assignment.
KTBAB	HFCA	Child and Family Services	HFCA is for foster care administration.	Title IV-E foster care administration. The non-IV-E costs in this activity are eligible for Title TV-B Part 1 (subject to the 10% administrative limitation), Title XX, Other Funds (costs are netted by Interstate Compact on the Placement of Children "ICPC" fee collections), and State Funds.	Costs are eligible for 50% administrative match after the Title IV-E foster care penetration rate has been applied, as defined in Appendix B.
KTBAB	HBGC	Child and Family Services	Criminal background screening costs are in activity HBGC.	Title IV-E foster care and adoption administration. The non-IV-E costs in these activities are eligible for Title IV-B Part 1, Title XX, and State Funds.	Costs for criminal background screening for foster or adoptive families are eligible for 50% Title IVE matching funds after a combined penetration rate has been applied to determine the portion benefiting Title IV-E. The combined penetration rate is calculated using the Title IV-E foster care and adoption case counts.
KTBAB	HELG	Child and Family Services	Costs in activity HELG are for direct oversight and support of eligibility technicians.	Federal (Title IV-E fFoster cCare aAdministration) Funds.	Direct Cost Assignment. Costs are eligible for Title IV-E administrative funds at the 50% administrative match rate without application of a penetration rate.
KTBAB	HPAM	Child and Family Services	Costs in HPAM are for Title IV-E prevention program administration.	Federal (Title IV-E pPrevention aAdministration) Funds.	Direct Cost Assignment. Costs are eligible for Title IV-E federal matching at 50%, without application of a penetration rate.
KTBAB	HKNA	Child and Family Services	Costs in HKNA are for Title IV-E kinship navigator administration.	Federal (Title IV-E kKinship nNavigator aAdministration) Funds.	Direct Cost Assignment. Costs are eligible for Title IV-E federal matching at 50%, without application of a penetration rate.
KTBAB	HSTA	Child and Family Services	Costs in HSTA are for sex trafficking administration in accordance with the Title IV-E requirements.	Federal (Title IV-E fFoster cCare aAdministration) Funds.	Direct Cost Assignment. Costs are eligible for Title IV-E federal matching at 50%, without application of a penetration rate.
KTBAB	HADP, HCPS, HCIN, HGMF,HIFP, HOCL, HOHS, HPSV, and HSPA	Child and Family Services	Costs in these activities are for frontline caseworkers.	Title IV-E foster care, adoption, and prevention administration. The non-IV-E costs in these activities are eligible for Title IV-B Part 1, Title XX, and State Funds.	Activities are allocated according to the RMS, with Title IV-E federal matching for allowable foster care, adoption, and prevention program administrative costs at 50%.
KTBAB	HT4E	Child and Family Services	Title IV-E eligibility training costs are in activity HT4E.	Federal (Title IV-E foster care and adoption training) Funds.	Costs are eligible for 75% Title IV-E federal matching for foster care or adoption with no penetration rate being applied. These costs will be charged to Title IV-E foster care training.
KTBAB	HIDL	Child and Family Services	Costs in activity HIDL are for frontline caseworkers working with youth in foster care.	Title IV-E foster care administration. The non-IV-E costs in this activity are eligible for Title IV-B Part 1 , Title XX, State funding for the John H. Chafee Foster Care Program for Successful Transition to Adulthood program, and other State Funds.	Allocated according to the RMS, with Title IV-E federal matching for allowable costs at 50%. Costs may be moved from the Title IV-E allocation if there are not enough costs to meet requirements for spending for the John H. Chafee Foster Care Program for Successful Transition to Adulthood program.

KTBAB	HPDC	Child and Family Services	Costs in activity HPDC are funded from private contributions for the specific purposes of the funding received.	HPDC is funded from private contributions.	Direct Cost Assignment
KTBAB	HTRB	Child and Family Services	Costs in HTRB are for tribal programs.	Federal (Title XX) and State Funds.	Direct Cost Assignment
KTBAB	HPTR	Child and Family Services	Prevention program training costs that are not allocated through the RMS will be charged to activity HPTR.	Federal (Title IV-E prevention training) Funds.	Direct Cost Assignment. Costs are eligible for Title IV-E federal matching at 50%, without application of a penetration rate.
KTBAB	HNBA	Child and Family Services	National DCFS Men's Basketball account.	State Funds.	Direct Cost Assignment
KTBAC	HFVS	Domestic Violence	Costs for activity HFVS are for domestic violence shelter services.	State Funds.	Direct Cost Assignment
KTBAC	HSTG	Domestic Violence	Costs in activity HSTG are for miscellaneous federal or private grants. The costs associated with these grants will be identified by individual program codes.	Federal and Other Funds.	Direct Cost Assignment. The claims for financial participation will be based on the terms of the individual grant award. Family Violence Prevention and Services Act supplemental funds received as a result of the public health emergency will be posted to HSTG, with allocations being differentiated by use of program codes.
KTBAC	HSSA	Domestic Violence	Costs in activity HSSA are for services for survivors of sexual assault.	American Rescue Plan Act Grants for Sexual Assault Survivors.	Direct Cost Assignment
KTBAC	HMHC	Domestic Violence	Costs in activity HMHC are for COVID-19 testing, immunization, mobile health, and support services for survivors of domestic violence and their dependent children.	American Rescue Plan Act Family Violence Prevention and Services Program for COVID-19 testing, immunization, mobile health, and support services.	Direct Cost Assignment
KTBAC	HFVT, HODV, HNDV, and HCDV	Domestic Violence	Costs in these activities are for domestic violence treatment for adult non-offenders, adult offenders, and children.	Federal (Title XX) and State Funds.	Direct Cost Assignment
KTBAC	HFVG	Domestic Violence	Costs in activity HFVG are for FVPSA domestic violence shelter and non-shelter services.	Federal (Family Violence Prevention and Services Act grant) ~~funds~~ and State Funds.	Direct Cost Assignment
KTBAC	HGFM	Domestic Violence	HGFM is for for State Fund expenses.	State Funds.	Direct Cost Assignment
KTBAD	HIHS, and HUAT	In-Home Services	Costs in HIHS are for in-home services. Costs in HUAT are for drug testing.	Federal (Title IV-B Part 1, Title XX), and State Funds.	Direct Cost Assignment
KTBAD	HGFR	In-Home Services	These costs are funded by adoption assistance payment savings that result from children qualifying for Title IV-E adoption assistance under the "applicable child" provisions of the Fostering Connections to Success and Increasing Adoptions Act of 2008. Adoption assistance payment savings may be spent in the subsequent State fiscal year. Costs in HFGR are for in-home services to prevent entry into foster care, and for other services allowable under Title IV-B or Title IV-E of the Social Security Act.	State Funds.	Direct Cost Assignment
KTBAD	HPEP	In-Home Services	Activity HPEP is for peer parenting.	Federal (Title IV-B Part 1, Title XX), and State Funds.	Direct Cost Assignment

KTBAD	HPWS, HPSP, and HPPP	In-Home Services	The following cost centers will be utilized for the Title IV-E Prevention Program. Costs in activity HPWS are for well supported programs or services included in the approved Title IV-E Prevention Program plan. Costs in activity HPSP are for supported programs and services included in the approved Title IV-E Prevention Program plan. Costs in activity HPPP are for promising programs and services (other qualifying practices) in the Title IV-E Prevention Program plan.	HPWS - Title IV-E Prevention Services. HPSP - Title IV-E Prevention Services. Services in excess of 50% limitation starting in FFY 2024 are eligible for IV-B, SSBG, and State Funds. HPPP - Title IV-E Prevention Services. Services in excess of 50% limitation starting in FFY 2022 are eligible for IV-B, SSBG, and State Funds.	Direct Cost Assignment. Costs are eligible for Title IV-E federal matching at 50% with no penetration rate applied, subject to limitations below. ~~For each quarter in FFY 2022 and 2023, at least 50% of the combined expenditures in activities HPWS, HPSP, and HPPP must be for well-supported or supported programs or services for costs eligible for Title IV-E federal matching at 50%.~~ Beginning in FFY 2024, at least 50% of the combined expenditures in activities HPWS, HPSP, and HPPP must be for well-supported programs or services for costs eligible for Title IV-E federal matching at 50%.
KTBAD	HDTD	In-Home Services	Activity HDTD is for contracted day treatment for in-home services.	Federal (Title IV-B Part 1, Title XX)~~,~~ and State Funds.	Direct Cost Assignment
KTBAD	HGFD	In-Home Services	HGFD is for for State Fund expenditures.	State Funds.	Direct Cost Assignment
KTBAE	HSOC	Out of Home Services	Costs in activity HSOC are for system of care activities.	State Funds.	Direct Cost Assignment
KTBAE	HRN4	Out of Home Services	HRN4 is for respite care for foster parents.	Federal (Title IV-B Part 1 , Title XX)~~,~~ and State Funds.	Direct Cost Assignment
KTBAE	HFY4	Out of Home Services	Activity HFY4 includes maintenance costs for Title IV-E eligible foster children in foster family homes. Costs in this activity are netted by amounts posted to object code 7114 (maintenance costs paid by children's Social Security or Supplemental Security Income benefits or other sources).	Federal (Title IV-E foster care maintenance) Funds.	Direct Cost Assignment. Eligible for Title IV-E funding at the FMAP rate.
KTBAE	HFN4	Out of Home Services	Activity HFN4 includes maintenance costs for non-IV-E eligible foster children. Costs in this activity are netted by amounts posted to object code 7114 (maintenance costs paid by children's Social Security or Supplemental Security Income benefits or other sources).	State Funds.	Direct Cost Assignment
KTBAE	HHY4	Out of Home Services	Activity HHY4 includes maintenance costs for high cost foster family home placements for Title IV-E eligible foster children. Costs in this activity are netted by amounts posted to object code 7114 (maintenance costs aid by children's Social Security or Supplemental Security Income benefits or other sources).	Federal (Title IV-E foster care maintenance) Funds.	Direct Cost Assignment. Eligible for Title IV-E funding at the FMAP rate.
KTBAE	HHN4	Out of Home Services	HHN4 includes maintenance costs for non-IV-E eligible foster children in high cost placements. Costs in these activities are netted by amounts posted to object code 7114 (maintenance costs paid by children's Social Security or Supplemental Security Income benefits or other sources).	State Funds.	Direct Cost Assignment
KTBAE	HSUM	Out of Home Services	Activity HSUM includes maintenance costs for Title IV-E eligible foster children placed with a parent in substance use residential treatment programs.	Federal (Title IV-E foster care maintenance) Funds.	Direct Cost Assignment. Eligible for Title IV-E funding at the FMAP rate.
KTBAE	HQY4	Out of Home Services	Costs in activity HQY4 include maintenance costs in qualified residential treatment programs for IV- E eligible foster children. Costs in this activity are netted by amounts posted to object code 7114 (maintenance costs aid by children's Social Security or Supplemental Security Income benefits or other sources).	Federal (Title IV-E foster care maintenance) Funds.	Direct Cost Assignment. Costs are eligible for Title IV-E federal matching at the FMAP rate.

KTBAE	HQN4	Out of Home Services	Costs in activity HQN4 include maintenance costs in qualified residential treatment programs for non- IV-E eligible foster children. Costs in this activity are netted by amounts posted to object code 7114 (maintenance costs aid by children's Social Security or Supplemental Security Income benefits or other sources).	State Funds.	Direct Cost Assignment
KTBAE	HNSS	Out of Home Services	Costs in activity HNSS include maintenance costs in non-specified settings for IV-E eligible foster children, limited to 14 days. Costs in this activity are netted by amounts posted to object code 7114 (maintenance costs paid by children's Social Security or Supplemental Security Income benefits or other sources).	Federal (Title IV-E foster care maintenance) Funds.	Direct Cost Assignment. HNSS costs are eligible for Title IV-E federal matching at the FMAP rate.
KTBAE	HNUR	Out of Home Services	Costs in activity HNUR include costs for nursing services in qualified residential treatment programs for Title IV-E and non-IV-E eligible foster children.	State Funds.	Direct Cost Assignment
KTBAE	HDTR and HGTT	Out of Home Services	Activities HDTR and HGTT are for contracted day treatment and tracking.	Federal (Title IV-B Part 1, Title XX) and State Funds.	Direct Cost Assignment
KTBAE	HKNP	Out of Home Services	Costs in HKNP are for kinship navigator services in accordance with the Title IV-E Evidence-Based Kinship Navigator Program requirements.	Federal (Title IV-E kinship navigator services) Funds.	Direct Cost Assignment. Costs are eligible for Title IV-E federal matching at 50% with no penetration rate applied.
KTBAE	HGFE	Out of Home Services	HGFE is for for State Fund expenses.	State Funds.	Direct Cost Assignment
KTBAE	HNY4	Out of Home Services	Activity HNY4 includes special needs costs, allowable within the definition of foster care maintenance, for Title IV-E eligible foster children.	Federal (Title IV-E foster care maintenance) Funds.	Eligible for Title IV-E funding at the FMAP rate.
KTBAE	HNN4	Out of Home Services	Activity HNN4 includes special needs costs for foster children who are not Title IV-E eligible and special needs costs that are not allowable within the definition of foster care maintenance.	Federal (Title XX), and State Funds.	Direct Cost Assignment
KTBAE	HTY4	Out of Home Services	Activity HTY4 includes costs for reasonable travel for Title IV-E eligible foster children for visits to parents, siblings, other relatives, or primary caregivers or transportation to the school a child in foster care attended prior to removal from the home.	Federal (Title IV-E foster care maintenance) and State Funds.	Direct Cost Assignment. Eligible for Title IV-E funding at the FMAP rate.
KTBAE	HCY4	Out of Home Services	Activity HCY4 includes foster child transportation costs for Title IV-E eligible children required for administration of the Title IV-E foster care program, such as transportation for placement or for case reviews, judicial reviews, or other court activities.	Federal (Title IV-E Foster Care Administration) and State Funds	Direct Cost Assignment. These costs are eligible for Title IV-E administrative reimbursement at 50% match.
KTBAE	HTN4	Out of Home Services	Activity HTN4 includes transportation costs for family visits and case management activities for foster children who are not Title IV-E eligible. It also includes other non-IV-E transportation costs for all foster children and transportation of parents to visit children in foster care.	Federal (Title IV-B Part 1, Title XX), and State Funds.	Direct Cost Assignment
KTBAE	HNMC	Out of Home Services	Activity HNMC includes medical costs for foster children who are not Medicaid eligible and for medical services not covered by Medicaid that were provided to foster children.	State Funds.	Direct Cost Assignment
KTBAE	HOMS	Out of Home Services	Costs in HOMS are for out of home services, largely focused on mental health services.	Federal (Title IV-B Part 1, SSBG) and State Funds.	Direct Cost Assignment

KTBAF	HGSP	Adoption Assistance	Costs in activity HGSP are for guardianship subsidies.	Federal (Title IV-B Part 1) and State Funds.	Direct Cost Assignment
KTBAF	HSAO	Adoption Assistance	Costs in activity HSAO are for monthly adoption assistance for children with special needs who are not Title IV-E eligible.	State Funds.	Direct Cost Assignment
KTBAF	HSAY	Adoption Assistance	Costs in activity HSAY are for monthly adoption assistance for children with special needs who are Title IV-E eligible.	Federal (Title IV-E adoption assistance) Funds.	Direct Cost Assignment. These costs are eligible for Title IV-E funding at the FMAP rate.
KTBAF	HSAE	Adoption Assistance	Costs in activity HSAE are for non-recurring adoption expenses for children with special needs.	Federal (Title IV-E adoption administration) Funds.	Direct Cost Assignment. These costs are eligible for Title IV-E funding at the 50% administrative match rate.
KTBAF	HSAN	Adoption Assistance	Costs in activity HSAN are for supplemental special needs payments for adoptive families of children with special needs.	State Funds.	Direct Cost Assignment
KTBAF	HGFI	Adoption Assistance	These costs are funded by adoption assistance payment savings that result from children qualifying for Title IV-E adoption assistance under the "applicable child" provisions of the Fostering Connections to Success and Increasing Adoptions Act of 2008. Adoption assistance payment savings may be spent in the subsequent State fiscal year. Costs in HFGI are for post-adoption services and for other services allowable under Title IV-B or Title IV-E of the Social Security Act.	State Funds.	Direct Cost Assignment
KTBAF	HGFP	Adoption Assistance	HGFP is for for State fund expenses.	State Funds.	Direct Cost Assignment
KTBAG	HCSN	Child Abuse and Neglect Prevention and Facility Services	Activity HCSN is for crisis nurseries.	Federal (Title IV-B Part 1, Title XX), and State Funds.	Direct Cost Assignment
KTBAG	HSHC	Child Abuse and Neglect Prevention and Facility Services	Activity HSHC is for the Northern Region Christmas Box House ~~and contracted shelter services for foster children~~. IV-E foster care FFP claiming for up to 14 days for children placed in a Child Care Institution (CCI) that is not a Qualified Residential Treatment Program (QRTP). A daily rate is calculated using prior state fiscal year total operating costs divided by the number of shelter nights.	~~Title IV-B Part 1,~~ Title IV-E foster care maintenance, ~~Title XX,~~ and State Funds	Direct Cost Assignment
KTBAG	HFEN	Child Abuse and Neglect Prevention and Facility Services	Activity HFEN includes maintenance costs for non-IV-E eligible foster children in emergency foster care or shelter facilities including contracted shelter services for foster children.	Title IV-B Part 1, SSBG and State Funds.	Direct Cost Assignment
KTBAS, KTBAG	HCSA	~~DCFS Selected Programs,~~ Child Abuse and Neglect Prevention and Facility Services	Activity HCSA is for the Community-Based Child Abuse Prevention grant, which includes costs for child abuse prevention activities and administration.	CBCAP Grant and matching State Funds, including supplemental CBCAP funding granted as a result of the public health emergency , which is eligible for 100% FFP and will be differentiated by use of a program code.	Direct Cost Assignment
KTBAG	HGFG	Child Abuse and Neglect Prevention and Facility Services	Activity HGFG is for facility-based expenditures allowable with State Funds.	State Funds.	Direct Cost Assignment
KTBAG	HNTE	Child Abuse Prevention and Facility Services	Costs in activity HNTE are for child abuse prevention activities and services.	State Funds.	Direct Cost Assignment

KTBAS	HMSO	DCFS Selected Programs	CCWIS Operational Cost Allocation Costs for activity HMSO are for the operation of the Division's MIS programs. While employees in this activity are not part of the RMS universe, these costs represent administrative expenses that are allowable for federal reimbursement. CCWIS eligible costs benefit the Foster Care, Adoption, and Prevention programs.	Title IV-E Foster Care Administration. The non-IV-E costs in this activity are eligible for Title IV-B Part 1, Title XX, and State Funds.	Costs are allocated according to the RMS, except that all strikes for the Adoption and Out of Home categories will be allocated to Title IV-E without applying the penetration rate. Title IV-E will be matched at the 50% administrative rate for allowable costs.
KTBAS	HMS2	DCFS Selected Programs	CCWIS Development Cost Allocation Costs in activity HMS2 are for MIS development costs for CCWIS designated projects with an approved APD where the costs are eligible for 50% Title IV-E federal matching. CCWIS eligible costs benefit the Foster Care, Adoption, and Prevention programs.	Federal Funds (Title IV-E Foster Care Administration) and State Funds	Direct Cost Assignment. Costs are eligible for 50% Title IV-E federal matching.
KTBAS	HMS4	DCFS Selected Programs	Child Welfare MIS (SAFE/CCWIS)Costs in activity HMS4 are for MIS developmental costs for CCWIS designated projects not subject to the APD approval process where the associated automated function is eligible for 50% Title IV-E federal matching. CCWIS eligible costs benefit the Foster Care, Adoption, and Prevention programs.	Federal Funds (Title IV-E Foster Care Administration) and State Funds	Direct Cost Assignment. Costs are eligible for 50% Title IV-E federal matching.
KTBAS	HMSX	DCFS Selected Programs	Child Welfare MIS (SAFE/CCWIS) Costs in activity HMSX are for MIS developmental costs for Non-CCWIS designated projects not subject to the APD approval process where the associated automated function is not eligible for the CCWIS cost allocation method. While employees in these activities are not part of the RMS universe, these costs represent administrative expenses that are allowable for federal reimbursement.	Title IV-E Foster Care Administration. The non-IV-E costs in these activities are eligible for Title IV-B Part 1, Title XX, and State Funds.	Allocated according to the RMS, with Title IV-E federal matching for traditional allowable costs at 50%.
KTBAS	HGFS	DCFS Selected Programs	HGFS is for for State Fund expenses.	State Funds.	Direct Cost Assignment
KTBAS	HAIG	DCFS Selected Programs	Activity HAIG is for the Adoption and Guardianship Incentive Grant, which includes costs that are allowable under Title IV-B or Title IV-E of the Social Security Act.	Federal (Adoption and Guardianship Incentive Grant)	Direct Cost Assignment
KTBAS	HCAP	DCFS Selected Programs	Activity HCAP is for the Child Abuse Prevention and Treatment Act (CAPTA) state grant, which includes costs for child protective services, CPS system improvements and administration.	Federal Funds (CAPTA Grant), and State Funds. ~~including supplemental CAPTA funding granted as a result of the public health emergency, which will be differentiated by use of a program code.~~	Direct Cost Assignment
KTBAS	HFAT, HFFP, HFPA, HFPG, HFPR and HCWV	DCFS Selected Programs	These activities are for the MaryLee Allen Promoting Safe and Stable Families Program and for the Caseworker Visits grant, which are both authorized under Title IV-B subpart 2. This includes costs for family support, family preservation, family reunification, and adoption promotion and support; and also includes training and activities to strengthen caseworker skills and to support caseworker recruitment and retention.	Federal Funds (Title IV-B Subpart 2 Promoting Safe and Stable Families Grant and the Caseworker Visit grant) and ~~matching~~ State Funds.	Direct Cost Assignment
KTBAS	HTAL	DCFS Selected Programs	This activity is for the John H. Chafee Foster Care Successful Transition to Adulthood grant, which includes costs to assist youth in foster care and former foster youth with skill development and living expenses to help them be successful as adults.	Federal (John H. Chafee Foster Care Successful Transition to Adulthood Grant) and State Funds.	Direct Cost Assignment
KTBAS	HETV	DCFS Selected Programs	This activity is for the Chafee Education and Training Voucher program, which includes costs to assist former foster youth and adoptive children with post-secondary education and skills training.	Federal Funds (Education and Training Voucher Grant) and State Fund~~s~~ing, ~~including supplemental ETV funding granted as a result of the public health emergency, which is eligible for 100% FFP and will be differentiated by use of a program code.~~	Direct Cost Assignment
KTBAS	HSTF	DCFS Selected Programs	Activity HSTF is used for miscellaneous federal or private grants. The costs associated with these grants will be identified by individual program codes.	Federal and Other Funds.	Direct Cost Assignment

KTBAS	HACF	DCFS Selected Programs	Activity HACF is used for a private foundation grant with Casey Family Programs. Costs in this activity address joint priorities to improve the child welfare system.	Federal (Casey private foundation grants) Funds.	Direct Cost Assignment
KTBAS	HKIN	DCFS Selected Programs	Activity HKIN is for the Kinship Navigator Program Grant under Title IV-B Subpart 2 of the Social Security Act, which includes costs to provide support to kin who are caring for relative children in accordance with federal program requirements.	Federal (Kinship Navigator Program Grant under Title IV-B Subpart 2 of the Social Security Act) Funds	Direct Cost Assignment
KTBAS	HFTG	DCFS Selected Programs	Activity HFTG is for the Family First Transition Act, Transition Grant, which includes costs that are allowable under Title IV-B or Title IV-E of the Social Security Act, and costs associated with implementation of the Family First Prevention and Services Act and transition from the Title IV-E waiver.	Federal (Family First Transition Act , Transition Grant) Ffunds.	Direct Cost Assignment
KTBAS	HFCG	DCFS Selected Programs	HFCG is for the Family First Transition Act, Funding Certainty Grant. Costs can include those allowable under the IV-E waiver to assist in the transition from the IV-E waiver.	Federal (Family First Transition Act, Funding Certainty Grant) Ffunds.	Direct Cost Assignment
KTBAS	H4UU, H4UT, and H4UP	DCFS Selected Programs	H4UU includes costs for contracts with local universities for training of employees and individuals preparing for employment, including undergraduate social work and graduate degree program. H4UT includes costs for contracts with local universities for administrative activities for foster care and adoption, including research. H4UP includes costs for contracts with local universities for administrative activities for the Title IV-E prevention program, including research. DCFS claims 100% Title IV-E reimbursement for the portion of costs billed for these activities. The participating local university has the non-eligible and state match State Fund costs in its accounting records, and DCFS maintains the Title IV-E costs in the Division's accounting records. The Division will pay each participating local university based on an invoice, then will submit a claim for Title IV-E reimbursement.	For H4UU the title IV-E costs will be reported entirely to foster care administration. For H4UT, the Title IV-E costs will be proportionally split between the foster care and adoption assistance administration. For H4UP, the title IV-E costs will be reported to the prevention program administration.	H4UU Using the combined penetration rate, the participating local university bills the Division for the Title IV-E eligible portion of the cost less state match. For training activities, the federal matching rate of 75% is utilized in accordance with 45 CFR 1356.60, after application of the combined penetration rate. H4UT For administrative and research activities using the combined penetration rate, the federal Title IV-E matching rate of 50% is utilized. H4UP For administrative and research activities the federal Title IV-E matching rate of 50% is utilized. No penetration rate is applied.
KTBAS	H4GL and HCGL	DCFS Selected Programs	H4GL includes allowable administrative costs for legal representation through the Office of the Guardian ad Litem (GAL) for children in foster care to prepare for and participate in all stages of foster care related legal proceedings. HCGL includes allowable administrative costs for legal representation through the Office of the Guardian ad Litem (GAL) for children who are candidates for foster care with court involvement to prepare for and participate in all stages of legal proceedings. The Title IV-E agency has an agreement with GAL to provide a mechanism for Title IV-E to support legal representation for children in foster care and children who are candidates for foster care to prepare for and participate in all stages of foster care legal proceedings. DCFS is responsible to monitor the agreement with GAL. The GAL will transfer costs allowable for Title IV-E participation for legal representation of children to DCFS. GAL will transfer funds for the State match portion of the legal representation costs for children to DCFS. The client counts used in calculating the foster care penetration rate and the candidate for foster care penetration rate are used to determine allowable costs posted to H4GL and HCGL. The applicable penetration rates are used to identify the portion of funds attributable to Title IV- E.	Federal Funds (Title IV-E Foster Care Administration) and State Funds	For H4GL, the portion of costs applicable to Title IV-E is determined by applying the Title IV-E foster care penetration rate, as defined in Appendix B, to allowable legal representation costs for children in foster care. Costs are eligible for Title IV-E federal matching at 50% for allowable administrative costs. For HCGL, the portion of costs applicable to Title IV-E is by applying both the Title IV-E foster care penetration rate and foster care candidate penetration rate, as defined in Appendix B, to allowable legal representation costs applicable to children who are candidates for foster care. Costs are eligible for Title IV-E federal matching at 50% for allowable administrative costs.

KTBAS	H4PD and HCPD	DCFS Selected Programs	H4PD includes allowable administrative costs for legal representation for parents of children in foster care to prepare for and participate in all stages of foster care related legal proceedings. HCPD includes allowable administrative costs for legal representation for parents of children who are candidates for foster care with court involvement to prepare for and participate in all stages of legal proceedings. The Title IV-E agency has an agreement with the Utah Commission on Criminal and Juvenile Justice Indigent Defense Commission (IDC) to provide a mechanism for Title IV-E to support legal representation for parents of children in foster care and parents of children who are candidates for foster care to prepare for and participate in all stages of foster care legal proceedings. IDC is responsible for establishing agreements with counties or organizations representing multiple counties that provide legal representation for parents. DCFS is responsible to monitor the agreement with IDC. IDC will transfer costs allowable for Title IV-E participation for legal representation of parents to DCFS. IDC will transfer funds for the State match portion of the legal representation costs for parents to DCFS. The client counts used in calculating foster care penetration rate and the candidate for foster care penetration rate are used to determine allowable costs posted to H4PD and HCPD. The applicable penetration rates are used to identify the portion of funds attributable to Title IV-E. The IDC transfer to DCFS includes legal representation costs and state match funds from local governments.	Federal (Title IV-E Foster Care Administration) and State Funds	For H4PD, the portion of costs applicable to Title IV-E is determined by applying the Title IV-E foster care penetration rate, as defined in Appendix B, to allowable legal representation costs for parents of children in foster care. Costs are eligible for Title IV-E federal matching at 50% for allowable administrative costs. For HCPD, the portion of costs applicable to Title IV-E is determined by applying both the Title IV-E foster care candidate and foster care penetration rate and foster care candidate penetration rate, as defined in Appendix B, to allowable legal representation costs applicable to parents of children who are candidates for foster care. Costs are eligible for Title IV-E federal matching at 50% for allowable administrative costs.
KTBAT	H4AG and HCAG	DCFS Attorney General	H4AG includes allowable administrative costs for representing the Title IV-E agency incurred by the Utah State Attorney General's Office to prepare for and participate in all stages of foster care related legal proceedings pertaining to Title IV-E eligible children in foster care. HCAG includes allowable costs for representing the Title IV-E agency incurred by the Utah State Attorney General's Office to prepare for and participate in all stages of legal proceedings pertaining to children who are candidates for foster care with court involvement.	Federal (Title IV-E Foster Care Administration) and State Funds	For H4AG, the portion of costs applicable to Title IV-E is determined by applying the Title IV E foster care penetration rate, as defined in Appendix B to allowable legal representation costs. Costs are eligible for Title IV-E federal matching at 50% for allowable administrative costs. For HCAG, the portion of costs applicable to Title IV-E is determined by applying both the Title IV E foster care penetration rate and foster care candidate penetration rate, as defined in Appendix B, to allowable legal representation costs. Costs are eligible for Title IV-E federal matching at 50% for allowable administrative costs.

B) Family Health

The Division of Family Health partners with individuals, families and communities to improve health, safety and quality of life through education, prevention, screening, assessment, monitoring and interventions.The Division strives to assure that women, infants, children, and their families have access to comprehensive, coordinated, affordable, community-based quality health care. These health care services are available to all residents of the State according to their ability to pay, but primary clients are women, infants, and children who have special health care needs and low-income residents of the State. The Division coordinates efforts, identifies needs, prioritizes programs, and develops resources necessary to reduce illness, disability and death from adverse pregnancy outcomes and disabling conditions.
The major federal programs are the Women, Infants, and Children (WIC) Program, the Maternal and Child Health (MCH) Block (MCHB) Grant, and the Baby Watch/Early Intervention Program (BWEIP).

Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
KTBAK	7701	Director's Office	The Office of the Director assures that all programs in the Division are effectively pursuing optimal health outcomes for Utah's most vulnerable populations in selected areas, including programs for women, infants, children and their families. This is done by providing leadership, coordinating oversight, and effectively managing all the resources and programs of the Division. Many of the Divisions programs work in partnership with Local Health Departments (LHDs) and others in the community to provide effective and efficient programs to the public.	Funded with State Funds and Other Funds.	Direct Cost Assignment ~~allocated across all funding units~~
KTBAK	7702-7703	Financial Administrative Services	Financial Administrative Services provides financial management services by establishing procedures and controls over budgets, contracts, and grants. It ensures the accuracy of all financial transactions, compliance with financial policies and regulations, and prepares billings for public health services.	Funded with State Funds and various Federal Funds that correspond to the programs that are supported by the Financial Administrative Services team including Maternal and Child Health (MCH) Block Grant Funds.	Direct Cost Assignment.
KTBAK	7609	DFH Clearing Account	DFH uses their clearing account to further allocate department costs such as HR, DTS charges, OS&M, AAG (DFH program specific), Insurance, etc.	Clearing Account	Costs are allocated according to FTE count.

B1) Maternal and Child Health					
Overview	Office of Maternal and Child Health		The Maternal and Child Health Office (OMCH) includes more than 35 highly skilled public health professionals working to improve the health of mothers, infants, children, youth, and their families. The OMCH Programs includes Data Resources, Maternal and Infant Health, ~~Oral Health~~, ~~Pregnancy Risk Line~~, Commodity Supplemental Food Program, Adolescent Health, the Utah Women and Newborn Quality Collaborative, and WIC. Programs focus on various public health functions such as: surveillance and analysis of data related to maternal experiences before, during, and after pregnancy, review of maternal, fetal, and infant deaths, and monitoring pregnancy outcomes, oral health, and child health. These functions are accomplished through outreach such as education of public Health care providers, collaborative efforts with LHDs, community health centers (CHC), universities, health care providers, the private provider community, and community-based organizations, schools, and media/social media.		Direct Cost Assignment.
KTBAJ	7710, 7711, 7713, 7705	Office of Maternal and Child Health Administration	MCHB Administration provides public health leadership and consultation for improving the health of women, mothers, infants, children, and adolescents in the State. The Office provides leadership for most maternal and child health efforts in the state through these programs which are shown on the Organizational Chart in Section I, Part C, and are discussed below.	Funded with federal MCH Block Grant funds for MCH administration and pass through to LHDs, and State Funds for inmate contraceptive reimbursements.	Direct Cost Assignment.
KTBAJ	7714, 7719, 7720-7734, 7709~~,~~	Maternal and Infant Health Program (MIH)	The mission of the Maternal and Infant Health (MIH) program is to improve the health of women at childbearing age and their infants by reducing preventable illness, disability and death related to pregnancy, birth, and infancy through the promotion of healthy lifestyles and optimal health care. Various components of the MIH include Prenatal/Family Planning, Health Education, Pregnancy Risk Assessment Monitoring System (PRAMS), and the Perinatal Mortality Review (PMR) component.	Funded with State Funds, federal MCH Block Grant, the federal PRAMS Grant, the Sudden Unexpected Infant Death grant, Other Funds from revenue agreements with the Centers for Disease Control and Prevention Foundation and Utah State University, transfer revenue from the Department of Workforce Services, the federal Maternal Mortality Review grant, and Medicaid Title XIX funds.	Direct Cost Assignment. The FFP for the PRAMS component is calculated at the 50 percent administrative rate. The Medicaid Eligibility Rate (MER) is calculated based on the percent of Medicaid eligible births in the State for the most recent year. Medicaid funding is drawn down based on that percentage of the costs for providing these administrative activities.
KTBAJ	7740-7742	Utah Women and Newborns Quality Collaborative Program	The Utah Women and Newborns Quality Collaborative (UWNQC) is a state-wide network of professionals, hospitals and clinics dedicated to improving the health outcomes for Utah women and babies using evidence-based practice guidelines and quality improvement processes.	Funded with State Funds for fetal alcohol exposure education, the federal UWNQC grant, the federal Alliance for Innovations in Maternal Health grant, and federal MCH Block Grant.	Direct Cost Assignment.
KTBAJ	7712, ~~7732~~, 7745-7746	Adolescent Health Program	The Adolescent Health Program provides sexual health education, parent education, positive youth development programs, and social emotional learning (SEL) resources. The program seeks to educate and empower youth, families, and communities to prevent teen pregnancy, strengthen connections, build SEL skills, and improve adolescent health outcomes.	Funded with the MCH Block Grant, Personal Responsibility Education Program (PREP) and Sexual Risk Avoidance Education (SRAE)~~, and Interagency Outreach Training Initiative (IOTI) grants~~	Direct Cost Assignment.
KTBAJ	7750	Commodity Supplemental Food Program (CSFP)	The Commodity Supplemental Food Program (CSFP) is a federally funded program designed to provide supplemental food and nutritional education to seniors over 60, who meet the following criteria to be certified and eligible for CSFP authorized foods: 1) A resident of Utah and county served by CSFP, 2) A member of the age or category of population served by CSFP, 3) Income at or below 130 percent of the Federal Poverty Level for seniors age 60 or above.	Funded with Federal Funds from USDA.	Direct Cost Assignment.

KTBAJ	7748-7749	Data Resources Program (DRP)	The Data Resources Program (DRP) provides health data and information support to programs within the Offices of Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN), LHDs, universities, community-based health organizations, and the public. The Program is multi-pronged in its approach as it aims to increase access to health information and data, provide analytic consultation, web services, and data training. DRP acts as a resource programs addressing the MCH populations data sources and status of certain health indicators. The Program facilitates the coordination of multi-program projects, surveys, reports, and system integration.	Funded with federal MCH Block Grant and the federal State Systems Development Initiative grant.	Direct Cost Assignment.
KTBAJ	7751-7765	Women, Infants, and Children (WIC) Program	WIC is designed to provide supplemental food and nutritional education to pregnant, breast-feeding, or postpartum women, infants, and children up to five years of age. Included are individuals from low-income families who are determined to be at nutritional risk because of inadequate nutrition, health care, or both. WIC is specifically designed to serve as an adjunct to good health care during critical periods of human growth and development.	Funded by the USDA WIC federal grant, and Other Funds from formula rebates.	Direct Cost Assignment.
~~KTBAJ~~	~~7715~~	~~Oral Health Program (OHP)~~	~~The Oral Health Program (OHP) improves the oral health status of Utah residents by developing, implementing, and promoting effective prevention and supporting dental access programs at both State and community levels.~~	~~Federal Funds (including MCH Block Grant).~~	~~Direct Cost Assignment.~~
~~KTBAJ~~	~~7722, 7727-7729~~	~~Pregnancy Risk Line (PRL)~~	~~Pregnancy Risk Line (PRL) is an evidenced-based program established in 1984 that provides information on possible risks to pregnancy outcomes to health care providers and the public, including Medicaid participants. Trained teratogen counselors provide valuable information on the risk of birth defects and medical side effects for pregnant women or nursing babies when a mother takes medications, gets an infection, or has an environmental exposure. Risk determinations for medication, substances, infections, and environmental exposures are developed, approved, and supervised by the PRL medical directors including a Medical Geneticist at the University of Utah, Health Sciences Center, a Perinatal Geneticist at Intermountain Health care and a pharmacist with the University of Utah, Department of Pharmacy Practice.~~	~~Funded with the federal MCH Block Grant, Medicaid Title XIX Funds, and Other Funds from collections and a revenue agreement with the Organization of Teratology Information Services.~~	~~The FFP for this program is calculated at the 50 percent rate in accordance with 42 CFR, 432.50 (b) (6). Medicaid Eligibility Rate (MER) is calculated based on the percent of Medicaid eligible births in the State for the most recent year. Medicaid funding is drawn down based on the percentage of the costs for providing these activities.~~

B2) Early Childhood					
Overview	Office of Early Childhood		The Office of Early Childhood (OEC) promotes and enhances positive growth, development and learning for every Utah child from birth through age 8. The OEC programs include the Home Visiting Program, Baby Watch Early Intervention Program, Early Childhood Utah and the Child Health Advanced Records Management (CHARM) Program.		Direct Cost Assignment.
KTBAM	7773, 7775 and 7785	Home Visiting Program (HVP)	The Home Visiting Program (HVP) was established in 2008, through funding from the federal Department of Health and Human Services, Administration for Children and Families, supporting Maternal, Early Childhood, Infants, and Children Home Visiting (MIECHV) grant. This program develops a coordinated service continuum of evidence-based home visiting that supports the positive health, safety and development of young children and their families. The HVP contracts with the LHDs or community-based agencies to provide evidence-based home visiting services to families at risk for child maltreatment, and poor development and health outcomes. Programs are implemented in communities identified as having a high concentration of poverty, child maltreatment, low birth weight babies, crime, unemployment, etc. Services include child health and development assessment, parent education on topics ranging from safety, nutrition, discipline, and other areas important to parents.	~~Federal (including Affordable Care Act~~, Maternal Infant and Early Childhood Home Visiting program (MIECHV), ~~and~~ TANF and ~~State~~ Funds.	Direct Cost Assignment.
KTBAM	7770-7772	Early Childhood Utah	The mission of Early Childhood Utah is to support Utah parents in their efforts to ensure that their children enter school healthy and ready to learn. Early Childhood Utah supports communities as they build and integrate early childhood cross-service systems in the following areas: Access to Health Care and Medical Homes, Early Care and Education, Parenting Education and Family Support, and Social-Emotional Development and Mental Health. One major goal of Early Childhood Utah is the statewide increased use of the Ages and Stages (ASQ) developmental screening program. Early Childhood Utah staff train participants statewide in the use of the ASQ developmental screening program, as well as providing the ASQ materials needed for implementation. Early Childhood Utah also supports the statewide expansion of the Help Me Grow (HMG) program. The HMG program serves as a model of a coordinated local inter-agency resource and referral agency for parents of young children. HMG is a free information and referral line that connects parents, health care, and service providers to community resources. HMG is a centralized call center integrated into the 2-1-1 Information & Referral telephone line.	Early Childhood Utah receives federal funds through the MCH block grant and various other federal grants, as well as pass through funds from other State and non-profit entities.	Direct Cost Assignment.

KTBAM	7783-7784	Child Health Advanced Record Management (CHARM) Program	The CHARM Program is a concerted effort with stakeholders to create an integrated electronic virtual health profile for every child in Utah and allow real-time digital access and data sharing among appropriate health care programs and partners.	Funded with the federal MCH Block grant and pass through funds from the Department of Workforce Services.	Direct Cost Assignment.
KTBAM	77768-7782	Baby Watch/Early Intervention (BWEI) Program	The Baby Watch Early Intervention Program provides early intervention/developmental services for young children from birth to three years of age, with moderate to severe developmental delays and/or disabilities. A child with a moderate delay in one or more of the following areas qualifies for services: cognitive, communication, social or emotional, adaptive, or physical development (includes motor, hearing, vision). Services include multidisciplinary evaluation and assessment, service coordination, provision of specialty and therapy services such as special instruction, nursing, physical, occupational, and/or speech therapy, family instruction, and other related services and strategies to build on the family's strengths and the child's potential. Services are available statewide through 13 local agencies with written contracts and are provided in the child's natural environment, including the home, and community settings in which children without disabilities participate. In addition, the Department employs staff to provide Early Intervention services to the Weber Morgan area.	The providers bill Medicaid directly for the services provided to Medicaid eligible children. On a quarterly basis, Medicaid bills the BWEI Program for the required State match for the Early Intervention services billed by the providers. BWEI Program is funded with State Funds, and federal funds through the "Infants and Toddlers with Disabilities" grant, Individuals with Disabilities in the Education Act (IDEA).	Direct Cost Assignment.

B3) Children with Special Health Care Needs (CSHCN)					
Overview	Office of Children with Special Health Care Needs (CSHCN)		CSHCN Programs provide access to quality health care and related services to reduce preventable death, disability, and illness due to chronic and disabling conditions by providing access to affordable high-quality health screening, education, surveillance, and service coordination and referrals.		
KTBAH	7660-7661	CSHCN Office Administration	The Administrative Office for CSHCN provides oversight, coordination, and support for programs serving children with special Health care needs. This office is responsible for statewide needs assessment, planning, and evaluation of services for all children who have chronic health problems. CSHCN encompasses programs serving special needs children.	Funded with State Funds and Title V federal MCH Block Grant funds.	Personnel Costs - SPMP (see Waiver Nurse Team or Resident Assessment profile under Appendix C.3)
KTBAH	7663	Autism Systems Development Program	The Autism Systems Development Program seeks to reduce the age of diagnosis for children with Autism Spectrum Disorder by monitoring occurrence, promoting screening efforts, referring to services, facilitating research and providing education and outreach.	Funded with Other Funds revenue through a revenue agreement with the University of Utah and with Title V federal MCH Block Grant funds	Direct Cost Assignment.
KTBAH	7662	Adult Autism Treatment Account Program	The Adult Autism Treatment Account Program improves health outcomes for adults on the autism spectrum who require significant supports, by awarding grants to providers for evidence-based treatments.	Funded with restricted State Funds and Other Funds from donations to the program.	Direct Cost Assignment.
KTBAH	7664	CSHCN Diaper Fund	The intended outcome of this grant is to assist Utah families with young children and ensure they have access to an adequate supply of Diapering Supplies to support child health and well-being.	State Funds	Direct Cost Assignment.
KTBAH	7670-7674, ~~7709~~	Early Hearing Detection and Intervention (EHDI)	The mission of CSHCN's Early Hearing Detection & Intervention Programs (EHDI) is to help assure optimal communication development for Utah children through a collaborative statewide system of education, prevention, early screening, early identification, early intervention, and care coordination. Specific target populations include newborns, infants, young children, children in areas lacking alternative care, children of low-income families, and children with special health care needs.	Funded federally through the federal Title V MCH Block Grant, the Epidemiology and Lab Capacity grant, a CDC-EHDI cooperative agreement and Other Funds from fees received from the Department's sale of newborn screening kits. The Children's Hearing Aid Program (CHAP) provides funding for hearing aids to financially eligible hearing-impaired infants and children under the age of six years and is funded with State Funds.	Direct Cost Assignment.
KTBAH	7680	Integrated Services Programs	The Integrated Services Program supports three target areas for children and youth with special health care needs: Medical Home, Transition to Adulthood, and Care Coordination. Integrated Services care coordinators, a multi-disciplinary team (nursing, social work, speech pathology, and public health providers) who provide family-centered care coordination for CYSHCN around the State, educate providers about the Medical Home concept, and work with youth to establish realistic and age-appropriate goals to prepare them for young adult life. Staff work to ensure referral to and connection with Medicaid eligibility and service providers is coordinated.	Funding for these activities is provided through a combination of federal Title V MCH Block Grant funds and Medicaid Administrative Case Management funds.	Personnel Costs - SPMP (see Waiver Nurse Team or Resident Assessment profile under Appendix C.3)

KTBAH	7781	Afghan Early Childhood Services	The Afghan Early Childhood Care Coordination Services team meets with and connects federal Office of Refugee Resettlement-eligible (ORR) Afghan refugee families who have children aged birth through five to physical and behavioral health providers, early childhood educational resources (high quality childcare, Early Head Start, Head Start), Medicaid, WIC, and other social services; screens children for developmental delays and autism and makes appropriate referrals; screens mothers for mental health status and makes appropriate referrals; and tracks and reports outcomes to DWS and DHHS.	Other Funds (DWS Transfers)	Direct Cost Assignment
KTBAH	7685	Fostering Healthy Children Program	The Fostering Healthy Children Program consists of nurses and staff who work in partnership with Division of Child and Family Services to coordinate health care services including medical, dental, and mental health for Utah foster children.	Funded by State Funds and Medicaid Funds. DHHS funds are used as state matching funds to claim Title XIX FFP and to cover other non-Medicaid allowable costs.	Personnel Costs - SPMP (see Waiver Nurse Team or Resident Assessment profile under Appendix C.3)
KTBAH	7690-7691	Utah Birth Defects Network (UBDN)	The UBDN is a statewide surveillance system that monitors the occurrence of major structural birth defects in Utah. The UBDN uses this information to assess the prevalence of birth defects occurring in Utah; conduct epidemiological studies to determine risk factors that may contribute to birth defects; educate women and health-care providers about these epidemiologic studies of risk factors in Utah women; evaluate whether education has decreased specific birth defects; and identify where clusters of birth defects are occurring.	Funded with MCH grant funds, a federal revenue transfer from the Division of Population Health's Utah Public Health Laboratory, Other Funds revenue from newborn kit fees, and one federal grant entitled, "Population-Based Surveillance of Birth Defects and Data Utilization" from the US Centers of Disease Control and Prevention (CDC).	Direct Cost Assignment.
KTBAH	7696	Kurt Oscarson Children's Organ Transplant Fund	The Kurt Oscarson Children's Organ Transplant fund was established in 1992, to provide financial support for children under the age of 18, who require organ transplants through an interest-free loan. A five-member committee oversees this restricted fund.	Other Funds	Direct Cost Assignment
FUND 2235	7695, 7697	Allyson Gamble Organ Donation Contribution Fund	The Allyson Gamble Organ Contribution Fund promotes and supports organ donation, maintains and operates an organ donation registry; and provides donor awareness education. CSHCN collaborates and contracts with Intermountain Donor Services to provide these services.	Other Funds	Direct Cost Assignment

B4) Coordinated Care and Regional Supports					
KTBAL	7650	The Office of Coordinated Care and Regional Supports	The Office of Coordinated Care and Regional Supports focuses on children and family needs. An emphasis is keeping children in their home, community, and school.	System of Care Expansion federal grant, State Funds, SSBG, or funding obtained from other entities. ~~Funding may also include Title XIX.~~	Direct Cost Assignment

C) Juvenile Justice & Youth Services			
The Division Of Juvenile Justice & Youth Services is to be a leader in the field of juvenile justice by changing young lives, supporting families and keeping communities safe. We provide a continuum of intervention, supervision, and rehabilitation programs to youth offenders while assuring public safety. Our goals are to: 1. Improve short-term and long-term outcomes for our youth 2. Support families in the rehabilitation process 3. Improve the safety, security and well-being of JJYS youth and employees The division applies a Balanced & Restorative Justice Model which applies correctional care that emphasizes accountability, competency development and community protection.			
Overview	The Division of Juvenile Justice & Youth Services (JJYS) is divided administratively into the following appropriation units: Unit Name KTDAB Administration KTDAB Case Management and Plan Management KTDAB Youth Parole Authority KTDAC Secure Care KTDAD Youth Services KTDAE Community Programs KTDAE Provider Payments - A rate may be charged to federal or other programs in accordance with Indirect Cost Plan methodology. - Costs assigned to JJYS cost centers may include personnel costs, assigned building costs, support costs (such as office supplies, etc.), travel costs, contracted services, technology costs, costs from other State agencies, cost from other Department areas, etc. as applicable. - Actual state and federal participation for costs assigned to federal grants may adjust in accordance with flexibility and changes allowed through federal action, such as COVID relief action. The cost allocation plan may be updated for future effective dates if deemed significant for cost allocation purposes. Miscellaneous (Federal, State, and other) funding may also be obtained and recorded to unique coding to assign costs to applicable funds. - JJYS may obtain federal funds through other State agencies such as funding from Utah Commission on Criminal and Justice Services (CCJJ), Utah State Office of Education Title I Funding for youth in custody, and Child Nutrition Program funding. JJYS may also receive non-federal funds from governmental entities. - Title XX funds will be allocated within the Division as deemed appropriate, available, and allowable. - Associated with Title XIX and other medical payment processing applicable to JJYS, the Department of Health bills JJYS for revenue and cost transfers funded by State Funds. - CAA and 1115 waiver funds will be received by the Division after January 1st, 2025.	- Federal Funds administered by Juvenile Justice & Youth Services (JJYS) include but are not limited to the following: Federal grant funds such as the OJJDP 2nd Chance Funding Miscellaneous Department of Justice (DOJ) Grants Social Security funds for clients Title XX Social Services Block Grant Title IV-E Foster Care Title IV-E Prevention Program Title XIX Medicaid - Reimbursement is received under Title IV-E foster care and Prevention for: 1) qualifying maintenance costs (room and board, clothing, etc.) at the FMAP rate, 2) allowable administrative costs at 50 percent federal participation, and 3) training costs (associated with providing IV-E foster care services) at 75 percent federal participation.	- The State payroll system, Employee Self Service (ESS), may be utilized as determined appropriate for applicable employees to assign time to cost centers. Costs in JJYS are also allocated using direct cost assignment and RMS. - Targeted case management activities by case managers will be billed per the Medicaid rates as direct charges.

Appropriation Program	Cost Center	Name	Description	Funding Source	Allocation Method
Various appropriations and activities	Random Moment Sample Overview		Division direct casework staff are part of the RMS population (appropriation units and activities listed below). The RMS universe includes activities for various programs and is used to distinguish between federally qualifying and reimbursable activities under Title IV-E, SSBG, Title XIX Medicaid and other activities of JJYS by employing the use of a Random Moment Sample. See Appendix B for additional detail on the RMS process. Case Management Supervisors above "first level" supervisors that do not have a caseload will be coded to PWAP and not sampled for RMS. Case Management Support Staff will be coded to PWCS and not sampled for RMS.	Title IV-E foster care and prevention program federal participation at 50%. Costs may also be allocated to Title XIX Medicaid, SSBG and State Funds. See specific cost centers for more information.	- RMS will be used to allocate to programs as described in the JJYS Funding Matrix in Appendix B Section XIII. For those activities eligible under Title IV-E foster care (excluding eligibility determination), a penetration rate (percentage of clients who are Title IV-E eligible) will be applied to calculate the proportion of these activities benefiting Title IV-E for traditional claims. No penetration rate will be applied for Title IV-E prevention program claims. (See Indirect Cost Plan.) - Admin costs eligible under Title XIX Medicaid will be reimbursed based on Targeted Case Management penetration rate and RMS results. - Activities allocated according to the RMS are indicated in the applicable appropriation unit sections below. RMS may be applied to activity codes that are not part of the sampling for the RMS process. Activities that utilize RMS responses use total RMS results.
Various appropriations	PVOJ, J2EMPL, JSTSCG	Misc. grants	For the 2020 DOJ 2nd Chance Grant focused on employment, costs assigned to PVOJ activity code are further identified using the following codes: J2EMPL for the federal grant and JSTSCG for state match funds. These costs may include personnel, travel, and other administrative and support costs. The costs may also include payments to or for clients. Costs may be reported in any of the JJYS appropriation units.	PVOJ costs (except code JSTSCG) may be funded by the DOJ second chance grants. State Funds may be used as State match for federal grants as appropriate.	Direct cost assignment
Various appropriations	PVCG	Misc. grants	Costs can include those allowable under the IV-E waiver to assist in the transition from the IV-E waiver. Costs may be reported in any of the JJYS appropriation units.	Family First Transition Act, Funding Certainty Grant. State Funds.	Direct cost assignment Federal Grants will be differentiated by program code
KTDAB	PVAD, PVAS, PVRE, PVTA	Administration	KTDAB primarily includes costs in the activities listed below. PVAD (director office operations), PVAS (State office administrative services), PVRE (research evaluation, planning), and PVTA (training administrative) .	Title IV-E foster care and prevention program federal participation at 50%. Costs may be allocated to IV-E foster care, prevention, Title XIX, Title XX and State Funds.	Allocated according to RMS.
KTDAB	PVTE	Administration	PVTE (Eligible IV-E training)	Title IV-E Foster care federal matching for allowable costs at 75%, with the exception of training costs for the prevention program which are eligible for Title IV-E federal matching at 50%. Costs may be allocated to Title XX and State Funds.	Allocated according to RMS.
KTDAB	PVCL	Administration	PVCL is comprised of Clinical team costs.	State funded.	Direct Cost Assignment
KTDAB	PWAP, PWCS	Administration	KTDAB includes costs associated with the administration of case management services. PWAP (case management administration), and PWCS (case management support).	Title IV-E foster care and prevention program federal participation at 50%. Costs may also be allocated to Title XIX, XX and State Funds.	Allocated according to RMS

KTDAB	PWCM	Case Management	Direct case management services provided to youth. JTCM is used to help identify direct billing. All specific CAA and 1115 waiver costs may include labor and targeted case management responsibilities. Related caseworker activities may include: - Secure care youth on a 90 day pre-release. - Collection of client medical, psychological and related evaluations to identify the youth's treatment needs, - Arrangement of medical, dental, and mental health exams, - Referrals to outside agencies for health services that help the youth gain access to continued health services, - Etc.	Title IV-E foster care and prevention program federal participation at 50%. Costs may be allocated to Title XX and State Funds. For Title XIX see the allocation methodology for how this is handled.	The Title XIX for this area is not obtained through the RMS process. The actual Title XIX for this cost pool is obtained through direct claims through direct cost assignment. For cost allocation purposes, activities PWCM and JTCM are treated consistently as one cost pool using RMS for identifying costs applicable to IVE and XX. RMS is applied the same to these two activities with the RMS portion assigned to XIX shown as state funding for internal cost allocation purposes.
KTDAE	JTCM	Case Management	Direct case management services provided to youth. JTCM is used to help identify direct billing. All specific CAA and 1115 waiver costs may include labor and targeted case management responsibilities. Related caseworker activities may include: - Secure care youth on a 90 day pre-release. - Collection of client medical, psychological and related evaluations to identify the youth's treatment needs, - Arrangement of medical, dental, and mental health exams, - Referrals to outside agencies for health services that help the youth gain access to continued health services, - Etc.	Costs may be allocated to Title XIX and State Funds. To be conservative, JTCM costs will not be assigned to IV-E foster care and prevention program, and SSBG ~~XX~~.	The Title XIX for this area is not obtained through the RMS process. The actual Title XIX for this cost pool is obtained through direct claims through direct cost assignment. For cost allocation purposes, activities PWCM and JTCM are treated consistently as one cost pool using RMS for identifying costs applicable to IVE and SSBG~~XX~~. ~~RMS is applied the same to these two activities with the RMS portion assigned to XIX shown as state funding for internal cost allocation purposes.~~ RMS is applied the same to these two activities with the RMS percentages for JTCM assigned to IV-E Foster Care, IV-E Prevention, and SSBG assigned to state funding for cost allocation purposes. Title XIX allowable costs for youth under the CAA and 1115 waiver see Appendix C6.
KTDAB	JTCL	Clinicians	All clinician tasks and duties as required and covered by 1115 waiver specifications for youth in pre release and post release status with JJYS	Title XIX and State Funds.	Direct Cost Assignment Allowable costs for youth under the CAA and 1115 waiver see Appendix C6.
KTDAB, KTDAC	JTMD	Facility medical staff - Justice Waiver	Medical care performed by facility medical staff as required and covered by 1115 waiver specifications for youth in pre release and post release status with JJYS	Title XIX and State Funds.	Direct Cost Assignment Allowable costs for youth under the CAA and 1115 waiver see Appendix C6.
KTDAB	PWET	Case Management	PWET (Eligibility workers)	These costs qualify for 50% Title IV-E foster care federal participation.	Direct Cost Assignment
KTDAB	PWPM	Case Management	The Youth Services provides various youth programs to keep at-risk youth from having involvement with or penetrating further into the juvenile justice system. These services include the following: youth service centers (shelter and counseling); receiving centers; diversion programs (daytime services); School based outreach; both in-home and in-facility detention services. Youth Services plan managers are a part of the Case Management team. PWPM (Prevention Services) captures plan manager activity with youth and all related costs	Title IV-E foster care and prevention program federal participation at 50%. Costs may be allocated to Title XX and State Funds or funds from other governmental entities.	Allocated according to RMS

KTDAB	PVPA and PVPS	Youth Parole Authority	KTDAB primarily includes costs for PVPA (parole board) and PVPS (parole staff). PVPS and PVPA costs are IV-E allowable since parole jurisdiction for a youth begins upon sentencing to a secure facility and continues until the youth is discharged from the secure care system (due to age or referral to the adult correctional system). Since a youth often is referred to community placement after release from a secure facility, a portion of Parole costs are eligible for Title IV-E reimbursement.	PVPA and PVPS are RMS allocated and qualify for 50% IV-E federal participation. Other costs may be funded by Title XIX, SSBG and State Funds.	Allocated according to RMS
KTDAB	All Activities except PVAD, PVAS, PVRE, PVTA, PVTE, PVCL, PWAP, PWCM, PWCS, PWET, PWPM, PVPA, JTCM, JTCL, JTMD, and PVPS.	Case Management	Other case management related costs not described below.	State Funds or Other Funds.	Direct Cost Assignment
KTDAC	All Activities	Secure Care	KTDAC primarily includes costs for secure care.	Secure facilities are direct charge programs paid by State Funds and other sources including school lunch reimbursements and payments from the State Institutional Trust Lands Administration. Federal Inmate Reimbursement funds may be obtained and Utah Office of Education provides some funding from Title I for educational programming and employment certifications for youth in custody. Social Security cost of care may be received to offset KTDAC costs.	Direct Cost Assignment
KTDAD	All Activities	Youth Services	The Youth Services provides various youth programs to keep at-risk youth from having involvement with or penetrating further into the juvenile justice system. KTDAD primarily includes costs for early intervention and youth services.	State Funds or Other Funds.	Direct Cost Assignment
KTDAE	PWIV	Provider Payments	The Families First Prevention Services Act includes Individualized Placement, Qualified Residential Treatment Program, Prenatal / Parenting supports placement, and placements for victims or at risk of sex trafficking JJYS serves a population that will only qualify under the QRTP provision. PWIV includes maintenance costs for the duration of the placement who were placed in non-specified setting prior to October 1, 2019.	Maintenance costs for IV-E eligible youth and facilities are allowed for Title IV-E foster care federal participation at FMAP.	Direct Cost Assignment allowable at the FMAP rate
KTDAE	PWCP	Provider Payments	PWCP (Non IV-E Maintenance)	Maintenance costs not eligible for Title IV-E federal participation may be funded by State Funds and other governmental funds.	Direct Cost Assignment
KTDAE	JQRT	Provider Payments	Qualified Residential Treatment Provider Maintenance cost for IV-E eligible youth placed with an accredited community provider are allowed for Title IV-E foster care federal Participation at FMAP	Title IV-E Foster care	Direct Cost Assignment
KTDAE	JFAD	Provider Payments	Non-Accredited Residential Treatment Provider (limited to 14 days) Maintenance cost for IV-E eligible youth placed with a non-accredited community provider are allowed for Title IV-E foster care federal participation at FMAP.	Title IV-E Foster care	Direct Cost Assignment
KTDAE	JWSP	Provider Payments	Costs for well supported services in the Title IV-E Prevention Program plan.	Title IV-E prevention federal participation at 50%.	Direct Cost Assignment, no penetration rate applied.
KTDAE	JSPP	Provider Payments	Costs for promising practices (other qualifying practices) in the Title IV-E Prevention Program plan.	Title IV-E prevention federal participation at 50%. Services in excess of 50% limitation starting in FFY2022 are allowable for SSBG, TANF, and State Funds.	Direct Cost Assignment, no penetration rate applied.

KTDAE	JWSP, JSPP Timing Requirements	Provider Payments	-Beginning in FFY 2024, at least 50% of the combined expenditures in activities JWSP and JSPP must be for well-supported programs or services for Title IV-E federal		
KTDAE	JTAL and JGEM	Community Programs	KTDAE programs consist of Day Skill Intervention, ALTA (Transition to Adult Living), and Gemstone programs.	State Funds or Other Funds.	Direct Cost Assignment
KTDAE	PWNF	Provider Payments	Prevention services not covered by the Title IV-E prevention program.	SSBG and State Funds.	Direct Cost Assignment
KTDAE	All Activities except PWIV, PWCP, JQRT, JFAD, JWSP, JSPP, JTAL, JGEM, JTCM and PWNF	Provider Payments	KTDAE costs not IV-E Eligible	State Funds, Other Funds, or Social Security cost of care.	Direct Cost Assignment

D) Office of Recovery Services

The primary mission of the Utah Office of Recovery Services (ORS) is to promote responsibility and help ensure that parents are financially responsible for their children by providing child support services and support for children in care.
ORS works to help ensure public funds are used appropriately through the efforts of our Medical Collections area.
Child Support - ensures that parents are financially responsible for their children by providing child support services and support for children in care.
Case Management System - Specific child support case information including payment information, case status, and balance/monthly due information is maintained for ORS operations.
Medicaid Cost Recovery - ORS collects medical reimbursement from responsible third parties to both reimburse and avoid state Medicaid costs.

Overview	The Office of Recovery Services (ORS) is divided administratively into the following appropriation units: KTCAB: Recovery Services KTCAC: Child Support Services KTCAD: Children in Care Collections KTCAE: Attorney General Contract KTCAF: Medical Collections Costs may be direct charged to specific cost centers of benefitting programs. Cost centers are charged to appropriate funding sources as described in the following ORS sections of the cost allocation plan. Costs assigned to cost centers may include personnel costs, assigned building costs, support costs (such as office supplies, etc.), travel costs, contracted services, technology costs, costs from other State agencies, costs from other Department areas, etc. Federal participation for costs assigned to Title XIX will be the 50% administration rate unless specifically identified elsewhere in the ORS sections of the cost allocation plan. Federal participation for costs assigned to Title IV-D will be as reported in the quarterly IV-D financial report. The State payroll system, Employee Self Service (ESS), may be utilized as determined appropriate for applicable employees to assign time to costs centers. A rate may be charged to federal or other programs in accordance with Indirect Cost Plan methodology.			State, Federal, & Other Funds. Federal funding includes Title IV-D and Title XIX. Other funding includes funding sources applicable to ORS.	Costs may be charged to general and administrative cost centers that benefit multiple programs. Cost centers are allocated to benefitting funding sources as described in the following ORS sections of the cost allocation plan. Full time equivalents (FTE) data may be used to allocate ORS costs. FTE data is accumulated and used for allocation purposes on a State fiscal year to date basis. The cumulative FTE data for the last pay period ending within the quarter will be used for the applicable quarter cost allocation. Program FTE represents FTE data for ORS employees assigned to program units involved in establishment & enforcement of obligations. Taylorsville Building FTE represents FTE data for employees assigned to units applicable to the main ORS building in Taylorsville. ORS FTE represents FTE data for ORS employees.
Appropriation Program	**Cost Center**	**Name**	**Description**	**Funding Source**	**Allocation Method**
KTCAB	8101, 8102, and 8103	Recovery Services	Costs associated with the director's office, assistant director, and other administrative costs including administrative secretaries, audit unit, administrative services, and contract/Resource.	State and Federal Funds (Title IV-D and Title XIX)	Unit will be allocated to funding sources using Program FTE.
KTCAB	8104	Recovery Services	General costs associated with Human Resource charges, including payroll charges and insurance & bonds.	State and Federal Funds (Title IV-D and Title XIX)	These costs will be moved to cost centers using ORS FTE.
KTCAB	8110	Recovery Services	Costs related to Administration and are not eligible for Title IV-D or Title XIX.	State Funds	Direct Cost Assignment
KTCAB	8131 and 8132	Recovery Services	Costs associated with Financial Services administration and accounting, including posting & validation, budget & accounting, and employer agency customer service.	State and Federal Funds (Title IV-D and Title XIX)	These costs will be allocated to funding sources using receipt, refund, and transfer transaction data attributable to collection units. The transactions will be summed on a State fiscal year to date basis. Direct Cost Assignment
KTCAB	8133	Recovery Services	Costs associated with the central imaging unit.	State and Federal Funds (Title IV-D and Title XIX)	This cost center will be allocated to funding sources using Program FTE.

KTCAB	8134	Recovery Services	General building costs including rent, operations, and supplies.	State and Federal Funds (Title IV-D and Title XIX)	These costs will be moved to benefitting cost centers using Taylorsville building FTE.
KTCAB	8140	Recovery Services	Costs are related to financial services and are not eligible for Title IV-D or Title XIX.	State Funds	Direct Cost Assignment
KTCAB	8161	Recovery Services	Costs of technology involving ORSIS and other technology applicable to ORS. Costs include data administration, technology services, programming, consultants, etc.	State and Federal Funds (Title IV-D and Title XIX)	Costs will be allocated to funding sources using Program FTE.
KTCAB	8162	Recovery Services	General production technology related costs, such as Cloud Services costs from the Department of Technology Services. This cost center may include technology purchases and other technology related costs.	State and Federal Funds (Title IV-D and Title XIX)	Costs will be allocated to funding sources using Program FTE.
KTCAB	8163	Recovery Services	Telephone system costs. ORS employees such as KTCAF, Medical Collections, use the telephone system, but the use and benefit is ancillary to purposes applicable to Title IV-D.	State and Federal Funds (Title IV-D and Title XIX)	Costs will be allocated to funding sources using Program FTE.
KTCAB	8164	Recovery Services	Agency development costs.	State and Federal Funds (Title IV-D and Title XIX)	Costs will be allocated to funding sources using Program FTE.
KTCAB	8165	Recovery Services	Clearing account for general technology costs associated with the Taylorsville office.	State and Federal Funds (Title IV-D and Title XIX)	Costs will be moved to benefitting units using Taylorsville building FTE.
KTCAB	8167	Recovery Services	Technology costs for Child Support Services. ORS employees such as KTCAF, Medical Collections, may benefit from use of the technology, but the use and benefit is ancillary to purposes applicable to Title IV-D.	Federal ~~Funds~~ (Title IV-D) and State Funds	Direct Cost Assignment
KTCAB	8168	Recovery Services	Technology costs for Medical Collections. ORS employees such as KTCAC, Child Support Services, may benefit from use of the technology, but the use and benefit is ancillary to purposes applicable to Title XIX.	Federal ~~Funds~~ (Title XIX) and State Funds	Direct Cost Assignment
KTCAB	8170	Recovery Services	Costs are related to DTS for AWS Database, etc. If any costs are allowable for federal programs the costs are individually tracked and quarterly assigned to the appropriate cost center(s).	State Funds	Direct Cost Assignment
~~KTCAC~~	~~8201-8259~~	~~Child Support Services~~	~~All KTCAC costs (Child Support Services) will be allocated to Title IV-D.~~	~~State and Federal Funds (Title IV-D)~~	~~All KTCAC costs (Child Support Services) will be allocated to Title IV-D.~~
KTCAC	8201-8259<u>05</u>	Child Support Services	KTCAC costs include Child Support Services costs associated with administration, IV-D Director, policy, training, self-assessment, information analysts, customer service, and statewide central registry.	~~State and~~ Federal ~~Funds~~ (Title IV-D) and State Funds	All KTCAC costs will be allocated to Title IV-D using Program FTE.
KTCAC	~~8201-8259~~ <u>8210-8259</u>	Child Support Services	KTCAC costs include Child Support Services collection teams and associated costs.	~~State and~~ Federal ~~Funds~~ (Title IV-D) and State Funds	~~All KTCAC costs will be allocated to Title IV-D using Program FTE.~~ Direct Cost Assignment
KTCAC	8270	Child Support Services	KTCAC costs include unit 8270 costs associated with working non IV-D type cases.	~~State and~~ Federal ~~Funds~~ (Title IV-D) and State Funds	Direct Cost Assignment

KTCAD	8281	Children in Care Collections	Children in Care teams with responsibility to establish, collect, and enforce child support in behalf of youth applicable to the Division of Child and Family Services or the Division of Juvenile Justice & Youth Services.	Federal ~~Funds~~ (Title IV-D) and State Funds	Direct Cost Assignment
KTCAD	8282	Children in Care Collections	Liens and SSI collection team has the responsibility to collect liens and Social Security payments.	State Funds	Direct Cost Assignment
KTCAD	8283	Children in Care Collections	Institutional Child Support team involves establishment, collection, and enforcement of child support for Medicaid applicable youth who may be placed in care or custody involving Utah State Hospital (USH), Division of Services for People with Disabilities (DSPD), Utah State Developmental Center (USDC), or Nursing Home.	Federal ~~Funds~~ (Title XIX) and State Funds	Direct Cost Assignment
KTCAD	8284	Children in Care Collections	State Hospital team involves responsibility to recoup funds from third parties (i.e. insurance providers and private pay) for services provided to patients at the State Hospital.	State Funds	Direct Cost Assignment
KTCAE	8301-8307	Attorney General Contract	Attorney General Office related costs.	~~State and~~ Federal ~~Funds~~ (TItle IV-D and Title XIX) and State Funds	Costs will be allocated to funding sources based on the percentage of time worked per program using time reports accumulated on a State fiscal year to date basis.
KTCAF	8351-~~8355~~ 8352	Medical Collections	Costs charged to Medical Collections cost center.	~~State and~~ Federal ~~Funds~~ (Title XIX) and State Funds	All KTCAF costs will be allocated to Title XIX using program FTE.
KTCAF	8353 - 8355	Medical Collections	Costs charged to Medical Collections cost center.	Federal (Title XIX) and State Funds	Direct Cost Assignment

E) Population Health					
The Division of Population Health (DPH) works to: identify and epidemiologically characterize communicable diseases, human health effects of environmental health hazards, occupational risks of public health concern, health behaviors, injuries and chronic diseases, preparedness and response, State Epidemiologist, division Surveillance and Informatics teams, Health Equity, Primary Care and Rural Health; develop and coordinate public health reporting systems, control measures and prevention activities; conduct environmental sanitation policy and consultation activities.					
Appropriation Program	**Cost Center**	**Name**	**Description**	**Funding Source**	**Allocation Method**
KTAA*, ~~KTBAD~~ KMBAD	AXXS	Population Health SSBG	Population Health costs assigned to the SSBG program.	SSBG	Direct Cost Assignment
KTAAN	PRHT	Rural Health Transformation Grant	Costs related to the Rural Health Transformation Grant.	Federal Funds	Direct Cost Assignment
KTAAH	6550, 6560, 6570, 6580	Division Support Services	The Division Support Services program include finance, informatics, surveillance, epidemiology and public health infrastructure.	Federal, State, and Other funds.	Direct Cost Assignment
KTAAK	6501	Division Administration (Director's Office)	Division Administration is responsible for the overall direction, policy development, financial management, and administration. The Division's administrative staff works closely with others within the Department, Local Health Departments (LHDs), and numerous governmental and community-based organizations to address statewide goals and objectives.	Federal, State, and Other funds.	Direct Cost Assignment
KTAAK	6505	State Epidemiologists	The State Epidemiologist is an integral part of the Division and provides epidemiologic consultation to OCD, OPR and to other programs in the Department, LHDs, and other state agencies. The State Epidemiologist is responsible for response to infectious disease outbreaks and for directing epidemiologic preparedness and response to bioterrorism, pandemic, or infectious disease outbreaks.	Federal, State, and Other funds.	Direct Cost Assignment
KTAAK	6549	Division Clearing Account	This is the clearing account unit for the division. Division operating costs (office building shared space, default gmail, human resources costs, etc.) are allocated across FTE cost centers within the Division based on a per FTE equivalency cost allocation method.	Clearing Account	Operation costs not directly assigned to State Fund are allocated across FTE cost centers within the Division. Allocation percentages are derived based on FTE equivalency and by hours directly assigned from those FTE.

E1) Communicable Diseases					
Appropriation Program	**Cost Center**	**Name**	**Description**	**Funding Source**	**Allocation Method**
KTAAB	6101	Administration	Office Director, and supporting staff, provides overall direction and administrative support to office functions not charged to specific grant funded projects. The Director is responsible for the continued development of Utah's communicable disease surveillance and management system currently called UT-NEDSS and oversees the UT-NEDSS Core team.	State Funds	Direct Cost Assignment
KTAAB	6110, 6120	HIV/STD Elimination, Analysis, Response, and Treatment (HEART)	The HEART Program is committed towards advancing community engagement through effective collaboration to meet the prevention and surveillance needs of Utahns engaging in HIV/STI/Ryan White prevention, testing and treatment services.	Federal (Ryan White Part B, and other CDC/HRSA grants), State, and Other funds	Direct Cost Assignment
KTAAB	6130	Refugee Health and TB Elimination Program	The Refugee Health & TB Control Program seeks to protect and improve the overall health of Utah's most vulnerable populations by improving access to culturally informed quality services to prevent and treat communicable diseases resulting in decreased health disparities and increased health equity. The Program works alongside local and federal partners to ensure each newly arriving refugee to Utah receives a culturally and linguistically appropriate health screening, mental health services, health education, and any additional follow-up care.	Federal, State, and Other funds including contracts with the Department of Workforce Services, and Salt Lake County.	Direct Cost Assignment
KTAAB	6140	Health care Associated Infections (HAI) Prevention and Reporting Program	The Health care Associated Infections Prevention and Reporting Program strives to understand the burden of HAIs within the state, how these infections occur and work collaboratively with health care facilities, local public health departments, and other partners toward their reduction and elimination. Health care-associated infections (HAIs) are infections that patients acquire during the course of receiving health care treatment for other conditions. These infections related to medical care can be devastating and even deadly. The program uses HAI data reported by health care facilities to the National Health care and Safety Network (NHSN) to compile an annual report for public distribution in accordance with the requirements of House Bill 55, Health care Associated Infections. An annual report is also compiled for public distribution detailing Health care Worker Influenza Vaccination rates in acute care facilities. The HAI program is responsible for development and revision of R386-705, the Health Care Associated Infection (HAI) Rule, which identifies Utah's reporting requirements related to health care associated infections with data sharing requirements for HAI data reported by facilities to the National Health care and Safety Network (NHSN).	State and Federal Funds (ELC grants)	Direct Cost Assignment

KTAAB	6170	Immunization Program	The Immunization Program promotes vaccinations as part of a comprehensive health care program that covers the life span – infants, children, adolescents, and adults. It provides services through technical assistance to LHDs, CHCs, Managed Care Organizations (MCO), schools (public and private), licensed daycares, long term care facilities, and private providers. The program contracts with LHDs and CHCs to support infrastructure for outreach activities for at-risk and eligible populations. Special emphasis is placed on efforts to improve the immunization coverage for pre-school age children, especially those under two years of age.	Federal Funds (including CDC Vaccines for Children), State Funds and Other Funds	Direct Cost Assignment
KTAAB	6180	Disease Response Evaluation Analysis and Monitoring Program (DREAM)	DREAM provides oversight, coordination, and support for epidemiologic investigation and control of communicable diseases for the State, including the 13 Local Health Departments (LHDs). DREAM provides consultation for and assistance with communicable diseases and case management, and outbreak investigation and response. DREAM takes a lead role in investigating and responding to multi-jurisdictional outbreaks. By maintaining expertise and skills in these areas, DREAM is able to prevent, identify, contain, and control communicable diseases and outbreaks in collaboration with LHDs, health care providers, and other associated agencies. DREAM also ensures regular, ongoing analysis of communicable disease and syndromic surveillance data. This analysis improves the State's and LHDs' ability to detect outbreaks or disease aberrations earlier and enables faster coordination with public health partners to provide an effective and rapid public health response to them. Staff also use data to monitor, document, and share information regarding disease incidence and prevalence within the state. Data are analyzed by demographic factors, including the following: race, risk, age, and gender, to determine infection trends and to formulate prevention and treatment strategies.	Federal Grants (including ELC grants provided by the CDC), State, and Other Funds	Direct Cost Assignment
KTAAB	6190	Environmental Epidemiology Program	The Environmental Epidemiology Program (EEP) develops and supports programs to prevent or reduce the potential for acute and chronic morbidity and mortality associated with environmental factors, including exposure to toxic substances, reproductive hazards, and agents responsible for debilitating diseases. To accomplish these objectives, EEP cooperates extensively with the Utah Department of Environmental Quality; and collaborates with national, state, and local partners for environmental public health in both the public and private sectors. The Program manages surveillance systems, conducts epidemiological and health hazard investigations of concerns related to hazardous substance exposure, researches environmental and occupational health problems, implements evidence-based intervention policies of programs and provides health education about environmental risk and health. The Program consults with the Utah Labor Commission to investigate unsafe work environments and to coordinate public health action regarding occupational health concerns.	Federal (including Public Health Tracking, and Environmental Exposure, and Food Safety grants from CDC), State and Other Funds.	Direct Cost Assignment

KTAAG	6170, 6560	COVID-19 Flu and Vaccine Supplemental Funds	COVID-19 vaccination expansion and outreach in the Office of Emerging Infections.	Federal Immunization and Vaccines for Children supplemental funding as part of flu and COVID-19 vaccination expansion and outreach.	Direct Cost Assignment
KTAAH	6560	Utah Statewide Immunization Information System (USIIS) Program	The USIIS Program develops, maintains, and supports an information system that consolidates immunization records across providers for people of all ages in Utah. The program provides immunization information, reports, and clinical decision guidance via a Web application to enable health care providers to manage vaccine inventories and appropriately administer immunizations to help increase immunization rates and to reduce over-immunizations. USIIS produces immunization records for school and day care admissions and personal immunization records for individuals. USIIS has a vaccine-ordering module that is used to order and track shipments of all Vaccines for Children (VFC) vaccine used in Utah. The program supports data interfaces with Electronic Health Record (EHR) systems used by Utah health care providers, enabling providers to submit immunization information to USIIS through EHR-USIIS interfaces. USIIS data are used to perform coverage assessments and assist with outbreak management. USIIS provides information services to Local Health Departments, Community Health Centers, Managed Care Organizations, Indian Health Services, schools (public and private), licensed day cares, and private providers.	State Funds, private donations from Intermountain Health care and various health insurance companies.	Direct Cost Assignment

E2) Health Equity					
KMBAF	1650 - 1659	Health Equity	The mission of Health Equity (OHE) is to address health disparities and improve health outcomes for vulnerable populations as defined by socio-economic status, race/ethnicity, geography, as well as other populations identified to be at risk for health disparities.	State, federal and other funds. Federal funds include funding from the CDC. Other funds include private donation from Intermountain Healthcare.	Direct Cost Assignment.
E3) Health Promotion & Prevention					
Appropriation Program	**Cost Center**	**Name**	**Description**	**Funding Source**	**Allocation Method**
KTAAC	6301	Office of Health Promotion and Prevention Administration	The Office Director provides administrative and supervisory oversight for all its programs by identifying and working with multiple partners throughout the state to enhance program delivery. Other duties include writing grants for program funding, staff management, and planning and evaluating programs for effectiveness and efficiency. This area has programs that focus on delivering effective services in the community, school, worksite, and health care settings, and include, but are not limited to: Breast and Cervical Cancer, Health Resource Center, Comprehensive Cancer, Cancer Genomics, Community Food Security, Be Wise, Healthy Environments and Active Living Program, Asthma and Health Aging Programs, Tobacco Prevention and Control Program, Violence and Injury Prevention Program, and Substance Use Prevention Program.	Federal (including Preventive Block Grant), State, and Other Funds.	Direct Cost Assignment
KTAAC	6310	Health Resource Center (HRC)	The Health Resource Center (HRC) connects callers to department programs and community resources. HRC assists those in need with applying for programs like CHIP, Medicaid, Baby Your Baby, the Breast & Cervical Cancer Screening Program, and more. The Baby Your Baby and Check Your Health media campaigns are housed within HRC.	Federal (including Title XXI CHIP Administration and Title XIX), State, and Other Funds.	Direct Cost Assignment
KTAAC	6315	Cancer Control Program	The mission of the Cancer Control Program is to reduce cancer incidence and mortality in Utah. The program does this through collaborative efforts that provide services and programs directed toward comprehensive cancer prevention and control by maintaining the Utah Cancer Action Network. This network is comprised of over 100 individuals from 60+ organizations including hospitals, private clinics, government and community agencies, non-profit organizations and other groups working together to reduce cancer incidence and mortality for all Utahns. The Program helps reduce morbidity and mortality from breast, and cervical cancers by working with LHD's and other community providers statewide to provide low cost or free screening to medically underserved groups and provides public and professional education about the need for early detection and availability of screening services; and develop and use a statewide surveillance system to plan and evaluate screening and education efforts. The program also assists with collaborative efforts that provide services and programs directed toward comprehensive cancer prevention.	Federal, (including the National Cancer Prevention and Control Grant), State and Other Funds.	Direct Cost Assignment

KTAAC	6317	Wise Woman	The BeWise Program provides cardiovascular health screening and health coaching to eligible Utah women. The program partners with the Utah Cancer Control Program to link women to screening for breast and cervical cancers. BeWise is for women ages 40-64 who are mid-to-low-income, underinsured, or uninsured. The goal of BeWise is to provide women with the knowledge, skills, and opportunities to improve diet, physical activity, and other lifestyle behaviors to prevent, delay, and control cardiovascular and other chronic diseases.	Federal (Well-Integrated Screening and Evaluation for Women Across the Nation Grant)	Direct Cost Assignment
KTAAC	6320	Community Food Security	The Community Food Security Program (CFSP) aims to cultivate an equitable and resilient local food system that ensures all Utahns have access to affordable, safe, nutritious, and culturally appropriate food. The program does this through the coordination of three produce incentive programs: Double Up Food Bucks, Produce Rx, and Senior Farmers Market Nutrition. These state and federally funded programs provide additional dollars to food insecure Utahns to purchase produce from local farmers. CFSP also oversees the Local Food Purchasing Assistance program that improves agriculture and supply chain resiliency by supporting emergency food networks to establish partnerships with local food producers.	Federal (including USDA GusNip Grant), State, and Other Funds	Direct Cost Assignment
KTAAC	6330	Healthy Aging	The Healthy Aging Program (HAP) empowers adults to age well through a menu of evidence-based classes while supporting a sustainable age-friendly public health system through partnerships, surveillance and evaluation, promoting the use of best practices, sharing resources, and facilitating communication through the Living Well Coalition. The coalition includes partnerships from local health departments, area agencies on aging, healthcare systems, higher educational systems, and community based organizations. HAP currently focuses on supporting those living with arthritis and its co-existing chronic conditions, falls prevention, and Parkinson's disease tracking.	Federal, State, and Other Funds	Direct Cost Assignment

KTAAC	6340	Healthy Environments and Active Living	Healthy Environments Active Living (HEAL) Program aims to assist all Utahns to have equitable opportunities to lead healthy, informed, safe, and productive lives. HEAL collaborates with a variety of partners including schools, child care, worksites, non-profits, community based organizations, health systems, and other state agencies. These partnerships create community-clinical linkages and address social determinants of health to improve education, policy, built environment, health equity, and access to quality care in the prevention and management of obesity, diabetes, chronic kidney disease, heart disease, and stroke.	Federal, State, and Other Funds	Direct Cost Assignment
KTAAC	6335	Asthma Program	The Utah Asthma Program seeks to improve quality of life for those with asthma by increasing access to asthma education, reducing asthma triggers, and improving asthma medical care. To accomplish this, the Asthma Program works with the Utah Asthma Task Force, schools, and healthcare providers to identify and share best practices for asthma management. This includes promoting asthma self-management education in healthcare settings and through the Utah Asthma Home Visiting Program, reducing smoking and exposure to secondhand smoke, promoting coordination of care, and implementing policies that reduce asthma triggers.	Federal (including the Comprehensive Asthma Control through Evidence-based Strategies and Public Health-Health Care Collaboration)	Direct Cost Assignment
KTAAC	6389	Violence and Injury Prevention Program (VIPP) (including the Syringe Service Program)	The Violence and Injury Prevention Program (VIPP) works to make Utah safer and injury-free. For decades, injuries have been the leading cause of death for Utahns under the age of 50. VIPP is well respected, both locally and nationally, for its use of data to target prevention efforts that minimize risk and correct unhealthy or unsafe behaviors. Data show that the social determinants of health (SDOH), like access to healthcare, economic stability, safe and healthy social norms, safe environments, and social connectedness, play a significant role in the safety and health of Utahns. VIPP focuses program efforts on the shared risk and protective factors associated with the SDOH in order to reduce violence and injury in Utah.	Federal, State (including Spinal Cord and Brain Injury Fund), and Other Funds	Direct Cost Assignment
KTAAC	6390	Tobacco Prevention and Control Program (TPCP)	The Tobacco Prevention and Control Program (TPCP) uses evidence-based strategies to promote health equity and reduce tobacco use and tobacco-related disease, death, and disparities among Utahns. Utah has been a leader in tobacco prevention and control for decades through comprehensive tobacco program efforts, innovative policies, and powerful partnerships. TPCP strongly believes it is possible to have a Utah free of commercial tobacco use and nicotine addiction.	Federal (including Title XIX, Core Capacity Building for Tobacco Prevention and Control), State (Restricted Cigarette Tax Revenue, State Restricted Tobacco Settlement Funds, Restricted Tobacco Supplemental Funds, Restricted Vaping and E-Cigarette funds), and Other Funds	Direct Cost Assignment

E4) Preparedness and Response					
KTAAD	6401, 6410	Public Health and Health care Preparedness	The Public Health and Health care Preparedness Program is responsible for the coordination of state and local public health and medical/health care system preparedness and response. It is funded from cooperative agreements from the U.S. Department of Health and Human Services. These cooperative agreements include the CDC's Public Health Emergency Preparedness (PHEP), and the Assistant Secretary for Preparedness and Response Hospital Preparedness Program (ASPR HPP). Responsibilities include coordinating cooperative agreement activities with various DHHS programs (epidemiology, laboratory, and public information) and external agencies (local health departments, hospitals, etc.). The main task of coordination includes emergency planning, training, exercises, and equipping the public health and medical sectors, including regional health care coalitions, with tools and resources, such as emergency communications, to fulfill emergency response roles. The use of a capability-based system ensures consistency and efficiency for similar activities. Additionally, this program manages emergency congressionally appropriated preparedness and response funds. These funds are used to build a public health and medical response system to new threats, such as COVID-19.	Federal (including CDC Public Health Emergency Preparedness and ASPR Hospital Preparedness), and State Funds	Direct Cost Assignment allocated across all funding units.
KTAAD	6405	Emergency Support Function (ESF6)	Emergency Support Function (ESF) #6 – Mass Care, Emergency Assistance, Temporary Housing, and Human Services coordinates and provides life-sustaining resources, essential services, and statutory programs when the needs of disaster survivors exceed local, state, tribal, territorial, and insular area government capabilities.	Federal and State Funds	Direct Cost Assignment
KTAAD, KTAAE	6430, 6435, 6437, 6445	Emergency Medical Services	Emergency Medical Services (EMS), is the lead state agency for EMS, responsible for licensing, regulating, and promoting a system of emergency and trauma care, while also enhancing preparedness, response, and recovery capabilities for public health and medical emergencies. These activities have been reassigned from Utah Department of Health and Human Services (DHHS), to the Department of Public Safety. Revenues and expenses in the cost center for this fiscal year are liquidated expenditures as DHHS closes out the cost center.	Federal (State Partnership Grant), State, and Other Funds	Direct Cost Assignment
KTAAG	6120, 6140, 6180, 6190, 6310, 6401, 6410, 6501, 6505, 6550, 6560, 6570, 6580	COVID-19 Response	Within the Division and assigned to the Office of Emerging Infections, funds have recently been received as part of the statewide COVID-19 pandemic response effort including but not limited to detection of coronavirus and/or the prevention, diagnosis, and treatment of COVID-19, testing, contact tracing, containment, mitigating and suppressing the spread of COVID-19, vaccination, and includes maintaining capacity and staffing levels.	CDC grants for COVID-19 response.	Direct Cost Assignment
KTAAG	6250	Monkeypox Crisis Response	CDC seeks to enhance the nation's ability to rapidly mobilize, surge, and respond to public health emergencies (PHEs) as identified by CDC by establishing a roster of approved but unfunded (ABU) applicants that may receive rapid funding to respond to PHEs of such magnitude, complexity, or significance that they would have an overwhelming impact upon, and exceed resources available to, the jurisdictions.	CDC Federal Grant	Direct Cost Assignment

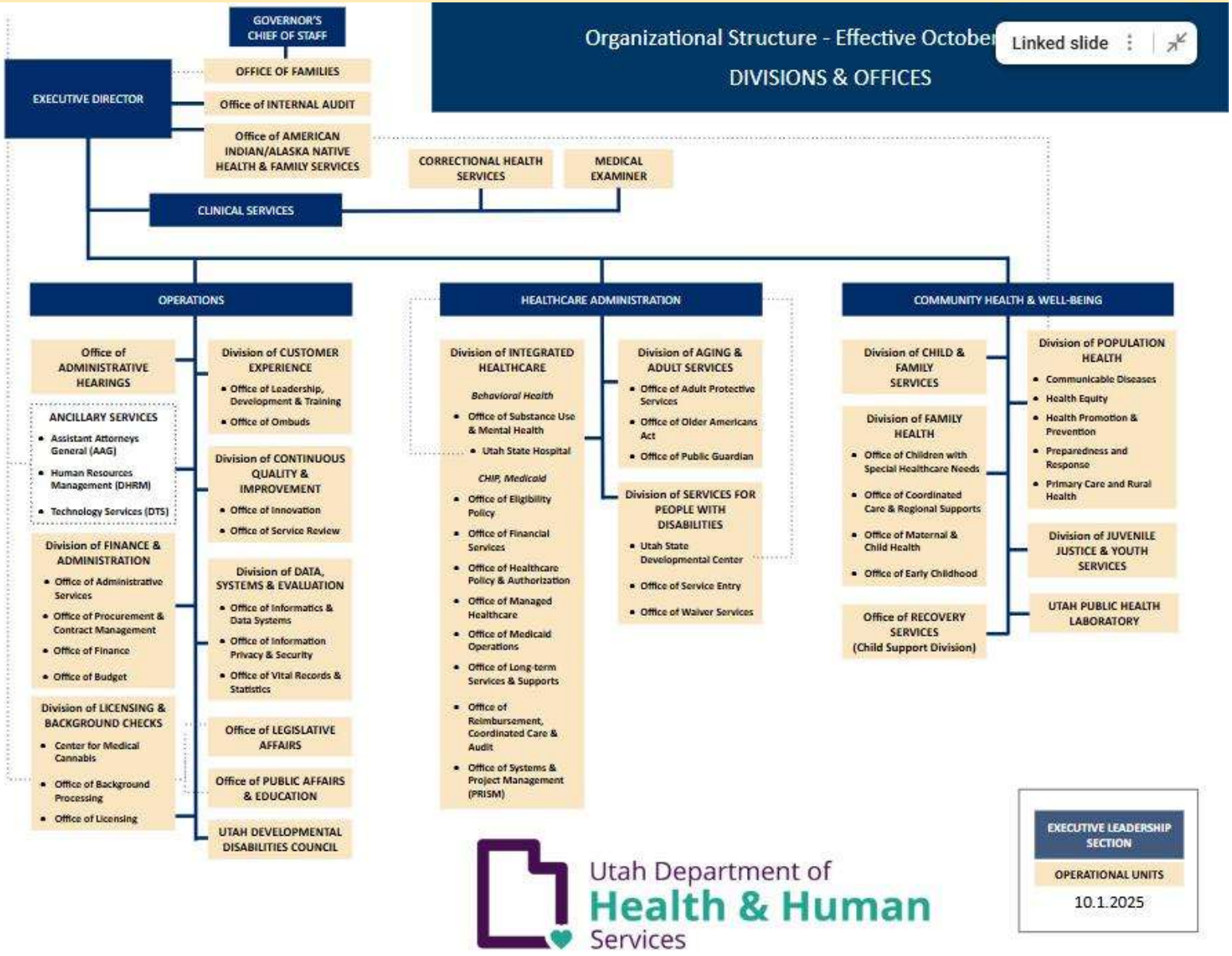
E5) Primary Care & Rural Health					
KMBAD	1612-1629	Primary Care & Rural Health	Primary Care and Rural Health (OPCRH) provides: 1) Assistance to communities, including needs assessment and analysis, and grant writing, 2) An information clearinghouse, including provision of research and reports, access to workforce databases, and shortage area designations, 3) Planning and policy development, including capacity building, resource development, collaboration with other state and federal agencies and organizations, and assistance to rural communities/hospitals with conversion to cost-based Medicare reimbursement, and 4) Provider recruitment and retention, including promotion of practice opportunities to healthcare professionals, coordination of state and federal loan repayment and scholarship programs, coordination of National Health Services Corps and Conrad State 30 J-1 Visa Waiver Program, and recruitment and retention training.	Federal and State Funds	Direct Cost Assignment for personnel, contractual, and fixed costs. Note: Costs for the Primary Care or Rural Health programs are not allocated to Titles XIX or XXI Programs. When OPCRH contracts for services with another governmental entity or external partner, these services are described and documented in a written agreement in accordance with regulatory requirements.
KMBAG	1605	Medical Education Council	The Utah Medical Education Council (UMEC) is a subcommittee of the Utah Health Workforce Advisory Council and is comprised of individuals representing state agencies, academia, the healthcare industry and the public. UMEC administers the Medical Education Program which supports graduate medical education programs at institutions of higher ed throughout the State. In addition, UMEC facilitates the training of healthcare professionals in rural areas of the state through rural residency programs. They also administer the Medical Residency Grant Program and the Forensic Psychiatry Grant Program.	State and Other Funds	Direct Cost Assignment
KMBAH	1607	Medical Residency Grant Program	In accordance with UCA 26-69-407, this program is administered by the Medical Education Council and was established to create new medical residency programs or expand current residency programs. Under this program, a sponsoring institution in Utah may apply for a grant to establish a new residency program or expand a current residency program for an osteopathic medical program or a medical education program.	State Funds (Education Fund)	Direct Cost Assignment
KMBAI	1609	Forensic Psychiatry Grant Program	In accordance with UCA 26-69-408, this program is administered by the Medical Education Council and was established to facilitate the creation of a single forensic psychiatrist fellowship program in order to serve individuals who need psychiatry services and are under the jurisdiction of the Department of Corrections.	State Funds (Education Fund)	Direct Cost Assignment
KMBAD	1611	Oral Health Program	The Utah DHHS Oral Health Program aims to advance the general health and well-being of all Utahns by promoting oral health and preventing oral disease.	Federal (including MCH Block Grant and HRSA grants) and State Funds	Direct Cost Assignment
E6) Division Contracts and Pass Thru					
KTAAE		Local Health Departments and Pass Thru	Local Health Departments and Local Health Department Emergency Fund, Contracts and Subrecipient Pass Thru	Federal, State, and Other Funds	Direct Cost Assignment

F) Utah Public Health Laboratory					
The Utah Public Health Laboratory (UPHL) manages laboratory testing through the entire state of Utah. This includes testing and monitoring infectious diseases, managing newborn screenings for chronic diseases, testing and monitoring environmental diseases, managing drug and alcohol blood tests, and managing clinical and environmental laboratory certification programs. UPHL strives to serve its customers and stakeholders with accurate data as quickly as possible.					
Appropriation Program	**Cost Center**	**Name**	**Description**	**Funding Source**	**Allocation Method**
KMBAC	1521 Activities LBDR, LBFN, LBMP, LBNL, LBIT	Laboratory Administration	Laboratory Administration: UPHL provides high quality testing and consultation services to entities fulfilling a public health mandate to protect the citizens of Utah. The four main goals of the laboratory are: 1) Produce accurate and timely testing in a wide range of public health disciplines, 2) Provide expert scientific consultation, 3) Collaborate with partners to improve public health outcomes, and 4) Deliver education and training to advance public health laboratory science. Laboratory Administration is comprised of the Director, Financial Operations, and the Laboratory Informatics area, that coordinate at the Division and Agency level.	State Funds with shared expenses allocated to testing programs.	Direct Cost Assignment Shared expenses are allocated. The allocation method is determined ~~annually~~ quarterly using a cost per FTE method. Administrative costs not covered by State Funds are combined into a lab overhead expense pool. Then a cost per FTE is calculated using total expenses in the pool as the numerator and the total FTEs at the lab as the denominator. This calculated cost is then distributed evenly to each FTE at UPHL.
KMBAC	1522 Activities CHAD, CHOR, CHWM, CHIO, CHMT	Chemical and Environmental Services Laboratory	The Chemical and Environmental Services Laboratory focuses on three program areas: environmental testing, chemical threat response (CT), and biomonitoring. The program tests for contaminants in drinking water, lakes and rivers, clinical samples, and other materials in coordination with its partners. The CT response team assists with analytical services and responses to chemical emergencies. Testing is done to assure compliance with state and Department of Environmental Quality's (DEQ) requirement and serves as the state's "principal" laboratory that is certified by EPA [40 CFR 142, Subpart B, 1976]. Testing and technical consultation services are provided to Utah DEQ, public utilities, local health districts, and other state and federal agencies. Other Funds are collected from customers.	Federal, State, and Other Funds	Direct Cost Assignment
KMBAC	1524 Activities FTAD, FTOP, FTCT; 1525	Forensic Toxicology Laboratory	The Forensic Toxicology Laboratory conducts analyses of tissues and body fluids to determine the presence of alcohol, drugs, and other toxic substances. Staff routinely provide expert testimony regarding toxicology results in courts of law. Toxicology services are provided to the Medical Examiner (OME) area and to more than 180 law enforcement agencies statewide. Toxicology results are used to assist the OME in determining the cause and manner of death (Utah Code 26-4-7) and to provide information in cases involving automobile homicide (Utah Code 76-5-207) or suspects driving under the influence (DUI) of alcohol and/or drugs (Utah Code 41-6a-502). Other Funds are collected from the Drivers License Division and restricted for testing services for the Department of Public Safety.	Federal funds (Coverdell grant), State, and Other Funds	Direct Cost Assignment

KMBAC	1526 Activities SOAD, SOLS, SOCS, SOSF, SOSR	Laboratory Support Services	The Laboratory Support Services' section includes, but is not limited to, specimen logistics, processing, accessioning, exception handling, client services, data entry, storage, hazardous sample packing, and some pre-analytical preparation. It includes a central supply and distribution center, long-term storage of supplies, washroom, sterilization and autoclaving, collection kit preparation, mailroom, shipping and receiving, fleet management, physical plant operations, and employee support. ~~Other Funds are collected from customers.~~	Federal Funds (including include the CDC-Epidemiology and Laboratory Capacity grant, the Public Health Emergency Preparedness grant, and a CDC Tuberculosis Control grant), and State~~, and Other Funds~~.	The allocation method is determined ~~annually~~ quarterly using a cost per FTE method. Administrative costs not covered by State Funds are combined into a lab overhead expense pool. Then a cost per FTE is calculated using total expenses in the pool as the numerator and the total FTEs at the lab as the denominator. This calculated cost is then distributed evenly to each FTE at UPHL.
KMBAC	1527, 1533	Laboratory Certification programs	The mission of both the Environmental Certification and Clinical Laboratory Improvement Amendments (CLIA) Certification Programs is to improve the quality of test results produced in clinical and environmental laboratories through consultation, training, and certification.	Federal Funds (CLIA Certification Program - Clinical Laboratory Improvement Amendment Program federal grant) State Funds (Environmental Certification Program - Other Funds	Direct Cost Assignment
KMBAC	1528 Activities NSAD, NSOP, NSNL, NSPR; 1529	Lab Testing Programs - The Newborn Screening Program	Lab Testing Programs - The Newborn Screening Program: The Newborn Screening Program screens all newborns in Utah for 40+ conditions, including metabolic, endocrine, immunologic, genetic, and hemoglobin disorders. Early diagnosis allows for early treatment, prevents severe disability, and saves lives. Other Funds are from the pre-sale of blood-spot collection kits.	Federal Funds (Newborn Screening Grant), State, and Other Funds	Direct Cost Assignment
KMBAC	1530 Activities IDAD, IDIV, IDBT, IDTB, IDMT	Infectious Diseases Laboratory	The Infectious Diseases Laboratory assists partners in the investigation of outbreaks by providing infectious disease testing. They provide testing in the specialized areas of Bacteriology, Immunology, Molecular Diagnostics, Tuberculosis, and Virology. This laboratory houses the Bio-threat (BT) response team to provide first responders with emergency assistance in the rapid detection of potential BT organisms. Other Funds are collected from customers.	Federal, State, and Other Funds	Direct Cost Assignment
~~KMBAC~~	~~1531~~	~~IHSP CSTE grant~~	~~Costs for the influenza population-based hospitalization surveillance project.~~	~~Federal Funds (IHSP CSTE grant)~~	~~Direct Cost Assignment~~
KMBAC	Unique coding as applicable	Misc Federal grants	Other Federal grants may be used and identified with specific coding.	Federal Funds	Direct Cost Assignment

Appendix A

DHHS Organizational Structure



Appendix B
Random Moment Sampling (RMS)

Name	Description
Random Moment Sampling (RMS) Defined	RMS is based on the law of probability, which in essence, states that there is a high probability that a relatively small number of random observations will exhibit approximately the same characteristics as the overall characteristics of the universe from which the sample was taken. RMS involves selecting at random several slices of time in the work period and asking the worker the activity he or she is working on at that moment. Each workday in a calendar quarter is divided into one-minute intervals from 8:00 a.m. through 5:00 p.m., normally Monday through Friday. Workday time frames may be altered for specific employees. The computer then randomly selects workers and time slots for sampling. The major advantages of the RMS method are: 1. Employees are not involved in keeping daily time sheets. 2. It is a cost-effective operation. 3. It is among the most accurate ways to measure staff activities. 4. In general, the sample is not affected by changes of staff or organization refinements.
Procedures for RMS	The following standards and procedures apply to the Utah Department of Human Services random moment sampling process: I. The sampling universe involves those employees who are directly involved in client activities and possible multiple funding sources. (See DCFS and JJYS sections of the plan for more detailed definition.) 2. The sampling unit is a single moment that is selected in the standard workday. This has been defined as a moment during a one-minute increment. 3. DCFS Sample Size: The sample size for DCFS will be at least 2,000 each calendar quarter. Using confidence level of 95%, +-2% allowable error, and 30% maximum occurrence rate result in a sample size approximating 2,000. To accommodate for invalid observations, DCFS actual sample size for the quarter will be increased to 2,700. Responses to activity codes 547, 548, and 549 represent invalid observations for DCFS sample size purposes. If the RMS responses for a quarter result in an occurrence rate >30% for a specific activity code/ service type combination, then the next quarter's sample size will be increased to 3,000. [Using a 50% occurrence rate (which is the most conservative) results in an approximate sample size of 2,400.] If the actual responses to the DCFS invalid observation codes for a quarter exceed the allowances built into the sample size to accommodate for these instances, then the next quarter's sample size will be adjusted accordingly. JJYS Sample Size: The sample size for JJYS is 700 each calendar quarter. The actual sample size will be increased to 750 to accommodate for invalid observations. Responses to activity codes 590, 591, and 599 represent invalid observations for JJYS sample size purposes. If the actual responses to the JJYS invalid observation codes for a quarter exceed the allowances built into the sample size to accommodate for these instances, then the next quarter's sample size will be adjusted accordingly.

Additional DHHS RMS Procedures	For the Department to conduct the RMS for cost allocation purposes, several steps are executed: I. A computer program is used to randomly select workers and time slots for sampling. 2. An E-mail message will be sent to each sampled worker at the appointed date and time for the sample moment. The E-mail message will request the worker to report his or her activity for the sample moment. See section F for a description of the e-mail message. If the worker does not respond within three business days after the time of the sample, the sample item will not be counted for cost allocation purposes, although possibly still used for sample size consideration. Invalid responses for sample size consideration depend on the activity code. 3. The results of the RMS are sent to the Bureau of Finance for use in distribution of costs in accordance with the applicable division Funding Matrix. The RMS sample results, penetration rates, and applicable costs are used on a cumulative-to-date basis for the State fiscal year. The cumulative-to-date totals are used for cost allocation purposes. Allocated costs specific to each quarter are determined based on the difference between the current cumulative quarter and the preceding cumulative quarter. Cost allocation is also completed on a cumulative-to-date basis for the State's year-end closing period. "Excluded from Computation" in the funding matrix means that responses in these areas are not used for determining the allocation of worker time for cost allocation purposes. 4. A computer program is run to produce a list of Division of Child and Family Services (DCFS), and Division of Juvenile Justice & Youth Services (JJYS) employees. The list will be used to update employee information for the next month.
Definition of Title IV-E Foster Care Penetration Rate	The Title IV-E foster care penetration rate is the proportion of active out of home clients (see JJYS and DCFS funding matrix footnotes for further clarification) who have been determined to be Title IV-E eligible as compared to all active out of home clients as of the last day of the month. For the legal representation Title IV-E proportion of clients calculation, clients in out of home care for delinquency are excluded. Separate foster care penetration rates are calculated for the Division of Child and Family Services and the Division of Juvenile Justice & Youth Services. The foster care penetration rates for the preceding State fiscal year will be adjusted (in typically November/December) for updated Title IV E determinations. The updated rates will be used to determine cumulative cost allocation impact(s) for the preceding State fiscal year. The impact(s) will be reported as a prior quarter adjustment for the September quarter. State fiscal year 2013 will be the beginning year that will be adjusted.
Definition of Title IV-E Foster Care Candidate with Legal Representation Penetration Rate	For the legal representation calculation of the proportion of clients that are traditional foster care candidates, only clients that are court-ordered to receive in-home services will be included (see DCFS funding matrix footnotes for further clarification) .
Definition of Title IV-E Traditional Foster Care Candidate Penetration Rate	The Title IV-E Traditional Foster Care Candidate Penetration Rate is the proportion of currently active traditional foster care candidates as of the last day of the month as compared to all currently active children receiving in-home services.
Definition of Title IV-E Adoption Penetration Rate	The Title IV-E Adoption penetration rate is the proportion of currently active adoption assistance recipients as of the last day of the month who have been determined to be Title IV-E eligible as compared to all active adoption assistance recipients.
Definition of Title IV-E Prevention Penetration Rate	The Title IV-E Prevention penetration rate is the proportion of currently active prevention candidates as of the last day of the month as compared to all currently active children receiving in-home services.
Targeted Case Management Penetration Rate Definition	The Targeted Case Management Penetration Rate is the proportion of youth currently in the pre release 90 day period as of the last day of the month who have received targeted case management services or services described under CAA 5121 or 1115 waiver as compared to all youth in JJYS receiving medical and case management services.

Definition of Title IV-E Traditional Foster Care Candidate	A child is a candidate for foster care (traditional) under the Title IV-E foster care program if the Child and Family Plan indicates that the child is at imminent risk of removal and, absent effective preventive services, foster care is the planned arrangement for the child, or there is evidence of court proceedings in relation to removing the child from home, in the form of a petition to the court, a court order, or transcript of the court's proceedings, or there is equivalent documentation in the case record demonstrating that the child is at imminent risk of removal and, absent effective preventive services, foster care is the planned arrangement for the child.
Definition of Title IV-E Prevention Candidate	A prevention candidate is a child under age 18 who is at serious risk of entering or reentering foster care, but is able to remain safely in the home or kinship placement as long as mental health, substance use disorder, or in-home parenting skill based programs or services are provided to the child, parent or kin caregiver under the approved Title IV-E prevention program plan. To be eligible for the Title IV-E prevention program the child's prevention status must be designated in the child's prevention plan, which is the Child and Family Plan, prior to provision of services.
Definition of Out of Home Clients	Out of home clients are those clients under the legal responsibility and custody of DCFS or JJYS who are placed outside of their own home in non-secure/non-detention facilities (i.e., foster family homes or child care institutions as defined in federal law).
Email message	Below is an example of the RMS e-mail message (for both the Division of Child and Family Services and the Division of Juvenile Justice & Youth Services) that is sent to the sampled workers: From: [sender's email address] To: [recipient's email address] Subject: RMS Notification - Please Reply Promptly RMS (Random Moment Sample) Notification Employee sampled: [recipient's name] Moment sampled: [date and time of sample instance] You have been randomly selected to report your activity for the moment shown above. Please click here to enter your response. If you have any questions regarding the RMS process or if you are not the person named above, please contact the RMS administrator at (801) 538-4250 (phone) or RMS@Utah.gov (email). Thank you, RMS Administrative Team If an employee is sampled multiple times for the same day, then the following will be included in the email to notify the employee that the sample is separate from prior email received the same day: You received another sample earlier today at _ __ (e.g., 9:17 AM). This is an additional sample. Please respond to all sample notices received today. The email wording may be adjusted and revised occasionally for minor changes as determined appropriate without revising the cost allocation plan.

Response follow-up	If a worker does not respond to the RMS request within approximately one day, the supervisor is sent an e-mail asking for follow-up with the worker so a response can be obtained timely. The following is included in the e-mail wording sent to the supervisor: We have not yet received this employee's response. Please follow-up with this employee to ensure that a response is submitted today. If the employee was not working at the moment sampled or is unavailable to reply through his/her own e-mail link today, please obtain the activity information from the worker and click on the link below to enter a response on their behalf. RMS administrators may also input the response on behalf of employee for reasons such as terminated employees and extended absences.
RMS REPORTING General Instructions and Definition of Reporting Categories FOR THE DIVISION OF CHILD AND FAMILY SERVICES This document lists definitions for each service type and activity used for the Random Moment Sample (RMS) process.	
RANDOM MOMENT SAMPLE (RMS) REPORTING	When selected for RMS reporting, clicking on the link indicated on the e-mail will automatically take the individual to screens in which to report applicable information for the categories identified below. All three category parts must receive a response in order for reporting to be complete:
Part 1:	CASE INFORMATION - This part identifies if "case specific," meaning devoted to a specific client, or if the activity is "general," meaning non-case specific job duties, training, or time away from work area. If activity is case-specific, the client number or client name should be entered.
Part 2:	SERVICE TYPE - The most appropriate service type being provided to the client for the moment sampled should be selected. If in Part 1 the activity was "general," the system automatically records a service type of "general/non-client."
Part 3:	ACTIVITY - The most appropriate "case specific" or "general" activity that best describes what the individual was doing at the selected moment should be selected. a. Case Specific Activity: These activities reflect work devoted to a specific client. An activity within this set of activities should always be selected instead of a general activity when Part 1 of response indicates working on behalf of a specific client. b. General Activity: These activities do not relate to working on behalf of a specific client, but relate to general job duties, training, or time away from work area. An activity within this set of activities should always be used when Part 1 of response indicates not working on behalf of a specific client.
PART 1 - CASE INFORMATION	
001 Working on a specific case:	DCFS will include case number specific to the SAFE source system. Personally identifying information is not included due to Federal restrictions for Domestic Violence clients who are not clients on a DCFS child welfare case.
002 Not working on a case:	If not engaged in an activity related to a specific client, then not working on a case should be selected.
PART 2- SERVICE TYPE	
021 Child Protective Services:	Activities performed by staff to protect children whose physical, mental, or emotional well-being is threatened by parents, legal guardians or custodians, such as investigating allegations of child abuse or neglect, providing differentiated response when investigation is not warranted, or assessing protection, risk, and safety needs of a child, and the strengths, needs, ability and willingness of the family to protect. These children may be traditional foster care candidates and also candidates for foster care under the Title IV-E prevention program (referred to as " prevention candidates").
022 Out-of-Home Care/Foster Care:	Activities performed by staff to arrange for, coordinate, or provide services to ensure the appropriate, safe care of children in DCFS custody placed in out-of-home care.

023 In-Home Services:	Activities performed by staff to arrange for, coordinate or provide in-home services to a family when children have been subject to or are at risk of abuse, neglect or dependency and may be at risk of being placed in state custody, including traditional foster care candidates and also candidates for foster care under the Title IV-E prevention program (referred to as "prevention candidates").
024 Adoption:	Activities performed by staff to facilitate adoption of children from the public foster care system, including activities related to adoptive placement, adoption assistance on behalf of a child with special needs, or post-adoption support.
025 Domestic Violence:	Activities performed by staff to provide, coordinate, or arrange for services in cases where domestic violence has occurred.
029 General/Non-Client:	The RMS system automatically selects this service type when Part 1 of response indicates not working on a case.

SECTION 3 - ACTIVITY CODES
CASE SPECIFIC ACTIVITY (CODES 100 THROUGH 449):
RMS Activity Funding Matrix
Information in green is not visible to RMS respondents.

CASE SPECIFIC ACTIVITY	Description	Code	DCFS Activity	021 CPS	022 Out-of-Home / Foster Care	023 In-Home	024 Adoption	025 Domestic Violence	029 General Non-Client
Eligibility Title IV-E Foster Care:	Activities related to gathering and reporting information required for determining and predetermining client's eligibility for Title IV-E Foster Care services.	100	Eligibility Title IV-E Foster Care	IV-E	IV-E	N/A	N/A	N/A	N/A
Eligibility Title IV-E Adoption:	Activities related to gathering and reporting information required for determining and predetermining client's eligibility for Title IV-E Adoption Assistance.	101	Eligibility Title IV-E Adoption	N/A	IV-E	N/A	IV-E	N/A	N/A
Child and Family Assessment:	Activities related to identifying, gathering, and interpreting information to identify child and family needs, strengths, and resources, such as family history, medical, psychological, educational, and related evaluations, and other information pertaining to significant factors affecting safety, permanency, well-being and ability to ensure safety. (If assessing needs of a victim of sex trafficking or screening for a potential victim of sex trafficking, report as activity 206.)	200	Child and Family Assessment	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	SSBG	N/A
Child and Family Plan Development:	Activities related to development and preparation of the Child and Family Plan, based on the conclusions of the assessment. (If developing a child and family plan for a victim of sex trafficking, report as activity 206.)	201	Child and Family Plan Development	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	SSBG	N/A

Child and Family Plan Referral and Coordination:	Activities related to arranging or coordinating delivery of services in response to client needs, as specified in the Child and Family Plan. (If referring and coordinating services for a victim of sex trafficking, report as activity 206.)	202	Child and Family Plan Referral and Coordination	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	SSBG	N/A
Child and Family Plan Tracking and Adaptation:	Activities related to evaluation of the effectiveness of services furnished under the Child and Family Plan and adaptation of the plan, when appropriate. (If tracking and adapting a plan for a victim of sex trafficking, report as activity 206.)	203	Child and Family Plan Tracking and Adaptation	N/A	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	SSBG	N/A
Child and Family Plan Case Documentation:	Collection, summary, or entry of information documenting activities related to development, implementation or adaptation of the Child and Family Plan. This activity does **not** include the preparation of reports and activity recording documenting instances of the actual provision of social services or mental health treatment. (If conducting case documentation for a victim of sex trafficking, report as activity 206.)	204	Child and Family Plan Case Documentation	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	SSBG	N/A
Child and Family Informal Support Mobilization:	Activities related to mobilizing the use of natural helping networks, such as family members, church members and friends in supporting the child and family in implementing or accessing services identified in the Child and Family Plan.	205	Child and Family Informal Support Mobilization	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	SSBG	N/A
Sex Trafficking Case Management:	Activities related to victims of sex trafficking, such as identifying victims of sex trafficking or screening runaway youth for being victims of sex trafficking, determining appropriate services and referral to services, case documentation, and reporting to law enforcement officials, the National Center for Missing and Exploited Children, and the Federal Bureau of Investigation (FBI) related to any sex trafficking case or potential case. This activity does not include CPS investigation for allegations of sex trafficking, or provision of social services to a sex trafficking victim.	206	Sex Trafficking Monitoring and Reporting	IV-E	IV-E	IV-E	IV-B/SSBG	SSBG	N/A

Child and Family Team Meeting:	Activities related to preparation for, participating in, or documenting a Child and Family Team Meeting conducted for purposes such as assessing child and family strengths and underlying needs, developing the Child and Family Plan, obtaining team support for the family, following up on plan implementation, and transition planning.	300	Child and Family Team Meeting	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	SSBG	N/A
Case Staffing:	Formal review of the case with others, including meeting with supervisor, providers, and/or other related agencies to discuss the progress of the client.	301	Case Staffing	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	SSBG	N/A
Court Preparation and Participation:	Activities related to preparing and participating in the client's court proceedings. For example, in addition to participation in court proceedings, also included are writing reports for the court, consulting legal counsel, supervisory staff, or other individuals relevant to the case, preparing court presentations, time spent traveling to and from the court, and waiting on location for proceedings to begin.	302	Court Preparation and Participation	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	N/A	N/A
Administrative Hearing/Complaint Resolution Preparation and Participation:	Activities related to preparing for and participating in the client's administrative appeals hearing, such as information gathering, writing and submitting documents or reports, and attending or traveling to the hearing.	304	Administrative Hearing/ Complaint Resolution Preparation and Participation	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	N/A	N/A
Case-Specific Quality Assurance Process Preparation and Participation:	Activities related to preparing and participating in the client's case-specific quality assurance process, such as a qualitative case review, case process review, child and family services review, audit, or other case-specific review process, including preparation of reports and travel.	305	Case-Specific Quality Assurance Process Preparation and Participation	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	SSBG	N/A

Child Placement (Adoption or Foster Care):	Activities related to placing a child in an adoptive home or licensed foster home, group home, or residential care facility, such as contacting potential care providers, informing the current care provider of change of placement, coordinating transfer, conducting a pre-placement visit or conference (with or without the client), physical placement of the client with new care provider, placement assessment, preparation for removal from placement, notification of custodian, emergency interim placement, and alternate placement.	306	Child Placement (Adoption or Foster Care)	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	N/A	N/A
Child-Specific Foster or Adoptive Home Recruitment/Licensing:	Activities related to the identification and recruitment of foster (including kinship) or adoptive caregivers on behalf of a specific individual or sibling group. Includes interviewing prospective parents, initial home study, and activities related to the certification or licensure of the caregiver.	307	Child-Specific Foster or Adoptive Home Recruitment / Licensing	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	N/A	N/A
Adoption Referral/Preparation for Placement:	Referral of a child or sibling group to an adoption unit or the Adoption Exchange for activities related to the permanent placement of a child. This may include consultation with the child, family members, or staff of the adoption program; the gathering, preparation, and submission of information needed by adoption staff; and accompaniment of the child on pre-placement visits with prospective adoptive parents.	308	Adoption Referral / Preparation for Placement	N/A	IV-E/IV-B/ SSBG	N/A	IV-E/IV-B/ SSBG	N/A	N/A
Foster Care Payment/Adoption Subsidy/Resolving Payment Issues:	Any activities related to determining the level and rate for foster care or adoptive subsidy payment. This may include collection or submission of information about a child or sibling group or consultation with the child's care or service provider regarding any special needs of the child. This also includes resolution of payment issues on behalf of a child's foster or adoptive family.	309	Foster Care Payment / Adoption Subsidy / Resolving Payment Issues	N/A	IV-E/IV-B/ SSBG	N/A	IV-E/IV-B/ SSBG	N/A	N/A

Client Transporting (Non-Medical):	Activities designed to enable a client to travel to and from facilities to receive needed services exclusive of medical services. This includes going to and returning from client location and transportation for parental visitation, court, case review, and placement. Any other transportation should be identified with the activity for which the transportation is taking place.	310	Client Transporting (Non-Medical)	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	SSBG	N/A
Client Transporting (Medical):	Activities designed to enable a client to travel to and from facilities to receive needed medical services. This includes going to and returning from client location.	311	Client Transporting (Medical)	SSBG IV-B	SSBG / IV-B	SSBG / IV-B	SSBG / IV-B	SSBG	N/A
Locating Runaway Foster Child:	Activities related to locating runaway foster child, such as reporting to law enforcement, information gathering, contacting individuals or traveling to locations known to the child, reporting to the National Center for Missing and Exploited Children, and documenting efforts to locate child.	312	Locating Runaway Foster Child	N/A	IV-E	N/A	N/A	N/A	N/A
Visit with Child:	Face-to-face visit with a child client for such purposes as assessing child safety and well-being and observing child's interaction with parent or caretaker; also includes documenting the visit.	313	Visit with Child	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	N/A	N/A
Visit with Parent or Guardian of Foster Child:	Face-to-face visit with a parent or guardian of a foster child for such purposes as facilitating reunification, assessing progress in completing goals in Child and Family Plan, informing parent of child status and appointments (such as medical or school); also includes documenting the visit.	314	Visit with Parent or Guardian of Foster Child	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	N/A	N/A	N/A	N/A
Visit with Foster Parent/Out of Home Provider:	Face-to-face visit with a foster parent or other out of home provider for such purposes as assessing child safety and well-being and observing child's interaction with parent or caretaker; also includes documenting the visit.	315	Visit with Foster Parent/Out of Home Provider	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	N/A	N/A	N/A	N/A
Visit Supervision/Foster Child and Parent or Guardian:	Supervision of a face-to-face visit of a foster child and parent or guardian for such purposes as ensuring child safety, observing child's interaction with parent or caretaker, and assessing progress to reunification; also includes documenting the visit.	316	Visit Supervision Foster Child and Parent or Guardian	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	N/A	N/A	N/A	N/A

Visit with Family in Home:	Face-to-face visit with adult and child clients for such purposes as assessing progress in completing goals in Child and Family Plan and observing family interaction and environment for promoting safety and well-being; also includes documenting the visit.	317	Visit with Family in Home	IV-E/IV-B/ SSBG	SSBG / IV-B	IV-E/IV-B/ SSBG	IV-E/IV-B/ SSBG	SSBG	N/A
Visit with Adult Client:	Face-to-face visit with an adult client for such purposes as assessing progress in completing goals in treatment plan and observing interaction and environment for promoting safety and well-being; also includes documenting the visit.	318	Visit with Adult Client	N/A	N/A	N/A	N/A	SSBG	N/A
Investigation of Child Abuse/Neglect (Pre-placement):	Activities related to investigation of allegations of suspected child physical abuse, sexual or emotional abuse, or child neglect/maltreatment, which occurred while the child lived in a family setting and prior to any removal of the child from the home.	400	Investigation of Abuse/ Neglect (Preplacement)	IV-B	N/A	N/A	N/A	N/A	N/A
Coordination of Child Abuse/Neglect Investigation for Child in Facility/Out-of-Home Placement:	Activities related to tracking and coordinating investigation of allegations of child abuse or neglect of a child in an out-of-home placement such as foster care, department arranged relative care, a child care facility, or in a secure or institutional setting.	401	Coordination of Child Abuse/ Neglect Investigation for Child in Facility/ Out of Home Placement	IV-B	IV-B	N/A	N/A	N/A	N/A
Receiving Referral for Child Abuse/Neglect Investigation:	Activities related to receiving and documenting a referral for investigation of allegations of child abuse or neglect, such as contact with referent, research of prior investigation history, completing checklist and staffing for priority, determination of accepted or unaccepted referral, assignment to CPS worker, and referral to another agency. (Note: Intake "information only" contacts are a general activity, see Activity #511.)	402	Receiving Referral for child Abuse/Neglect Investigation	IV-B	N/A	N/A	N/A	N/A	N/A
Risk Assessment and Safety Planning:	Activities related to performing a risk assessment or developing a safety plan in a child protective services investigation or in a domestic violence intervention, or as a component of the process to determine if a child is a traditional foster care candidate or a prevention candidate.	403	Risk Assessment and Safety Planning	IV-E/IV-B/ SSBG	IV-B/ SSBG	IV-E/IV-B/ SSBG	IV-B/ SSBG	SSBG	N/A
Directly Providing Domestic Violence Treatment:	Directly providing and documenting provision of mental health treatment services for victims or perpetrators of domestic violence.	404	Directly Providing Domestic Violence Treatment	N/A	N/A	N/A	N/A	SSBG	N/A

Directly Providing Family Support Services:	Directly providing and documenting provision of services to a family to alleviate the risk of removal of the child from the home, such as counseling, advocacy, education/skill building, and concrete services, such as housing, utilities, and transportation.	410	Directly Providing Family Support Services	N/A	IV-B/ SSBG	IV-B/ SSBG	IV-B/ SSBG	SSBG	N/A
Directly Providing Family Preservation Services:	Directly providing and documenting provision of intensive family preservation services to alleviate crisis conditions affecting a child or family that threaten the child's ability to remain in the family home.	411	Directly Providing Family Preservation Services	N/A	IV-B/ SSBG	IV-B/ SSBG	IV-B/ SSBG	SSBG	N/A
Directly Providing Post-Adoption Services:	Directly providing and documenting provision of post-adoption services such as adoption related education, supportive services, coordination with community partners, and counseling or crisis intervention to alleviate conditions affecting a child or family that threaten the child's ability to remain in the adoptive home.	412	Directly Providing Post-Adoption Services	N/A	N/A	N/A	IV-B/ SSBG	N/A	N/A
Directly Providing Counseling Services for Foster Children:	Directly providing and documenting provision of non-case management services, such as rehabilitation counseling or individual/group therapy to children who are in foster care.	420	Directly Providing Counseling Services to Foster Children	N/A	IV-B/ SSBG	N/A	N/A	N/A	N/A
Directly Providing Transition to Adult Living Services:	Directly providing and documenting provision of non-case management services to youth who have or are in the process of transitioning from foster care to adult living, such as teaching life skills or participating in mentoring activities.	421	Directly Providing Transition to Adult Living Services	N/A	IV-B/ SSBG	N/A	N/A	N/A	N/A
Directly Providing Reunification Services for Parents/Guardians of Foster Children:	Directly providing and documenting provision of non-case management services to the parents or guardians of a child in foster care, such as counseling, advocacy, education/skill building, and concrete services, such as housing, utilities, and transportation.	422	Directly Providing Reunification Services for Parents/Guardians of Foster Children	N/A	IV-B/ SSBG	N/A	N/A	N/A	N/A
Drug Test Sample Collection:	Observing and documenting client provision of urine sample for court-ordered drug testing.	430	Drug Test Sample Collection	IV-B/ SSBG	IV-B/ SSBG	IV-B/ SSBG	N/A	N/A	N/A
GENERAL ACTIVITIES (CODES 500 THROUGH 549) **The activity codes in the 500 - 549 series are used when engaged in an activity that is not case specific.** *Information in green is not visible to RMS respondents.*									

NON CASE SPECIFIC ACTIVITY	Description	Code	DCFS Activity	021 CPS	022 Out-of-Home / Foster Care	023 In-Home	024 Adoption	025 Domestic Violence	029 General Non-Client
DCFS Practice Model or Core Training:	Participating in all initial practice model or new employee training and in-service training classes.	500	DCFS Practice Model or Core Training	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
University Training:	Participating in university classes approved for social work training and advanced degrees.	501	University Training	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Permanency Planning Training:	Participating in training classes regarding permanency planning.	502	Permanency Planning Training	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Foster Care and Adoptive Parent Training:	Activities related to providing training to foster and adoptive parents to facilitate interim and permanent placements.	503	Foster Care and Adoptive Parent Training	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
SAFE Training:	Participating in SAFE (CCWIS) related caseworker training.	504	SAFE Training	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Staff Development/Other Training:	Participating in approved organized training, including conferences, seminars, and workshops.	505	Staff Development/Other Training	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Manual Review', Professional or Reference Reading:	Activities related to reviewing the procedures or policy manual, reference literature and other professional documents not related to a specific case.	510	Manual Review, Professional or Reference Reading	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
General Information and Referral:	Activities related to providing individuals (other than clients) information about agency or community programs and resources, including "information only" calls to Intake.	511	General Information and Referral	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Community Presentations:	Activities related to preparing and delivering information to community groups regarding agency activities, goals, or needs.	512	Community Presentations	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Quality Assurance Reviews:	Activities related to comprehensive review of case records or other documents that assure compliance with federal, state, or judicial requirements.	520	Quality Assurance Reviews	N/A	N/A	N/A	N/A	N/A	Excluded from Computation

General Recruitment of Adoptive or Foster Parents:	Activities related to identifying prospective foster care and adoptive parents (not child specific), conducting initial home studies (not child-specific), or monitoring facilities.	521	General Recruitment of Adoptive or Foster Parents	N/A	N/A	N/A	N/A	N/A	IV-E/IV-B/ SSBG
Staff Meetings:	Activities related to participating in scheduled unit or team meetings, office-wide meetings, and discussions with a supervisor not related to a specific case.	530	Staff Meetings	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Travel (Not Client Specific):	Work-related travel away from employees' workstation.	531	Travel (Not Client Specific)	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Clerical Tasks:	Activities related to clerical tasks, such as photocopying, filing, typing, data entry, mail distribution, and other non-client specific activities.	532	Clerical Tasks	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Other Administrative Tasks:	Activities related to general administrative tasks such as completion of required forms and paperwork not related to a specific client, including personnel forms, travel or reimbursement requests, and other necessary or required reports or procedures.	533	Other Administrative Tasks	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Lunch, Breaks, Personal Business:	Scheduled break time, office social events, mealtimes, and activities of a personal nature.	534	Lunch, Breaks, Personal Business	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Employee on Normal Leave:	Paid absence, such as sick, vacation, administrative, or personal leave.	535	Employee On Normal Leave	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Education, Jury, or Military Leave:	Approved educational leave, jury duty, or military reserve duty.	536	Education, Jury, Military Leave	N/A	N/A	N/A	N/A	N/A	Excluded from Computation
Employee not Available:	Employee not scheduled to work at time of sample (example, flextime or part-time employment). Includes leave without pay.	547	Employee Not Available	N/A	N/A	N/A	N/A	N/A	Non-Countable Strike
Employee without Case Management Duties:	This activity code applies when employee does not have case management responsibilities.	548	Employee without Case Management Duties	N/A	N/A	N/A	N/A	N/A	Non-Countable Strike

Other:	Position vacancy, incorrect RMS identification or uncorrected response in error.	549	Other	N/A	N/A	N/A	N/A	N/A	Non-Countable Strike

Footnotes to Funding Matrix

1) N/A in the matrix identifies invalid combinations of service type and activity.
2) In those instances where multiple funding sources benefit from an activity, the proportions of the population eligible under the participating programs will be determined and applied to the cost of the activity to determine the cost benefit to each funding source. Based upon client count, the following will be utilized in applying the matrix.
For IV-E allowable activities reported in program area 022 (out of home), the IV-E foster care penetration rate will be applied, except for allowable activities pertaining to sex trafficking, for which no penetration rate will be applied.
For IV-E allowable activities reported in program areas 021 (CPS) and 023 (in-home), a two-step process will occur, except for allowable activities pertaining to sex trafficking and to prevention candidates, for which no foster care penetration rate will be applied.
First, an analysis of in-home services clients will be performed to determine the proportion of clients meeting the definition of traditional foster care candidate, prevention candidate, and non-candidate. Second, activities for in-home services clients who are traditional foster care candidates will have the IV-E foster care penetration rate applied. No penetration rate will be applied for in-home services activities for prevention candidates or for sex trafficking. For administrative costs for legal representation, this same analysis will be conducted of in-home clients to determine the proportion of clients meeting the definition of traditional foster care candidates, with one exception. For the legal representation calculation of proportion of clients that are traditional foster care candidates, only clients that are court-ordered to receive in-home services will be included.
For IV-E allowable activities reported in program area 024 (adoption), the IV-E adoption penetration rate will be applied. The remaining costs will be charged to Title IV-B, or the Social Service Block Grant if those costs are allowable under the grant awards for those programs, or to the state program.
3) The population that is eligible for title IV-E reimbursement for allowable activities for sex trafficking includes any child or youth under age 18 in the placement, care or supervision of the title IV-E agency who is at-risk of becoming a sex trafficking victim or who is identified as a sex trafficking victim, and also includes children or youth not removed from the home, children or youth who have run away from foster care and are under age 18, and youth not in foster care who are receiving services under the Chafee Foster Care Independence Program. No penetration rate is applied for these activities.
4) For training which benefits only foster care, the IV-E Foster Care penetration rate will be applied. For training which benefits only adoption, the IV-E Adoption penetration rate will be applied. For training that includes both foster care providers and adoptive parents in a joint training and for training of students employed by or preparing for employment with the title IV-E agency in BSW or MSW degree programs, the IV-E foster care and adoption case counts will be combined to determine a combined penetration rate, which will be applied to these costs. For other training specified in the State's approved Child and Family Services Plan, including CCWIS, the RMS results will be applied. For training which benefits only the IV-E prevention program, no penetration rate will be applied; federal participation will be claimed at 50%.
5) The funding matrix includes funds that are applicable for each activity; however, other funding sources may be used if available and appropriate.
6) Codes 100 and 101 are allocated to Title IV-E foster care and adoption without applying a penetration rate because eligibility determination is required for all foster and adoptive children.
7) All areas of funding matrix that list federal programs are also allowable for State funding.

RMS REPORTING General Instructions and Definition of Reporting Categories FOR THE DIVISION OF JUVENILE AND JUSTICE & YOUTH SERVICES This document lists definitions for each service type and activity used for the Random Moment Sample (RMS) process.	
RANDOM MOMENT SAMPLE (RMS) REPORTING	When selected for RMS reporting, clicking on the link indicated in the RMS notification email will automatically take the individual to screens in which to report applicable information for the categories identified below. All three parts must receive a response in order for reporting to be complete:
Part 1:	CASE INFORMATION - This part identifies if activity is "case specific," meaning devoted to a specific client, or if the activity is "general," meaning non-case-specific job duties, training, or time away from work area. If activity is case-specific, the case number for the client should be entered.
Part 2:	SERVICE TYPE -The most appropriate type of service being provided to the client for the moment sampled should be selected. If indicated "general" in Part 1, the system automatically records the General/Non-Client Service Type as Part 2 of response.
Part 3:	ACTIVITY - The most appropriate "case specific" or "general" activity that best describes what the individual was doing at the selected moment should be selected. Further details regarding case specific and general activities are as follows: a. Case Specific Activity: These activities reflect work devoted to a specific client. This set of activities should always be selected instead of a general activity when Part 1 of response indicates working on behalf of a specific client. b. General Activity: These activities do not relate to working on behalf of a specific client, but relate to general job duties, training, or time away from your work area. This section should always be used when Part 1 of response indicates not working on behalf of a specific client.
PART 1 - CASE INFORMATION	
001 Working on a specific case:	Case number or unique client ID specific to the CARE system will be included in the response.
002 Not working on a case:	If not engaged in an activity related to a specific client, then not working on a case should be selected.
PART 2- SERVICE TYPE	
031 Detention and Secure Care Services:	Work performed by staff to arrange for, coordinate, or provide services to a JJYS client in Division custody who is currently placed in a detention or secure facility.
032 Out-of-Home Services:	Work related to arranging for, coordinating, or providing out-of-home client services for a youth in JJYS custody residing outside of the home and not in a detention / secure facility.
033 In-Home Custody Services:	Work related to arranging for, coordinating, or providing in-home services to a youth in JJYS custody and possibly their family. (Clients receive these services to mitigate the risk of them going into the adult corrections system or back into a residential program setting with JJYS.)
034 Prevention Services:	Work related to arranging for, coordinating, or providing in-home prevention services to a client and possibly their family. (Clients receive these services to mitigate the risk of being placed in state custody.)

039 General/Non-Client Service Type:	The RMS system automatically selects this service type when Part 1 of response indicates not working on a case.

Part 3 - ACTIVITY

Many of the activity codes listed consist of a grouping of similar or related activities. The one code that best describes the type of activity the individual was engaged in at the time of sample should be selected.

CASE SPECIFIC ACTIVITIES (CODES 150-199, 250-299, 350-399, 450-499):

RMS Activity Funding Matrix

Information in green is not visible to RMS respondents.

CASE SPECIFIC ACTIVITY	Description	Code	JJYS Activity	031 Detention Secure Care	032 Out-of-Home Services	033 In-Home Custody	034 Prevention Services	039 General / Non-Client
Eligibility for Title IV-E Foster Care:	Activities related to gathering and reporting information necessary for determining or predetermining a client's eligibility for Title IV-E Foster Care.	150	Eligibility for Title N-E Foster Care	N/A	IV-E	N/A	N/A	N/A
Case Assessment:	Activities related to the collection of client history, medical, psychological and related evaluations to identify the youth's and family's service and treatment needs.	250	Case Assessment	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A
Initial Case Planning:	Activities such as reviewing the case file; assessing the presenting problem; assessing available resources; arranging for medical, dental, and mental health exams; referral to outside agencies for services; application for financial assistance; consulting with the court on the case plan; conferring with supervisory personnel in the actual development of the case plan; writing the service plan.	251	Initial Case Planning	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A
Client Referral and Coordination of Services / Treatment:	Activities that help the youth gain access to needed medical, social, education, or other services. Included are activities related to coordinating, but not "providing," needed services in accordance with the youth's needs assessment as specified in the case plan.	252	Client Referral and Coordination of Services I Treatment	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A
Case Plan Review and Evaluation:	This code consists of evaluating the effectiveness of services and treatment specified in the service plan/ needs assessment and subsequently revising the plan as conditions warrant.	253	Case Plan Review and Evaluation	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A
Ongoing Case Plan Documentation:	The collection, summary, or entry of information that updates the case plan/ needs assessment. (Note: this activity does not include the preparation of reports and case notes that document the actual provision of social services or mental health treatment.)	254	Ongoing Case Plan Documentation	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A

Enhancing Youth and Family Connections to Community/Natural Resources:	Activities that mobilize and vitalize natural helping networks, such as family members, church members, and friends. Activities in this category develop increased opportunities for community life and involvement, and include assistance with locating housing and with other living skills. These activities assist youth and their families in obtaining services that otherwise may be inaccessible or unavailable. (Note: the activities in this code include the development and enhancement of the youth's service network, but exclude activities that consist of the actual provision of such services.)	255	Enhancing Youth and Family Connection to Community l Natural Resources	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A
Case Staffing:	Activities related to a formal review of the case at given time intervals to formulate revisions in the treatment plan based on the case staffing; meeting with supervisor, providers, and/or other related agencies to discuss the progress of the client.	350	Case Staffing	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A
Preparation for and Attendance at Court or Hearing / Legal Proceedings:	Activities related to participating in proceedings for the client that are before the Juvenile Court or Youth Parole Authority (YPA). Activities include preparing court presentations, motions, and administrative reviews; consulting legal counsel, supervisory staff, or other individuals relevant to the case; attendance at legal proceedings, including travel to and from the proceedings and waiting on location for the proceedings to begin.	351	Preparation for and Attendance at Court or Hearing / Legal Proceedings	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A
Preparation for and Participation in a Case-Specific Quality Assurance Review:	Activities related to preparing for and participating in a case-specific quality assurance process, such as a qualitative case review, case process review, case-specific audit, or other case-specific review process, including the preparation of reports and travel.	352	Preparation for and Participation in a Case-Specific Quality Assurance Review	State	IV-E / SSBG	SSBG	IV-E / SSBG	N/A
Placement of the Client in a Proctor/Group Home Setting:	Activities such as contacting potential care providers, consulting with supervisory personnel, processing legal and Departmental placement related documentation, informing the current care provider of details related to a change of placement, coordinating with involved parties for a date of transfer, conducting a pre-placement visit or conference with the provider (with or without the client), physically placing the client with a new provider, preparing for the removal of a client from their existing placement, notifying the current care provider, and moving a client to an emergency interim placement.	353	Placement of the Client in a Proctor / Group Home Setting	N/A	IV-E / SSBG / XIX	XIX / SSBG	N/A	N/A

Placement of the Client in Detention or a Secure Care Facility:	Activities that entail preparing for and actually placing a client in detention or a secure care facility.	354	Placement of the Client in Detention or a Secure Care	State	N/A	N/A	N/A	N/A
Transportation for the Youth to Receive Non-Medical, Non-Educational Services:	Services designed to enable persons to travel to and from the client's location for the purpose of the client receiving needed services exclusive of medical or educational services; for example, transportation for parental visitation.	355	Transportation for the Youth to Receive Non-Medical, Non-Educational Services	State	IV-E / SSBG	SSBG	IV-E / SSBG	N/A
Transportation for the Youth to Receive Medical or Educational Services:	Services designed to enable persons to travel to and from the client's location for the purpose of the client receiving needed medical or educational services.	356	Transportation for the Youth to Receive Medical or Educational Services	State	State	State	State	N/A
Locating Runaway (AWOL) Client:	Activities that help locate runaway youth, such as reporting to law enforcement, gathering information, contacting individuals, traveling to locations known to the youth, and documenting efforts to locate the youth.	357	Locating Runaway (AWOL) Client	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A
Visit with Client:	Face-to-face visit with a client for such purposes as assessing their safety and well-being and observing their interaction with their parent or caretaker, and documenting the visit.	358	Visit with Client	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A
Visit with Parent or Guardian of Youth:	Face-to-face visit with a parent or guardian of a youth in custody for such purposes as facilitating reunification, assessing progress in completing goals on the Needs Assessment, informing parent of the youth's status and appointments (such as medical or school), and documenting the visit.	359	Visit with Parent or Guardian of Youth	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A
Visit with Proctor Parent or Out-of-Home Provider:	Face-to-face visit with a proctor parent or other out-of-home provider for such purposes as assessing the youth's safety and well-being and observing the youth's interaction with their proctor parent or caretaker, and documenting the visit.	360	Visit with Proctor Parent or Out-of-Home Provider	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	N/A	N/A

Risk Assessment and Safety Planning:	Activities related to performing a risk assessment or developing a safety plan and determining which prevention services are needed. This activity is also a component of the process for determining if a child is a prevention candidate under the Title IV-E prevention program.	403	Risk Assessment and Safety Planning	XIX / State	IV-E / SSBG / XIX	XIX / SSBG	IV-E / SSBG	N/A
Coordination of Investigation of Youth's Abuse/Neglect at a Secure Facility or Residential, Out-of-Home Placement:	Tracking and coordinating an investigation being performed with regards to allegations of a client's abuse or neglect at a secure care facility or residential out-of-home placement, including proctor care, group home, or other non-home residential setting.	450	Coordination of Investigation of Youth's Abuse/Neglect at a Secure Facility or Residential, Out-of-Home Placement	State	SSBG	N/A	N/A	N/A
Directly Providing (and Documenting) Family Support Services:	Activities that involve providing and documenting services (rather than coordinating or arranging for services) to a family that is in need of support services to alleviate the risk of removing the youth from the home. Such services may include counseling, advocacy, education/skill building, and concrete services such as housing, utilities, transportation, etc. This activity includes the preparation of reports and case notes documenting instances of the actual provision of social services.	451	Directly Providing (and Documenting) Family Support Services	N/A	N/A	SSBG	SSBG	N/A
Directly Providing (and Documenting) Transition to Adult Living Services:	Directly providing and documenting the provision of services to youth who have transitioned or who are in the process of transitioning to adult living, such as teaching life skills or participating in mentoring activities.	452	Directly Providing (and Documenting) Transition to Adult Living Services	N/A	SSBG	N/A	N/A	N/A

Directly Providing (and Documenting) Program Services:	Directly providing and documenting services (i.e. treatment or education).	453	Directly Providing (and Documenting) Program Services	State	State	State	State	N/A
Targeted Case Management services	Directly providing TCM services to youth including certain screenings and diagnostic services in accordance with Early Periodic Screening Diagnostic and Treatment (EPSDT) requirements, including behavioral health screenings or diagnostic services to eligible juvenile youth in public institutions and targeted case management services, including referrals to appropriate care and services.	454	Targeted case management and healthcare for 90 day pre release youth	XIX	XIX	XIX	N/A	N/A
GENERAL ACTIVITIES (CODES 500 THROUGH 549) **The activity codes in the 550 - 599 series are used when engaged in an activity that is not case specific.** *Information in green is not visible to RMS respondents.*								
NON CASE SPECIFIC ACTIVITY	Description	Code	JJYS Activity	031 Detention Secure Care	032 Out-of-Home Services	033 In-Home Custody	034 Prevention Services	039 General / Non-Client
JJYS Academy and Other Mandatory JJYS Training:	Participation in JJYS Academy training and other mandatory JJYS training.	550	JJYS Academy and Other Mandatory JJYS Training	N/A	N/A	N/A	N/A	Excluded from Computation
Other JJYS In-Service and Paid Training:	Participation in training events that are either in-house training events or other JJYS sponsored and paid training events such as conferences, seminars, and workshops, exclusive of permanency planning training.	551	Other JJYS In-Service and Paid Training	N/A	N/A	N/A	N/A	Excluded from Computation
JJYS Approved University Classes:	Preparing for or attending university classes approved for social work training and advanced degrees.	552	JJYS Approved University Classes	N/A	N/A	N/A	N/A	Excluded from Computation
Professional Reading/Research:	Activities such as reviewing the JJYS Annual Report, reviewing policies and procedures, studying professional literature, researching professional topics, and engaging in other similar activities not related to a specific case.	553	Professional Reading/Research	N/A	N/A	N/A	N/A	Excluded from Computation
Training on Permanency Planning:	Attendance at permanency planning training events.	554	Training on Permanency Planning	N/A	N/A	N/A	N/A	IV-E / SSBG
Community Presentations:	Preparation and delivery of information regarding DHHS or JJYS activities, goals, or needs to community groups or members of the public.	555	Community Presentations	N/A	N/A	N/A	N/A	Excluded from Computation

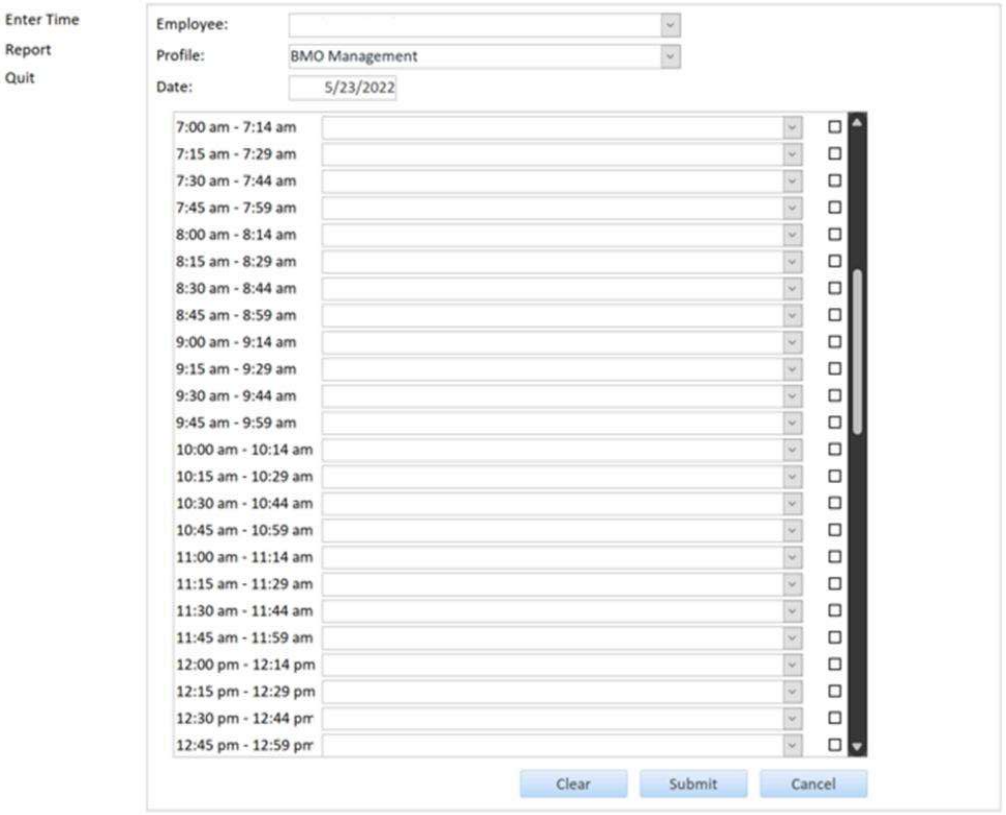
General Office Duties (Not Client Specific):	Activities related to miscellaneous non-client related job duties such as filling out personnel forms, travel or reimbursement forms, time sheets, dealing with the office/work environment, etc.	556	General Office Duties (Not Client Specific)	N/A	N/A	N/A	N/A	Excluded from Computation
Staff Meetings:	Attending scheduled unit or team meetings, office-wide meetings, or discussing work issues with a supervisor that is not related to a specific case.	557	Staff Meetings	N/A	N/A	N/A	N/A	Excluded from Computation
General Work Related Travel (Not Client Specific):	Work-related travel to and from the normal work location.	558	General Work Related Travel (Not Client Specific)	N/A	N/A	N/A	N/A	Excluded from Computation
Lunch, Breaks, Personal Business:	Includes scheduled break time, social office events, mealtimes, activities of a personal nature.	559	Lunch, Breaks, Personal Business	N/A	N/A	N/A	N/A	Excluded from Computation
Employee on Normal Leave:	Paid absence, such as sick, vacation, administrative, or personal leave.	560	Employee on Normal leave	N/A	N/A	N/A	N/A	Excluded from Computation
Education, Jury, or Military Leave:	Approved educational leave, jury duty, or military reserve duty.	561	Education, Jury, or Military Leave	N/A	N/A	N/A	N/A	Excluded from Computation
Directly Providing (and Documenting) Program Services to Multiple Clients:	Directly providing and documenting services (i.e. treatment or education) to a group of clients.	570	Directly Providing (and Documenting) Program Services to Multiple Clients	N/A	N/A	N/A	N/A	State
Employee Not Available:	This activity code applies when the employee is not scheduled to work during the moment sampled; for example, when the moment sampled occurs during off-duty flextime, off-hours for a part-time employee, or leave without pay.	590	Employee Not Available	N/A	N/A	N/A	N/A	Non Countable Strike
Employee without Case Management Duties:	This activity code applies when employee does not have case management responsibilities.	591	Employee without Case Management Duties	N/A	N/A	N/A	N/A	Non Countable Strike
Case Manager duties in facility	Case managers participating in program activity in a facility, not related to a specific case.	592	CMs duty in facility	N/A	N/A	N/A	N/A	State
Other:	Position vacancy, incorrect RMS identification or uncorrected response in error.	599	Other	N/A	N/A	N/A	N/A	Non Countable Strike
Footnotes to Funding Matrix								

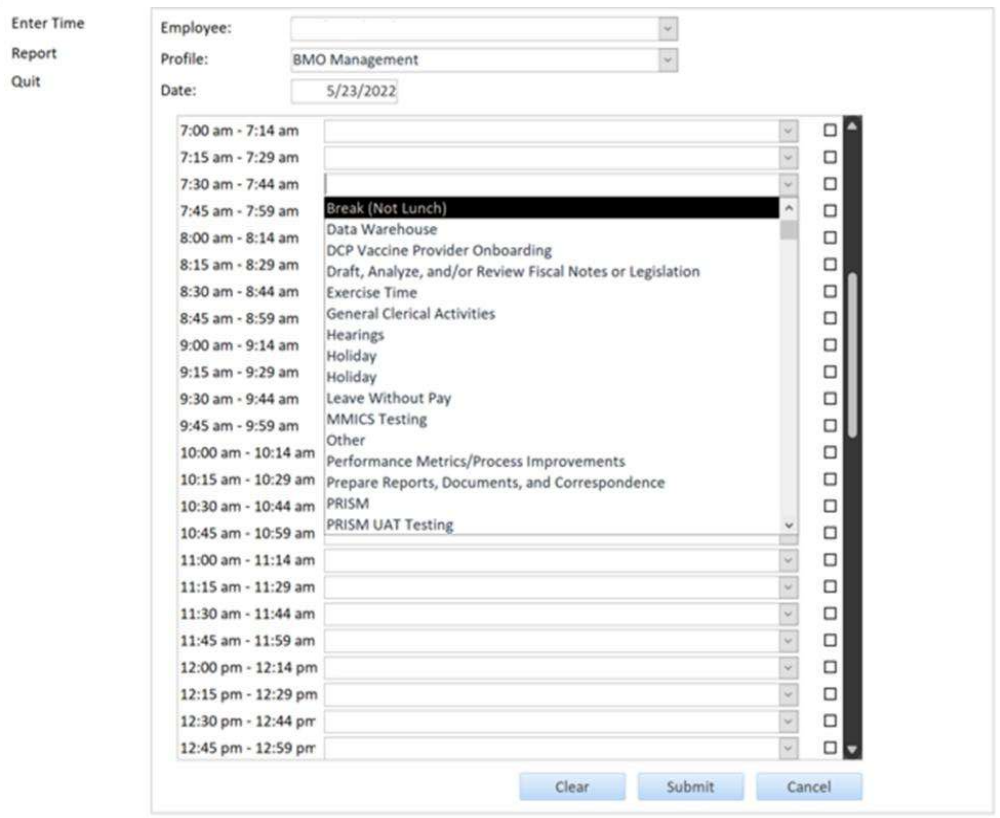
1) N/A in the matrix identifies invalid combinations of service type and activity.
2) Title IV-E Foster Care penetration rate for JJYS is determined for the 032 (Out-of-Home) service type.
3) The funding matrix includes funds that are applicable for each activity; however, other funding sources may be used if available and appropriate.
4) Code 150 is exempt from multiplying the proportion of the population eligible under the applicable program (all activity reported to this code is allocated to IV-E foster care without consideration of a penetration rate).
5) All areas of funding matrix that list federal programs are also allowable for State funding.
6) For 034 (Prevention Services), activities will be allocated between the Title IV-E prevention candidate clients and clients that do not meet the Title IV-E prevention candidate criteria. No foster care penetration rate will be applied for Title IV-E prevention services activities.
A prevention candidate is a child under age 18 who is at serious risk of entering or reentering state custody, but is able to remain safely in the home as long as mental health, substance use disorder, or in-home parenting skill based programs or services are provided to the child, parent, or kin caregiver under the approved Title IV-E prevention program plan. To be eligible for the Title IV-E prevention program the child's prevention status must be designated in the child's prevention plan, with is the Youth and Family Plan, prior to provision of services.

Appendix C

Mechanized Claims and SPMP Timesheeting Activities

Mechanized claims and SPMP employees enter their time in 15-minute increments using an Access Database tool. The time entry is demonstrated in the screenshots below.





1. DHHS Personnel - Mechanized Claims		
Profile	**Mechanized Activities**	**Non-Mechanized Activities**
Claims Processing	• Answering phones • Provider/member questions, system • Provider system training • System maintenance (DOT) • Workload/claim processing • Testing • BMI/scanning or indexing	• Staff meeting, department function, or other meeting • PRISM • Provider/member questions other • Travel • Provider training other • Hearings • Exercise time • Research/email • Program/policy management • Break (not lunch) • Data warehouse • Performance metrics/process improvements • Other • Recruitment, selection and hiring of staff • Prepare reports, documents, and correspondence • General clerical activities • Respond to information/audit requests • Phone scheduling • Interoperability APD • PRISM UAT Testing • MMICS Testing
BMO Project Team	• Answering phones • Provider/member questions, system • Provider system training • System maintenance (DOT) • Workload/claim processing • Testing • BMI/scanning or indexing	• Staff meeting, department function, or other meeting • PRISM • Provider/member questions other • Provider training other • Exercise time • Research/email • Break (not lunch) • Data warehouse • Performance metrics/process improvements • Other • Recruitment, selection and hiring of staff • Prepare reports, documents, and correspondence • General clerical activities • Respond to information/audit requests • Interoperability APD • PRISM UAT Testing • MMICS Testing

Electronic Data Interchange	• Answering phones • Provider/member questions, system • Provider system training • System maintenance (DOT) • Workload/claim processing • Testing • BMI/scanning or indexing	• Staff meeting, department function, or other meeting • PRISM • Provider/member questions other • Provider training other • Exercise time • IVR • Research/email • Break (not lunch) • Data warehouse • Performance metrics/process improvements • Other • Recruitment, selection and hiring of staff • Prepare reports, documents, and correspondence • General clerical activities • Respond to information/audit requests • Phone scheduling • PRISM UAT Testing • MMICS Testing

2. DHHS Personnel - SPMP		
Profile	**SPMP Activities**	**Non-SPMP Activities**
Pharmacy Policy Team	• Claim Review Medical/RX • Customer support • Drug rep meetings • Drug Utilization Review (DUR) and/or P/T preparation and/or attendance (clinical) • EPSDT attendance • EPSDT research • GYN attendance • GYN research • Hearing committee attendance • Hearing committee research • PDL Management • Pre-hearing research and/or attendance • Prior authorization review of a drug • Project Time (Clinical) • Retro DUR (Peer to Peer, Med Adherence, Claim Review, etc.) • Training (clinical) • Utilization Review (UR) attendance • UR research	• Audit/information response to request • Break (not lunch) • Communication by phone or email (non-clinical) • DUR and/or P/T preparation and/or attendance (non-clinical) • Exercise time • Fiscal Notes/Legislation: draft, analyze, and/or review • General clerical activities (non-clinical) • Interoperability APD • Other activities • Performance metrics/process improvements • Prepare reports, documents, and correspondence (non-clinical) • PRISM Project • Project Time (non-clinical) • Quality Improvement (QI): develop or review • Recruitment, selection and hiring of staff • Reference file updates MCD CVG DB • Review or create policy and/or procedures (non-clinical) • RFP Work • Staff meeting, department function, or other meeting • Supervision of staff • Technical Support (DTS, Citrix, etc.) • Training (non-clinical) • PRISM UAT Testing • MMICS Testing
Medical Policy Team	• Clinical representation at hearings • Clinical research • EPSDT attendance • EPSDT research • GYN attendance • GYN research • Hearing committee attendance • Hearing committee research • Medical claim review • Medical software management/training • Prior authorization review for a medical service • Review or create clinical policy and/or procedures • UR attendance • UR research	• Break (not lunch) • Communication by phone or email (non-clinical) • Develop budgets and monitor the use of program funds • Develop or review quality improvement measures • Draft, analyze, and/or review fiscal notes or legislation (non-clinical) • Exercise time • EVV Project • General clerical activities (non-clinical) • Other activities • Prepare reports, documents, and correspondence (non-clinical) • PRISM Project • Provide general supervision of staff • Provider/prescriber training (non-clinical) • Recruitment, selection and hiring of staff • Respond to information/audit requests (non-clinical) • Review or create policy and/or procedures (non-clinical) • Staff meeting, department function, or other meeting • PRISM UAT Testing • MMICS Testing

Prior Authorization Team	• Claim Review Medical/RX • Clinical quality assurance reviews • Clinical research • Customer Support • EPSDT attendance • EPSDT research • GYN attendance • GYN research • Hearing committee attendance • Hearing committee research • Level of care review • Medical software management/training • Policy and/or SOP creation and/or review • Pre-hearing research and/or attendance • Prior authorization review for a medical service • Project Time (clinical) • Training (clinical) • Review or create clinical policy and/or procedures • UR attendance • UR research	• Audit/information response to request • Break (not lunch) • Communication by phone or email (non-clinical) • EVV Project • Exercise time • Fiscal Notes/Legislation: draft, analyze and/or review • General clerical activities (non-clinical) • Interoperability APD • Other activities • Prepare reports, documents, and correspondence (non-clinical) • PRISM Project • Project Time (non-clinical) • QI: develop or review • Recruitment, selection and hiring of staff • Review or create policy and/or procedures (non-clinical) • Staff meeting, department function, or other meeting • Supervision of staff • Technical Support (DTS, Citrix, etc.) • Training (non-clinical) • PRISM UAT Testing • MMICS Testing
Restriction Team	• Care coordination • Care plan review • Case management collaborative meetings • Clinical corrective action plan development/review • Clinical customer support • Clinical quality assurance reviews • Clinical representation at hearings • Clinical research • Evaluation and review of medical investigation documentation • Level of care review • Medical case review • Medical claim review • Provider/prescriber training (clinical) • Review or create clinical policy and/or procedures • Utilization review for a drug • Utilization review for a medical service	• Break (not lunch) • Communication by phone or email (non-clinical) • Develop budgets and monitor the use of program funds • Develop or review quality improvement measures • Draft, analyze, and/or review fiscal notes or legislation (non-clinical) • Exercise time • General clerical activities (non-clinical) • Interoperability APD • Other activities • Prepare reports, documents, and correspondence (non-clinical) • PRISM Project • Provide general supervision of staff • Provider/prescriber training (non-clinical) • Recruitment, selection and hiring of staff • Respond to information/audit requests (non-clinical) • Review or create policy and/or procedures (non-clinical) • Staff meeting, department function, or other meeting • PRISM UAT Testing • MMICS Testing

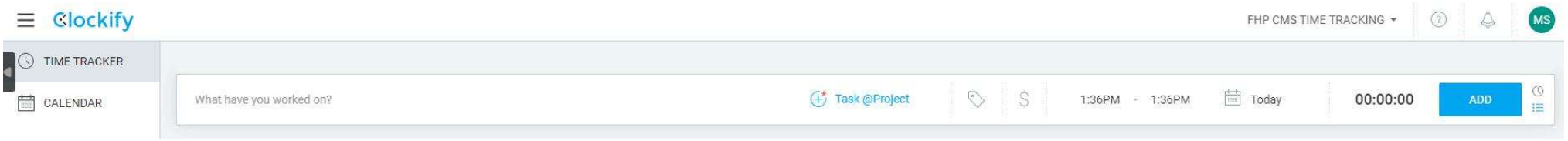
Waiver Nurse Team	• Care coordination • Case management collaborative meetings • Clinical corrective action plan development/review • Clinical quality assurance reviews • Evaluation and review of medical investigation documentation • Health and welfare screening • In home assessments of waiver members • Level of care review • Medical case review • Special circumstance disenrollment request • Utilization review for a medical service • Waiver enrollment application review	• Break (not lunch) • Communication by phone or email (non-clinical) • Develop budgets and monitor the use of program funds • Develop or review quality improvement measures • Draft, analyze, and/or review fiscal notes or legislation (non-clinical) • Exercise time • General clerical activities (non-clinical) • Other activities • Prepare reports, documents, and correspondence (non-clinical) • PRISM Project • Provide general supervision of staff • Provider/prescriber training (non-clinical) • Recruitment, selection and hiring of staff • Respond to information/audit requests (non-clinical) • Review or create policy and/or procedures (non-clinical) • Staff meeting, department function, or other meeting • PRISM UAT Testing • MMICS Testing
Eligibility Policy Team	• Care coordination • Care plan review • Case management collaborative meetings • Clinical corrective action plan development/review • Clinical customer support • Clinical quality assurance reviews • Clinical representation at hearings • Clinical research • Evaluation and review of medical investigation documentation • Health and welfare screening • In home assessments of waiver members • Level of care review • Medical case review • Provider/prescriber training (clinical) • Review or create clinical policy and/or procedures • Special circumstance disenrollment request • Utilization review for a medical service • Waiver enrollment application review	• Break (not lunch) • Caseload activities, pre-approved involuntary disenrollments, investigation documentation • Communication by phone or email (non-clinical) • Develop budgets and monitor the use of program funds • Develop or review quality improvement measures • Draft, analyze, and/or review fiscal notes or legislation (non-clinical) • Exercise time • General clerical activities (non-clinical) • Interoperability APD • Other activities • Prepare reports, documents, and correspondence (non-clinical) • PRISM Project • Provide general supervision of staff • Provider/prescriber training (non-clinical) • Recruitment, selection and hiring of staff • Respond to information/audit requests (non-clinical) • Review or create policy and/or procedures (non-clinical) • Staff meeting, department function, or other meeting • PRISM UAT Testing • MMICS Testing
Resident Assessment	• Care plan review • Clinical customer support • Clinical quality assurance reviews • Clinical representation at hearings • Clinical research • Evaluation and review of medical investigation documentation • Hearing Committee attendance • Hearing Committee research • In home assessments of waiver members • Level of care review • Medical software management/training • Provider/prescriber training (clinical) • Review or create clinical policy and/or procedures • Utilization review for a medical service • Waiver enrollment application review	• Break (not lunch) • Communication by phone or email (non-clinical) • Develop budgets and monitor the use of program funds • Develop or review quality improvement measures • Draft, analyze, and/or review fiscal notes or legislation (non-clinical) • Exercise time • General clerical activities (non-clinical) • Other activities • Prepare reports, documents, and correspondence (non-clinical) • PRISM Project • Provide general supervision of staff • Provider/prescriber training (non-clinical) • Recruitment, selection and hiring of staff • Respond to information/audit requests (non-clinical) • Review or create policy and/or procedures (non-clinical) • Staff meeting, department function, or other meeting • PRISM UAT Testing • MMICS Testing

Medical Director	• Clinical representation at hearings • Clinical research • EPSDT attendance • EPSDT research • GYN attendance • GYN research • Hearing committee attendance • Hearing committee research • Medical claim review • Medical software management/training • Prior authorization review for a medical service • Review or create clinical policy and/or procedures • UR attendance • UR research • Claim Review Medical/RX • Clinical quality assurance reviews • Policy and/or SOP creation and/or review • Project Time (clinical) • Training (clinical) • PDL Management • Prior authorization review of a drug • Retro-DUR (Peer to Peer, Med Adherance, Claim Review, etc.) • Customer Support • Drug Rep Meetings • DUR and/or P/T preparation and/or attendace (clinical)	• Break (not lunch) • Communication by phone or email (non-clinical) • Develop budgets and monitor the use of program funds • Develop or review quality improvement measures • Draft, analyze, and/or review fiscal notes or legislation (non-clinical) • Exercise time • EVV Project • General clerical activities (non-clinical) • Other activities • Prepare reports, documents, and correspondence (non-clinical) • PRISM Project • Provide general supervision of staff • Provider/prescriber training (non-clinical) • Recruitment, selection and hiring of staff • Respond to information/audit requests (non-clinical) • Review or create policy and/or procedures (non-clinical) • Staff meeting, department function, or other meeting • RFP Work • Interoperability APD • Performance Metrics/Process Improvements • Project Time • Reference file updates

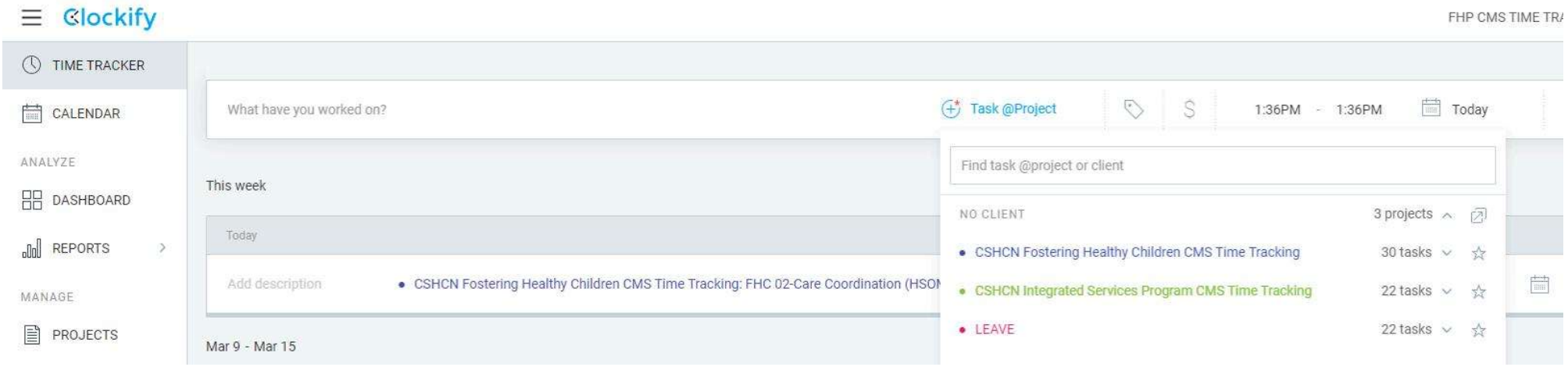
3. DFH Personnel

DFH employees working on the Fostering Healthy Children program enter their time in 15-minute increments using Clockify. The time entry is demonstrated in the screenshots below.

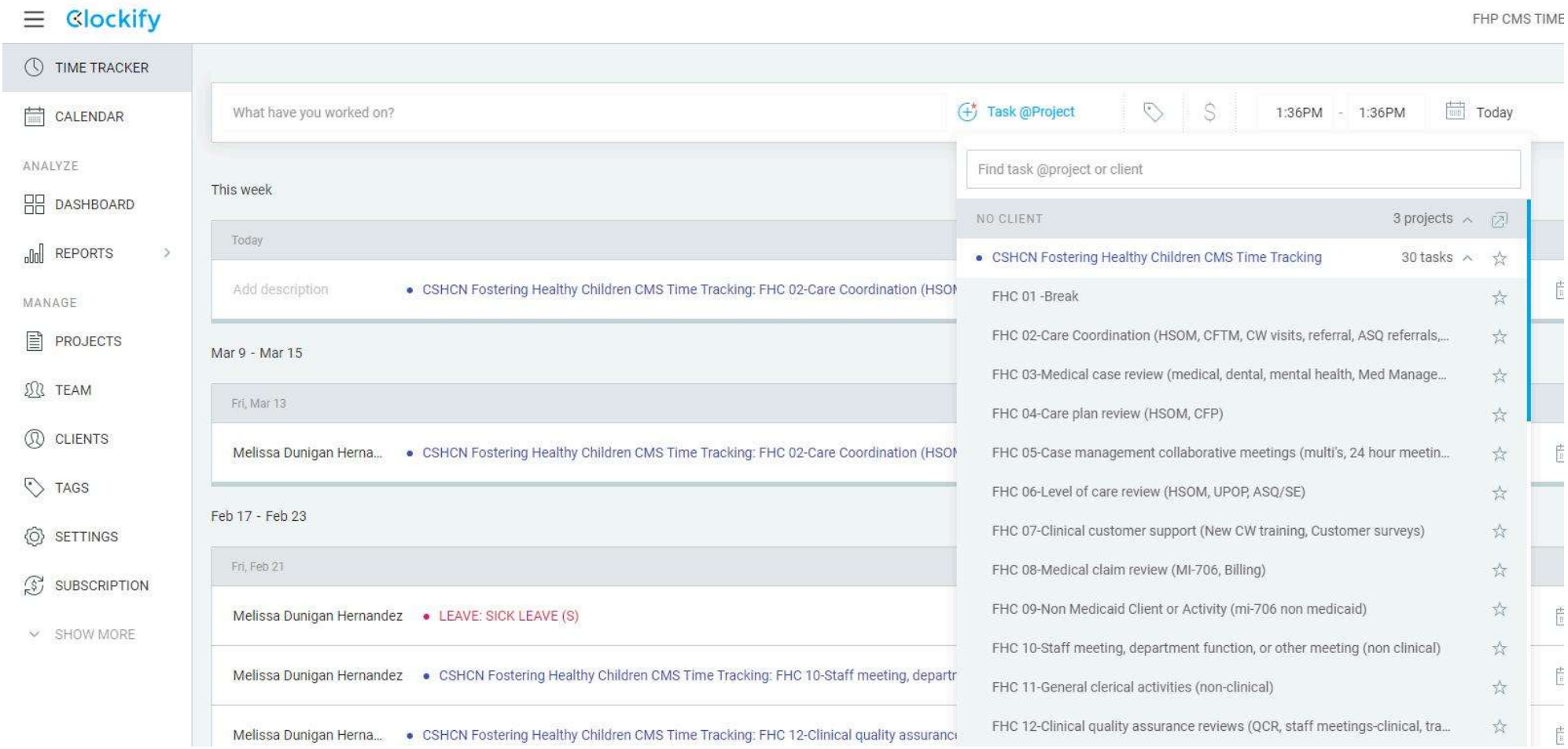
1) Opening screen where employees Add tasks



2) The task menu opens with three categories that may be expanded.



3) Employees drill down to and select from the list of individual tasks.



Profile	Enhanced Activities	Regular Activities	Non-Medicaid Activities
Fostering Healthy Children	• Care coordination • Medical case review • Care plan review • Case management collaborative meetings • Level of care review • Clinical customer support • Clinical quality assurance reviews	• Medical claim review (MI-706, Billing) • Staff meeting, department function or other meeting (non-clinical) • Communication by phone or email (non-clinical) • Provide general supervision of staff • Develop or review quality improvement measures • Review or create clinical policy and/or procedures • Medical software management/training (SAFE) • Prepare reports, documents, and correspondence (non-clinical) • Review or create policy and/or procedures (non-clinical) • Respond to information/audit requests (non-clinical) • Provider/prescriber training (non-clinical) • Prior authorization for a medical service	• Non-Medicaid client or activity • General clerical activities (non-clinical) • Recruitment, selection and hiring of staff • Develop budgets and monitor the use of program funds • Other activities

4. OIG Personnel

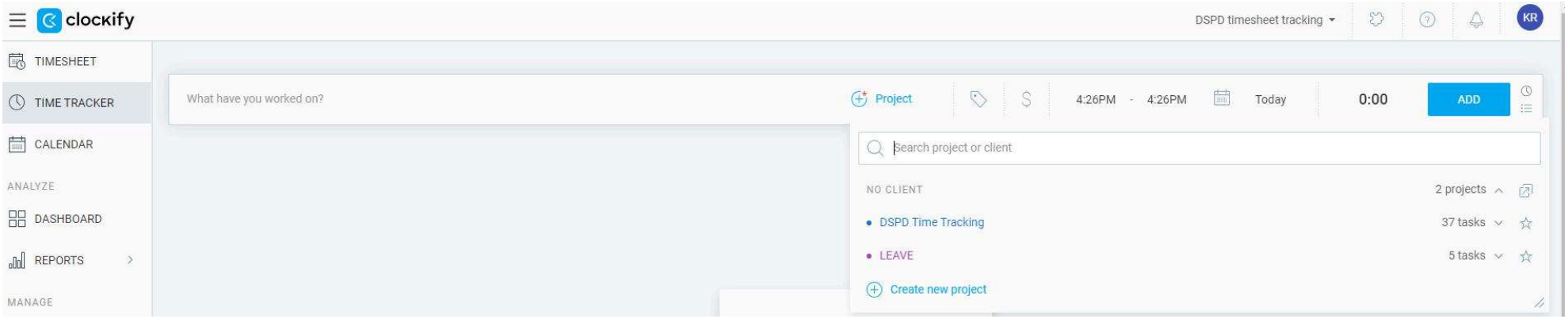
Profile	Enhanced Activities	Regular Activities
OIG	• Medical records review • Medical records review write up • Medical hearings/settlement • Medical support for providers service • Medical case management discussion • Medical policy review • SPMP approved conference/training • Medical records scanning and extracting • Medical records request preparation • Medical records extension letters • Medical records provider calls and associated correspondences • Medical records CRM write up • Preparation – notice of recoveries • Scheduling hearings/settlement • Hearing/settlement troubleshooting • Medical review status update report • Medical claim collections reconciliation • Medical claim aging reconciliation • Other medical report preparation	• Paid exercise time • Break • Other • Time sheet preparation • Computer complications • CRM complications • Staff meeting • Non SPMP conference/training • Out of state travel – travel only • In state travel – travel only • Communication/discussion non-medical • Non-medical reviews • Mentoring • Research non-medical

5. DSPD Personnel		
DSPD employees working on the following SPMP program activities enter their time in 15-minute increments using Clockify. The time entry is demonstrated in the screenshots below.		
Profile	**SPMP Activities**	**Non- SPMP Activities**
DSPD Personnel	• Attend professional training and/or conferences (clinical) • Care coordination • Care plan review including case and documentation review • Case management collaborative meetings • Clinical corrective action plan development/review • Clinical customer support • Clinical communication by phone or email • Clinical representation at hearings • Health and welfare assurance • Health and Welfare screening • Hearing committee attendance • Hearing committee research • In home assessments of waiver members including annual reviews and intake/eligibility determinations • Level of care review • Nursing consultations • Review or create clinical policy and/or procedures • Special circumstances disenrollment request • Utilization review for a medical service • Waiver enrollment application review	• Attend professional training and/or conferences (non-clinical) • Break (not lunch) • Communication by phone or email (non clinical) • Develop budgets or monitor the use of program funds • Draft, analyze and/or review fiscal notes or legislation (non-clinical) • Exercise time • General clerical activities (non-clinical) • General Waiver Disenrollment (voluntary and pre-approved) • Non-medicaid client or activity • Other activities • Prepare reports, documents, and correspondence (non-clinical) • Provide general supervision of staff • Review or create non-clinical policy and/or procedures • Recruitment, selection, and hiring of staff • Respond to information/audit requests • Staff, division or department meetings (non-clinical) • Supervisory meetings and performance management • Travel

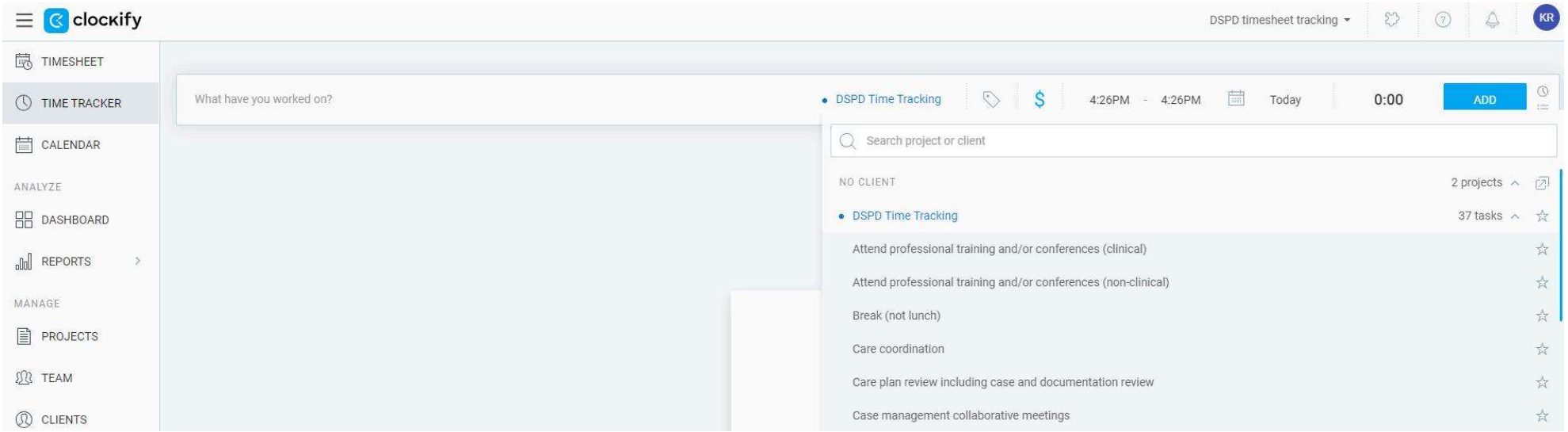
1) Opening screen where employees add tasks



2) The task menu opens with two categories that may be expanded.



3) Employees drill down to and select from the list of individual tasks.



6. JJYS CA 1115 Personnel		
Profile	**Allowable Activities**	**Non - Allowable Activities**
Targed Case Management (JTCM)	• Assessment • Service/Treatment Plan Development • Linkage and Referral to services • Coordination of Care • Monitoring and Follow-up • Advocacy • Crisis Diversion	• Direct Service Delivery • Transportation • Tangential Activities • Documenting Services (with exceptions*) • Duplicate Services • Full Scale Crisis Intervention *Time spent on general documentation is typically not reimbursable as targeted case management, with the exception of time spent developing the needs assessment and service plan. *Any services not billable under Medcaid codes TCM (Targeted case management)
Clinicians (JTCL)	• Psychiatric diagnostic evaluation • Psychotherapy • Family psychotherapy without patient • Family psychotherapy with patient • Multiple-family group psychotherapy • Group psychotherapy • Alcohol and/or drug services; case management • Skills training and development • Psychosocial rehabilitation services • Therapeutic behavioral services *all services under Medicaid codes - 90791, 90832, 90834, 90837, 90846, 90847, 90849, 90853, H0006, H2014, H2017, H2019, T1017	• Any services not billable under Medicaid codes - 90791, 90832, 90834, 90837, 90846, 90847, 90849, 90853, H0006, H2014, H2017, H2019, T1017
Medical Doctor (JTMD)	• Psychotherapy • Family psychotherapy without patient • Family psychotherapy with patient • Multiple-family group psychotherapy • Group psychotherapy • Testing to assess the loss of the ability to speak, write, and understand language • Developmental screening • Administration of developmental test • Exam of neurobehavioral status • Test to assess the ability to complete specific functional tasks applicable to environment • Evaluation of psychological test • Evaluation of neuropsychological test • Administration of psychological or neuropsychological test instrument • New patient office or other outpatient visit Office or other outpatient visit for the evaluation and management • Established patient office or other outpatient visit Medical team conference with patient and/or family • Medical team conference with physician • Alcohol and/or drug services; case management • Skills training and development • Psychosocial rehabilitation services • Therapeutic behavioral services • Targeted case management *all services under Medicaid codes - 90832, 90834, 90837, 90846, 90847, 90849, 90853, 96105, 96110, 96112, 96116, 96125, 96130, 96132, 96136, 96146, , 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99366, 99367, 99368, H0006, H2014, H2017, H2019, T1017	• Any services not billable under Medicaid codes - 90832, 90834, 90837, 90846, 90847, 90849, 90853, 96105, 96110, 96112, 96116, 96125, 96130, 96132, 96136, 96146, , 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99366, 99367, 99368, H0006, H2014, H2017, H2019, T1017

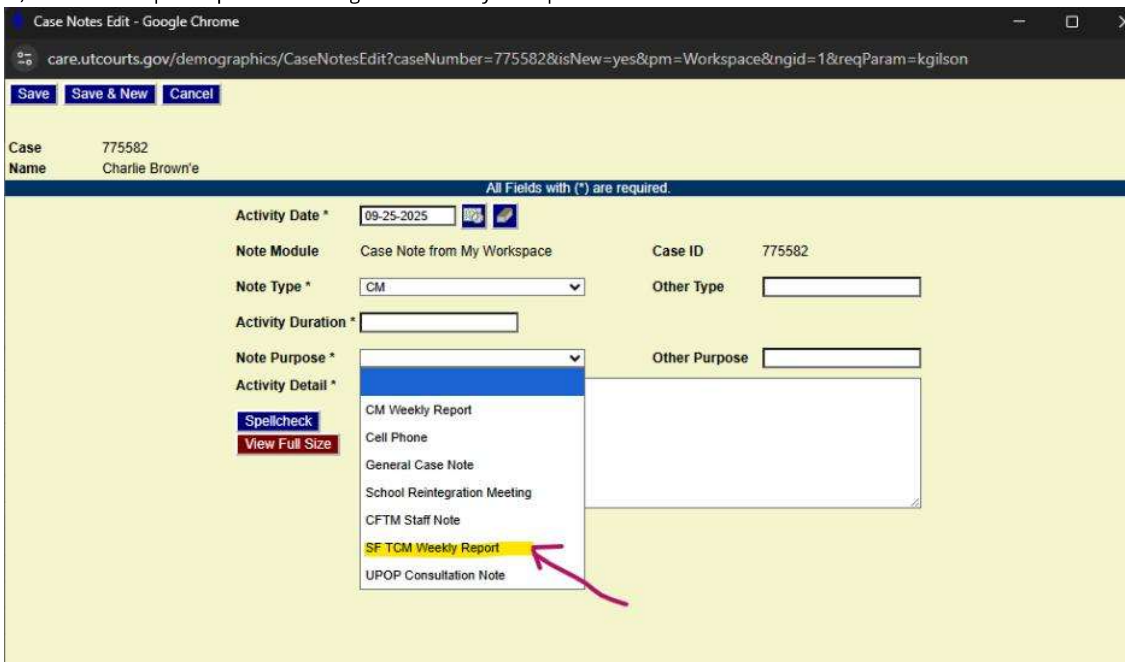
Nurse Practitioners (JTMD)	• Medical team conference • Alcohol and/or drug services; case management • Skills training and development • Psychosocial rehabilitation services • Therapeutic behavioral services • Targeted case management *all services under Medicaid codes - 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99366, 99367, 99368, H0006, H2014, H2017, H2019, T1017	• Any services not billable under Medicaid codes - 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99366, 99367, 99368, H0006, H2014, H2017, H2019, T1017
Register Nurses (JTMD)	• Office or other outpatient visit or other outpatient visit for the evaluation and management of established patient that may not require presence of healthcare professional • Alcohol and/or drug services; case management • Mental health assessment, by non-physician • Skills training and development • Psychosocial rehabilitation services • Therapeutic behavioral services *all services under Medicaid codes - 99211, H0006, H0031, H2014, H2017, H2019	• Any services not billable under Medicaid codes - 99211, H0006, H0031, H2014, H2017, H2019

JJYS Targed Case Management (JTCM) is tracked in CARE - Court and Agencies' Record Exchange (CARE) case management system

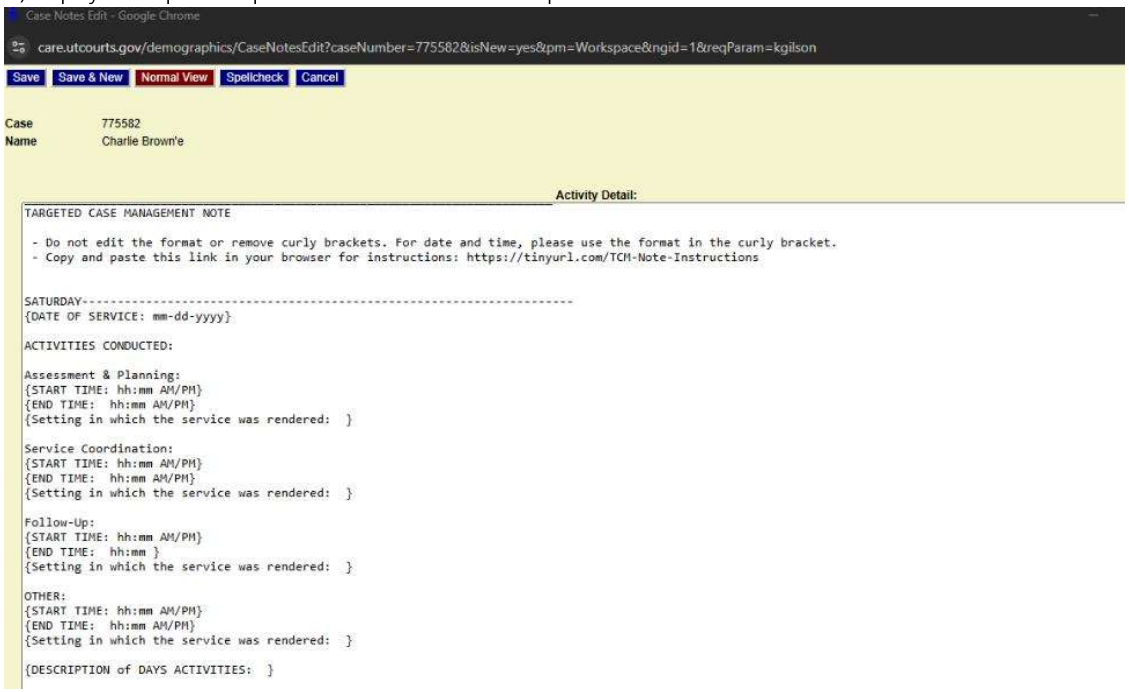
1) Opening screen where employees add tasks, indicate start and end time, and document services performed.



2) The note template opens with categories that may be expanded.



3) Employee completes required information from the template.

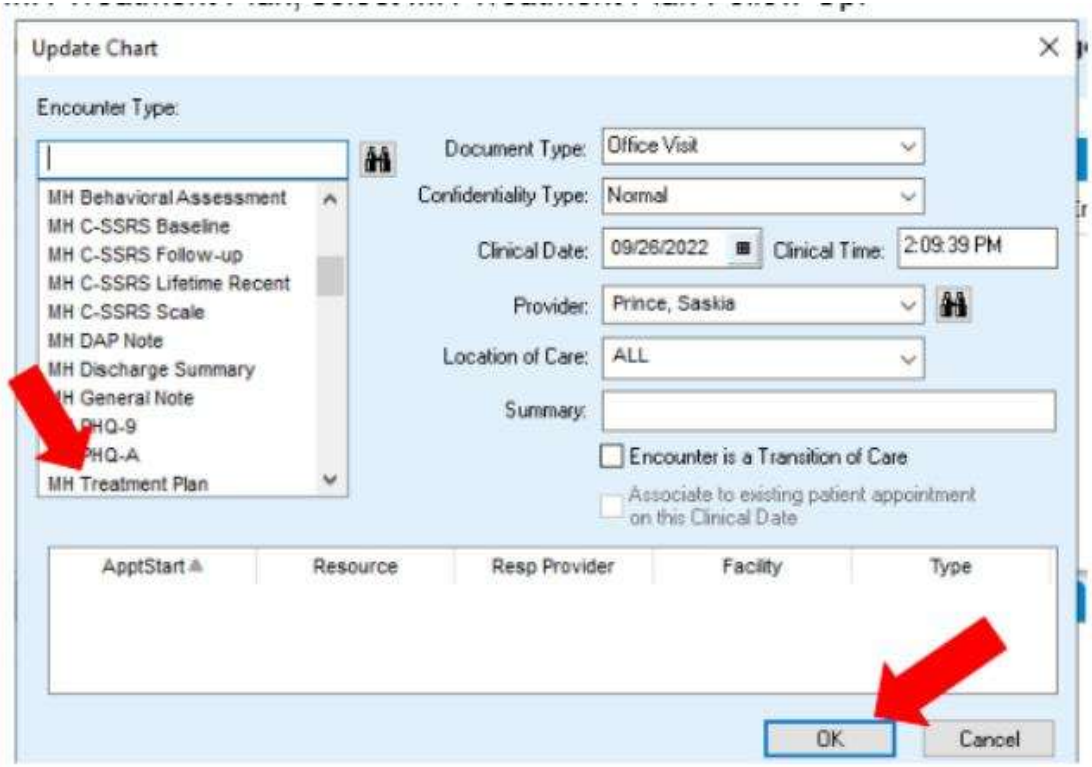


JJYS Facility Medical Staff (JTMD) - documentation and time tracking completed in Fusion (EHR) Electronic Healthcare Record

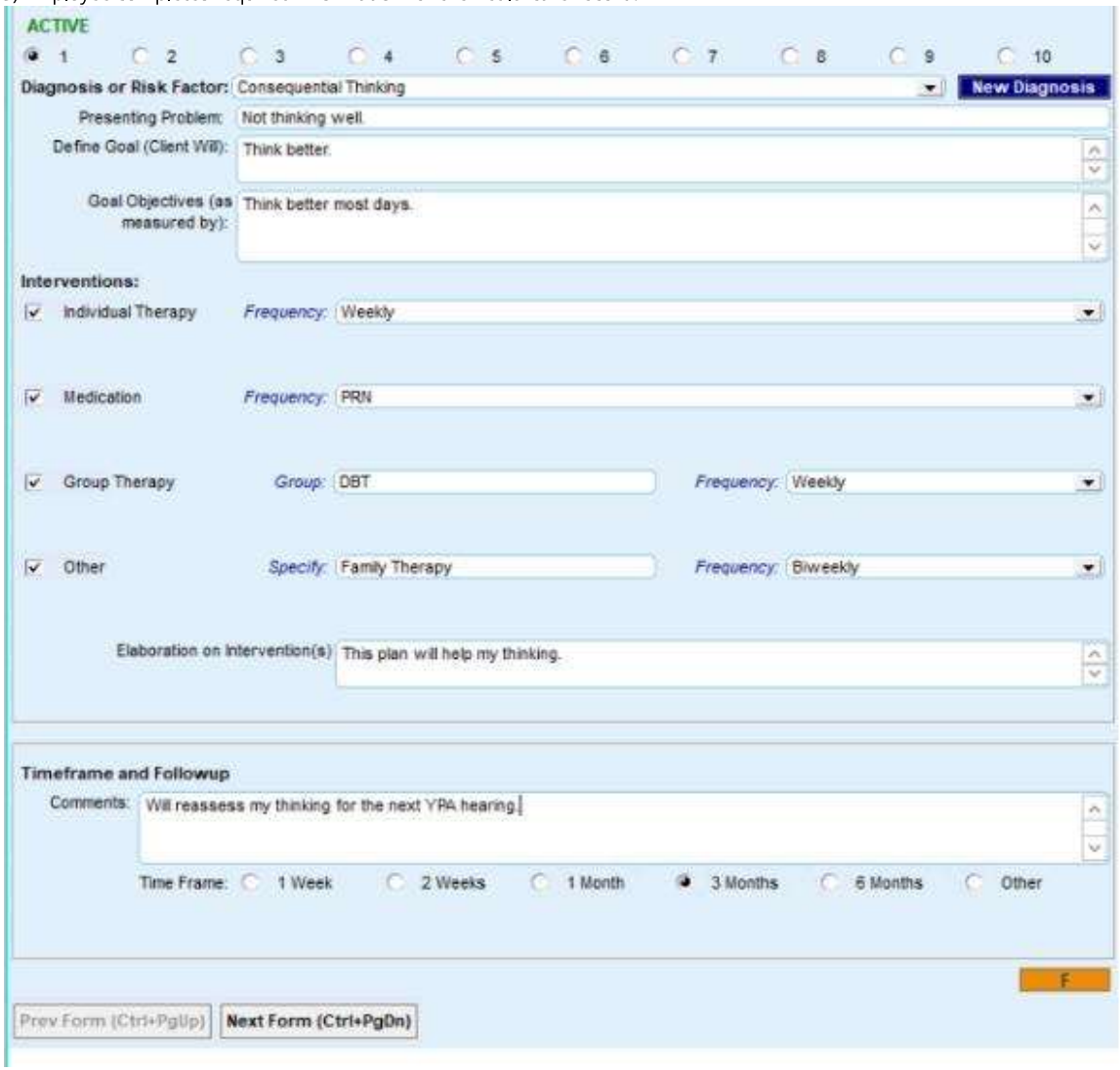
1) Opening screen where employees add tasks, indicate start and end time, and document services performed.



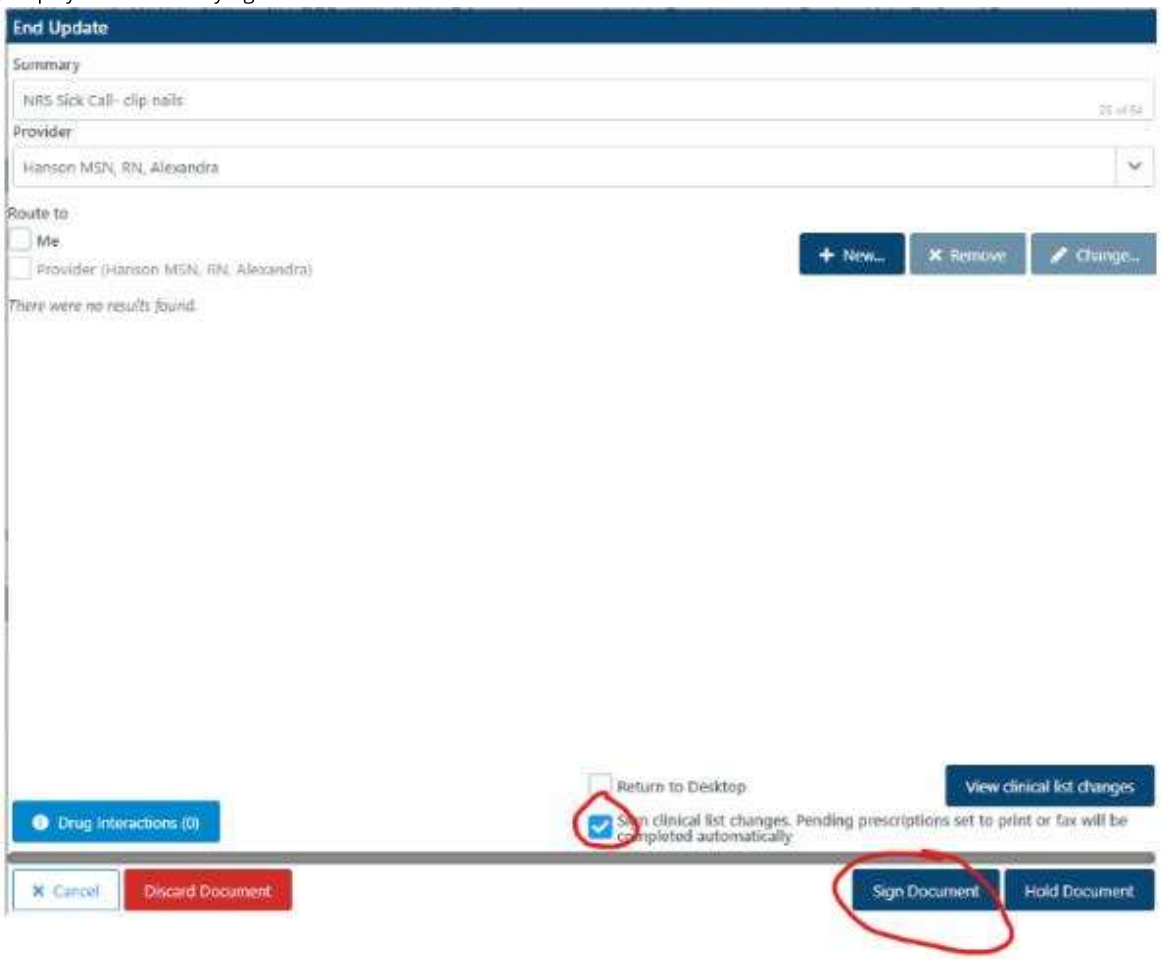
2) The chart menu opens with encounter types (this would include medical and mental health) that may be expanded.



3) Employee completes required information for the healthcare record.



4) Employee electronically signs the healthcare record.



Appendix D

Administrative Hearings Categories

Description of categories used by Office of Administrative Hearings Judges for reporting time:	Allocation Method:
1. DCFS CPS- Appeals of supported findings of child abuse or neglect for the Division of Child and Family Services.	1. Allowable for Title IV-B Part I and Title XX
2. ORS- Determination of child support in the following types of cases: a) a child is placed in the custody of the State and the parents are to provide support; b) one parent seeks child support services and an original support order needs to be established; c) the Office of Recovery Services is seeking to modify an already established support order; d) a child is placed with the Utah State Hospital (or the Utah State Developmental Center) and the parents are required to pay support.	2. Allowable for Title IV-D
3. APS- Appeals of supported findings of adult abuse, neglect and exploitation for Adult Protective Services.	3. Allowable for Title XX
4. LICENSING CBS - These are cases dealing with denials of individual employees' criminal background screening (CBS) applications to work with a licensed health and human services program/facility (not a State licensed healthcare facility).	4. Allowable for Title XX
5. LICENSING CBS - HEALTH - These are cases dealing with individual employees' criminal background screening (CBS) applications to work at a State licensed healthcare facility.	5. Allowable for Title XIX
6. LICENSING NON-CBS - These are cases dealing with a denial or revocation of a license for health and human services programs/facilities.	6. Allowable for Title XX
7. FC LICENSING- Foster care licensing proceedings.	7. Allowable for Title IV-E Foster Care using the DCFS IV-E Foster Care penetration rate; the non-IV-E portion of the allocation is allowable for Title IV-B Part 1 and Title XX
8. FC DUE PROCESS- Due process proceedings for foster parents in regard to the removal of a foster child from their placement.	8. Allowable for Title IV-E Foster Care using the DCFS IV-E Foster Care penetration rate; the non IV-E portion of the allocation is allowable for Title IV-B Part 1 and Title XX
9. DCFS ADOPTION SUBSIDY- Division of Child and Family Services adoption subsidy eligibility proceedings.	9. Allowable for Title IV-E Adoption Assistance using the DCFS IV-E Adoption penetration rate; the non IV-E portion of the allocation is allowable for Title XX
10. DSPD- Appeals related to the denial of services or change in services provided for the Division of Services for People with Disabilities.	10. Allowable for Title XIX using the same ratio of Title XIX individuals used for DSPD administration allocation
11. MEDICAID ADMIN- General Medicaid related activities for Integrated Healthcare Services, but not to a specific Medicaid case.	11. Allowable for Title XIX
12. MEDICAID CASE- Medicaid related specific case activities for Integrated Healthcare Services.	12. Allowable for Title XIX
13. CMC - Appeals related to the Cannabis program.	13. Allowable for State Funds and Cannabis
14. GRAMA - GRAMA appeals to the department; also includes proceedings for requests to amend department records.	14. Allocated to State funding
15. DFH - (Baby watch) Serve as mediators and hearing officers for Utah's Part C of IDEA program, BWEIP. BWEIP is required by federal regulations 34 CFR § 303.431 to maintain a list of individuals who are qualified as impartial mediators who must be selected on a rotational basis. BWEIP is also required by 34 CFR § 303.435 to appoint a hearing officer to preside over Part C Due Process Hearings. Both mediators and hearing officers must be knowledgeable in laws and regulations relating to the provision of early intervention services.	15. Allocated to Baby Watch
16. OIG - Cases from the Office of the Inspector General	16. Allocated to OIG (may involve Title XIX participation)
17. OTHER - Appeals for cases or activities not related to another reporting category.	17. Allocated to State funding
18. ADMIN- Administrative functions related to general office management (i.e., budget preparation, personnel supervision, staff meetings, training, drafting policy, reviewing incoming mail, etc.). Administrative functions related to general office management (i.e., budget preparation, personnel supervision, staff meetings, training, drafting policy, reviewing incoming mail, etc.).	18. Not used for allocation
19. BREAK/LEAVE- Breaks and/or leave.	19. Not used for allocation