



June 16, 2016

To: Medical Care Advisory Committee

Thank you for the opportunity to submit written testimony to this committee. Part of the constituency that the Utah Health Care Association represents are the ICF-ID providers. These providers provide care in a facility based setting for the Intellectually Disabled population in Utah. Over the past two years, Division of Services for People with Disabilities (DSPD) based out of the Department of Human Services has received \$10 million in new state general funds (\$5 million in 2015 and \$5 million in 2016) and they are schedule to receive another \$5 million in 2017 for the purpose of raising wages for the direct care staff that care for people with disabilities. DSPD serves the same population that the ICF-IDs serve, just in a different setting. We also draw from the same staffing pool to care for these patients. Because the ICF-ID facilities are almost 100% Medicaid patients, we don't have the ability to raise our wages to be competitive to attract staffing unless we also receive a state general fund increase through Medicaid. Last year we received a \$200,000 state general fund increase for direct care staffing wages and were able to increase our wages by 50 cents per hour. That only brought us up to between \$9.00 and \$9.50 per hour starting wage. The DSPD workers will be around \$12 per hour starting wage for their staff after they receive the last \$5 million they have requested.

We are therefore requesting a state general fund increase through Medicaid of \$1 million. This will bring our starting wage to about \$11.50 per hour. Not only do we not have a level playing field with DSPD to compete for staff, we also cannot compete with other industries as well. Businesses like fast food, hotels and call centers all hire staff for much higher wages than we can currently afford to pay. We need to pay a competitive wage to attract staff. Even at \$11.50 or \$12.00 per hour, it will be difficult to get good staff due to the nature of caring for this difficult population. I am aware of two instances in ICF-IDs where residents that go out and work during the day are making more money per hour than the staff that are caring for them in the facility.

We feel this is a very necessary and reasonable request and hope you will see fit to prioritize this need very high on your building block list. Staffing (or lack thereof) has become the highest priority to the ICF-ID providers because they are not able to find staff to care for the residents. This request will not solve our problem but it will help significantly.

Thank you for your consideration. Please feel free to contact me with any questions.  
Sincerely,

A handwritten signature in black ink, appearing to read "Dirk Anjewierden". The signature is fluid and cursive, with a large initial "D" and a stylized "A".

Dirk Anjewierden  
Executive Director  
Utah Health Care Association  
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In addition to the speakers who spoke at yesterday's MCAC meeting and represented our Home Health Industry I would like to take a moment to also send some additional key points as a representative of the Utah Homecare Association to why we as an industry deserve / need an increase.

1. It has been over a decade since there has been an across the board increase for the home health industry, yet the federal regulations and State Requirements continue to become more demanding.
2. The cost of hiring, retaining, and insuring staff has increased along with the cost of living.
3. Retaining staff at lower pay rates to care for the Medicaid population has increasingly become more difficult as we are competing with places like fast food restaurants that have the ability to pay more.
4. Home Health is becoming the preferred choice of post-acute and preventative care with the ACO's establishment, Bundled Payments, and Value Base Purchasing.
5. Home Healthcare provides a more cost effective choice with lower co morbidities occurring.
6. The acuity we are seeing in the home has increased.
7. Home Health agencies who have been willing to take and care for Medicaid clients has decreased.
8. The Medicaid clientele tends to involve a lot more psychosocial and psych issues.
9. Home Health agencies have decreased cost by having the ability to take technically dependent children back into their homes and prevent pro longed acute care and or post-acute care inpatient stays.
10. Home Health has the ability to offer palliative care programs to prevent those advance illness patients from frequent ER use and decrease hospitalizations and readmissions.
11. New Federal Labor requirements: Overtime, Traveling Expense, etc. increasing the overhead and direct cost to an agency.

As you can see there are valid reasons that the home health industry needs and deserves the rate increase. As we look to the future and the continued growing need for homecare services the shift from treatment to be proactive monitoring in care, combined with technological advances means many more options for care providers and patients. Homecare is a key player in successful patient-centered medical homes and in ACO models. According to NAHC, it costs nearly \$2000 per day for a typical hospital stay and \$559 per day typical nursing home stay. Meanwhile homecare cost average about \$44 per day. Please consider where the future of healthcare is going and the need to maintain quality providers. Without the financial support to enable us to care for the Medicaid population the number of providers will continue to decrease and eventually become obsolete. We are your choice for quality care in a cost contained environment so please support us.

--Sent by Kim Trabing with Salus Homecare

To: The Utah Medicaid Medical Care Advisory Committee; Nate Checketts

From: The Utah Coalition of Medicaid Health Plans

Regarding: Proposal to use one-time ACA health plan tax budget surplus

Date: June 16, 2016

The Utah Coalition for Medicaid Health Plans is submitting the following proposal to the Medicaid Medical Care Advisory Committee (MCAC) for consideration during the budget prioritization process. While we are submitting this as part of the budget prioritization process, we believe that this proposal could also be handled as part of the Department of Health's internal budget reallocation process and not compete against funding priorities presented in the MCAC.

In 2017 there will be a moratorium on the Affordable Care Act health plan tax, which will result in a one-time funding surplus of 3.26M dollars that is currently built into the Utah Department of Health's budget. The Coalition proposes that this funding be used to move the annual inflation increase from a calendar year to a fiscal year. This has two significant benefits for the Department and ACOs: 1) It aligns the inflation increase with the state fiscal year budget cycle, and other budgetary increases such as mandatory program changes (i.e., forced provider inflation), and 2) It creates the structure necessary for annual rate setting.

Thank you for your consideration, and please feel to contact me with any questions.

Sincerely,

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To: Medical Care Advisory Committee (MCAC)

July 6, 2016

From:

A handwritten signature in blue ink that reads 'Wyatt R. Hume'.

Wyatt R. Hume, D.D.S., Ph.D.  
Dean  
Professor  
University of Utah, School of Dentistry (UUSOD)

A handwritten signature in black ink that reads 'Glen R. Hanson'.

Glen R. Hanson, D.D.S., Ph.D.  
Associate Dean  
Professor  
University of Utah, School of Dentistry (UUSOD)

Re: Request for support of Medicaid disabled/blind adult dental services in the Governor's proposed 2017/2018 budget

In 2016 the Utah State Legislature passed S.B. 39, the Medicaid Coverage for Adult Dental Services bill. This bill was sponsored by Senator Urquhart and Rep. Ray and stipulated that the Medicaid program provide dental services to blind or disabled adults already eligible for Medicaid. This bill was passed unanimously by both the Senate and the House with enthusiastic support, restoring the dental services to this very needy population which had been cut from the Medicaid program in 2008. The University of Utah School of Dentistry is very supportive of this bill and is prepared to use its dental and financial resources to partner with the Utah Health Department Medicaid Office in providing essential dental care to this Medicaid disabled population in a fiscally responsible manner.

The Medicaid office determined that an annual budget of \$1.4 million from the State General fund would be required to cover the state's portion of these dental services. Due to the value of these services, the Governor's office decided to include a request for this amount in its recommended 2016/2017 budget. It was decided that for practical reasons, it would not be possible to start seeing Medicaid dental patients until May of 2017. For this reason, an appropriation of \$500,000 was budgeted to initiate the program for the 2016/2017 fiscal year with a commitment that it would receive a full budget of \$1.4 million for the next and subsequent years. Based on these considerations, the UUSOD respectfully encourages the MCAC to recommend that the

Governor includes in his budget a request for \$1.4 million of ongoing money to support the restoration of dental services for blind or disabled adults already eligible for Medicaid support.

If the School of Dentistry can be of assistance as the MCAC considers this request, please do not hesitate to call upon us and our colleagues at the UUSOD. Thank you for considering this request