

Add Back Rank	Line Item*	Reduction Name	FY 2011 General Ongoing Fund (Reduction)/Increase	FY 2011 One-time General Fund	FY 2011 Other Funds Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact
33	HCF	DOH - Eliminate Printing of Medicaid Information Bulletin (Available online/via email)	\$ (6,000)		\$ (6,000)	0.0			Stop mailing 5,350 Medicaid bulletins quarterly and send all bulletins electronically. Some providers will need to develop the ability to receive this information electronically.
32	HCF	DOH - Eliminate Mailing of Remittance Advices to Medicaid Providers	\$ (214,500)		\$ (214,500)	0.0			We currently mail to providers a status of claims submitted and claims paid. This would eliminate the mail option, but the option to receive these updates electronically remains.
31	EDO	DOH - Reduce Travel Coordinator Position	\$ (20,000)		\$ (17,000)	(0.5)			With the reduction in funding for travel, the workload for the travel coordinator has been greatly reduced. One-half of the travel coordination position would be reduced.
30	HCF	DOH - Use 3% Maximum for Administration from the Nursing Care Facilities General Fund Restricted Account	\$ (197,200)						By statute 3% of the Nursing Care Facilities Account can be used for administration. The account was recently increased in FY 2010 and we are currently scheduled to use 1.9% on administration in FY 2010. The reduction represents an exchange of these restricted account funds for General Funds and takes us to using 3% on administration.
29	CHIP	DOH - Consolidate Two Positions into One Position (Vacant)	\$ (16,000)		\$ (64,000)	0.0	(1.0)		One vacant position will be left unfilled. The Department estimates that instead of 76 outreach events in FY 2009, there would be 26 in FY 2010. The 76 outreach events in FY 2009 helped bring in 150 applications for the Children's Health Insurance Program. Additionally, there will be less staff verifying if someone's employment has changed, which may impact their eligibility for the Utah's Premium Partnership for Health Insurance Program.
28	Medicaid	DOH - Eliminate General Fund for UPP & PCN Media Budget	\$ (75,000)		\$ (75,000)	0.0			4,800 less radio ads promoting enrollment in the UPP and PCN programs. As of November 2009 there are 800 unfilled slots in the UPP program. The Department would continue to use the internet and news media to encourage enrollment in these two programs. The \$120,000 spending in media for UPP divided by the 159 increase in participation on the program represents a spending of \$800 per new client on the program.
27	Medicaid	DOH - Set Outpatient Hospital Rates at Levels Similar to Other Providers	\$ (3,091,000)	\$ 516,600	\$ (7,615,700)				Currently outpatient hospital services are paid based on a percentage of billed charges. The State has the option, with federal approval, to move to a fixed price billing system. By setting fixed prices similar to levels currently paid to other providers, this provides savings to the State as other providers have seen their rates reduced. Currently most other Medicaid providers are being paid rates that they were paid prior to July 1, 2007. This also provides future savings because the prices paid will no longer automatically increase on an annual basis. The reduction is based on outpatient hospital services' portion of mandatory inflation increases provided in FY 2008 through FY 2010. The one-time reduction in FY 2010 reflects a reduction in the one-time funding provided for inflation in FY 2010. The agency has indicated that it would take about a year to develop and input all the new reimbursement codes into the current payment system. In the interim, the agency would pursue a reduction based on the current methodology.
26	Medicaid	DOH - Set Ambulatory Surgical Rates at Levels Similar to Other Providers	\$ (303,600)	\$ 50,700	\$ (748,000)				Currently ambulatory surgical centers are paid based on a percentage of billed charges. The State has the option, with federal approval, to move to a fixed price billing system. By setting fixed prices similar to levels currently paid to other providers, this provides savings to the State as other providers have seen their rates reduced. Currently most other Medicaid providers are being paid rates that they were paid prior to July 1, 2007. This also provides future savings because the prices paid will no longer automatically increase on an annual basis. The reduction is based on ambulatory surgical centers' portion of mandatory inflation increases provided in FY 2008 through FY 2010. The one-time reduction in FY 2010 reflects a reduction in the one-time funding provided for inflation in FY 2010. The agency has indicated that it would take about a year to develop and input all the new reimbursement codes into the current payment system. In the interim, the agency would pursue a reduction based on the current methodology.

Add Back Rank	Line Item*	Reduction Name	FY 2011 General Ongoing Fund (Reduction)/Increase	FY 2011 One-time General Fund	FY 2011 Other Funds Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact
25	Medicaid	DOH - Pay Outpatient Hospital and Ambulatory Surgical Centers Same Price for Same Services	\$ (1,000,000)	\$ 167,100	\$ (2,463,800)				Change payment system to be same for services regardless of who the provider is. Explore paying the lowest price for a service to all providers (don't pay more based on location, if Ambulatory Surgical Care Centers can do it and there are enough of them, just pay that rate for the urbans). If pricing cannot be fixed, explore requiring a client to use an ambulatory surgical center for approved services before using a hospital unless prior authorization is approved. The agency did not provide any estimate for this change. The one-time funding allows the full ongoing reduction to match the FY 2012 post-stimulus match rate while still providing enough funds for FY 2011. Additionally, the Medicaid program currently pays a higher rate to hospitals in rural settings for the same services provided in urban settings.
24	Medicaid	DOH - Hospice Costs Caused by Nursing Home Rate Increases to be Paid by Nursing Home Assessment	\$ (983,400)		\$ -	0.0			The amount that Medicaid pays for hospice costs is tied to the average daily nursing home rate. This rate is higher because of the nursing home assessment used to raise the rates. Historically the State has paid the costs associated with the higher rate for hospice due to the nursing home assessment. This would change to assign the higher costs to be paid for by the nursing home assessment.
23	Medicaid	DOH - Use Medicaid Fee Schedule as Basis for Crossover Claim Payment with Non-Medicaid Providers	\$ (31,200)	\$ 4,800	\$ (78,800)	0.0			This change would treat non-Medicaid providers the same way that Medicaid provider are treated for crossover claim payments. The one-time cost allows the full ongoing savings to be taken, but with an adjustment for the last year of higher federal matching from the federal stimulus in FY 2011. The one-time funding allows the full ongoing reduction to match the FY 2012 post-stimulus match rate while still providing enough funds for FY 2011. As a secondary payer, Medicaid would now only pay up to Medicaid's allowable fee schedule rather than the primary provider's allowable fee schedule.
22	Medicaid	DOH - Legislative Audit Recommendations - Increased Recoveries in Medicaid	\$ (5,818,000)	\$ 3,386,800	\$ (14,404,000)				Legislative Audit 2009-12, completed in August 2009 found various areas where the agency could recover more money through increased controls and reviews. Ongoing savings listed reflect numbers from the audit. The \$3.4M one-time backfill in FY 2011 gives the agency 6 months to fully ramp up its fraud and waste systems. and allows the full ongoing reduction to match the FY 2012 post-stimulus match rate while still providing enough funds for FY 2011.
21	Medicaid	DOH - Legislative Audit Recommendations - Emergency Room Payment Error	\$ (2,044,800)	\$ 341,800	\$ (5,037,900)				The Legislative Auditors helped identify a payment error in regards to emergency room reimbursement that should bring in annual savings of \$2M General Fund. Previously claims that were not classified as true medical emergencies were being paid at the higher rate for clients visiting emergency rooms.
20	EDO	DHS - Human Services Executive Director's Office	\$ (33,400)		\$ -	(1.0)			The department has indicated the area that may be effected by this reduction could include reducing up to 1 staff position.
20	EDO	DHS - Legal Affairs - Admin. Hearings & Guardianship programs	\$ (41,300)		\$ -	(1.0)			The department has indicated the areas that may be effected by this reduction could include Administrative Hearings, Guardianship administration, the Guardianship program, the Conservatorship program, and Guardianship training and education.
20	EDO	DHS - Information Technology	\$ (35,300)		\$ -				Reduces 5% of funding to the area that makes transfer payments to the Department of Information Technology for technology support services in turn provided back to the department.
20	EDO	DHS - Fiscal Operations	\$ (130,100)		\$ -	(2.5)			The department has indicated the areas that may be effected by this reduction could include Finance, Internal Review and Audit, Contract Management, Administrative Support, and payments to other state agencies.
20	EDO	DHS - Human Resources	\$ (54,200)		\$ -				Reduces 5% of funding to the area that makes transfer payments to the Department of Human Resources Management for personnel and other human resources support services in turn provided back to the department.
20	EDO	DHS - Services Review	\$ (39,000)		\$ -	(0.7)			The department has indicated the areas that may be effected by this reduction could include the qualitative and case process review, fatality reviews, other non-program areas, or child protection ombudsman services.
20	EDO	DHS - Office of Licensing	\$ (95,300)		\$ -	(1.4)			The department has indicated the areas that may be effected by this reduction could include licensure of Human Services programs and background screening of persons with direct access to children and vulnerable adults.

Add Back Rank	Line Item*	Reduction Name	FY 2011 General Ongoing Fund (Reduction)/Increase	FY 2011 One-time General Fund	FY 2011 Other Funds Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact
20	DSAMH	DHS - Substance Abuse and Mental Health Administration	\$ (76,700)		\$ -	(2.0)			The department has indicated the areas that may be effected by this reduction could include local oversight staff and associated expenditures.
20	DSAMH	DHS - Community Mental Health Services	\$ (32,800)		\$ -				The department has indicated the areas that may be effected by this reduction could include contract funding for qualified forensic examiners to conduct examinations when ordered by a district court judge and Preadmission Screening and Resident Review (PASRR) evaluations required under the federal statute.
20	DSAMH	DHS - Mental Health Centers - local mental health treatment services and autism contracts	\$ (1,213,900)		\$ -				Reduces 5% of funding for pass through payments to counties in order to provide local mental health treatment services. The department has indicated this reduction would be allocated as follows: 1) funding for mental health treatment services to adults and youth (\$989,200), 2) mental health services to the indigent (\$133,000), and 3) contracts to serve autistic children (\$91,700).
20	DSAMH	DHS - Residential Mental Health Services - children's outplacement from State Hospital	\$ (51,900)		\$ -				The department has indicated the area that may be effected by this reduction could include child outplacements from the State Hospital.
20	DSAMH	DHS - Utah State Hospital	\$ (2,030,900)		\$ -	(35.0)			The department has indicated it would need to close 30 adult beds (allocated by formula to local county programs) to meet this funding reduction. These mentally ill adults would then be the responsibility of county-run programs for treatment services. 35 FTE equates to 4.4% of USH staff and 30 beds equates to 8.4% of available USH beds.
20	DSAMH	DHS - State Substance Abuse Services	\$ (88,400)		\$ -				The department has indicated the areas that may be effected by this reduction could include substance abuse prevention services throughout the state used to raise awareness about the harms of alcohol an drug use.
20	DSAMH	DHS - Local Substance Abuse Services	\$ (495,400)		\$ -				Reduces 5% of funding for pass through payments to counties in order to provide local county programs for adult and youth substance abuse treatment services.
20	DSAMH	DHS - DORA (Drug Offender Reform Act)	\$ (4,200)		\$ -				Reduces 5% of funding for the Drug Offender Reform Act (DORA) program.
20	DSAMH	DHS - Drug Courts	\$ (39,300)		\$ -				Reduces 5% of funding for Drug Court programs.
20	DSPD	DHS - Services for People w Disabilities - Administration	\$ (98,300)		\$ -	(2.6)			The department has indicated the areas that may be effected by this reduction could include staff to provide administration and oversight of the disabilities programs. Any reductions to staff could increase the workloads for remaining workers.
20	DSPD	DHS - DSPD Service Delivery (Case Management)	\$ (204,500)		\$ -	(15.0)			The department has indicated the areas that may be effected by this reduction could include disabilities case management staff and may result in the closing of more DSPD offices. Any reductions to staff could increase the workloads for remaining workers.
20	DSPD	DHS - DSPD - Utah State Developmental Center	\$ (533,100)		\$ -	(40.0)			The department has indicated the areas that may be effected by this reduction could include Utah State Developmental Center staff and may reduce some clinical services.
20	DSPD	DHS - DSPD - Disabilities Community Medicaid Waiver Services	\$ (1,619,100)		\$ -				Reduces funding for the Community Supports Medicaid waiver. The department will need to find ways to do this without violating any of the requirements of the waiver.
20	DSPD	DHS - DSPD - Brain Injury Medicaid Waiver Services	\$ (42,700)		\$ -				Reduces funding for the Brain Injury Medicaid waiver. The department will need to find ways to do this without violating any of the requirements of the waiver.
20	DSPD	DHS -DSPD - Physical Disability Medicaid Waiver Services	\$ (26,800)		\$ -				Reduces funding for the Physical Disabilities Medicaid waiver. The department will need to find ways to do this without violating any of the requirements of the waiver.
20	DSPD	DHS - DSPD - Non-Medicaid Waiver Disabilities Services	\$ (20,700)		\$ -				The department has indicated the area that may be effected by this reduction could include capping services at between 165 and 175 individuals.
20	ORS	DHS - Office of Recovery Services Administration	\$ (23,300)		\$ -	(1.0)			The department has indicated the area that may be effected by this reduction could include reducing up to 1 administrative staff position.
20	ORS	DHS - ORS Financial Services	\$ (112,000)		\$ -	(4.0)			The department has indicated the area that may be effected by this reduction could include reducing up to 4 financial services positions.

Add Back Rank	Line Item*	Reduction Name	FY 2011 General Ongoing Fund (Reduction)/Increase	FY 2011 One-time General Fund	FY 2011 Other Funds Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact
20	ORS	DHS - ORS - Electronic Technology	\$ (158,700)		\$ -	(5.0)			The department has indicated the area that may be effected by this reduction could include reducing up to 5 electronic technology positions.
20	ORS	DHS - ORS Child Support Collection Services	\$ (344,600)		\$ -	(19.0)			The department has indicated the area that may be effected by this reduction could include reducing up to 19 child support collection positions.
20	ORS	DHS - ORS Medical Collections	\$ (63,200)		\$ -	(2.2)			The department has indicated the area that may be effected by this reduction could include reducing up to 4 medical collections positions and has indicated it believes this will effect Medicaid recoveries and cost avoidance as well as disability recoveries for Workforce Services.
20	DCFS	DHS - - DCFS Administration	\$ (45,800)		\$ -	(1.0)			The department has indicated the area that may be effected by this reduction could include reducing up to 1 DCFS Administration position.
20	DCFS	DHS - DCFS - Service Delivery (Investigators/Case Managers)	\$ (2,908,000)		\$ -	(60.0)			The department has indicated the area that may be effected by this reduction could include reducing up to 60 DCFS regional positions (Child Protective Service investigators, Foster Care Workers, In-home Workers as well as support staff).
20	DCFS	DHS - DCFS - In Home Services	\$ (112,700)		\$ -				Reduces 5% of available funding for this program.
20	DCFS	DHS - DCFS - Out of Home Care - Foster Care and Residential Group Care	\$ (921,900)		\$ -				Reduces 5% of available funding for this program which pays for foster care and residential treatment care for children and youth in state custody.
20	DCFS	DHS - Facility-based Services	\$ (147,800)		\$ -				Reduces 5% of available funding to pay for state-run facility care for children and youth in state custody.
20	DCFS	DHS - Minor Grants	\$ (70,800)		\$ -				Reduces 5% of available funding for programs funded with federal grants that are not considered major grants.
20	DCFS	DHS - DCFS - Special Needs	\$ (29,800)		\$ -				Reduces 5% of available funding for the Special Needs program which is used to pay for special needs of children placed in DCFS custody such as transportation, special clothing allowance, lessons, equipment, baby needs, Christmas gifts, recreation needs, and school expenses.
20	DCFS	DHS - DCFS - Domestic Violence Services	\$ (58,700)		\$ -	(5.0)			Reduces 5% of available funds for the Domestic Violence Services program which pays for domestic violence staff and domestic violence treatment services.
20	DCFS	DHS - DCFS - Adoption Assistance	\$ (424,700)		\$ -				Reduces 5% of available funds for the Adoption Assistance Program which pays for subsidized special needs adoptions as well as guardianship subsidy payments.
20	DCFS	DHS - Child Welfare Mgt. Information System	\$ (155,700)		\$ -				Reduces 5% of available funds for the Child Welfare Management Information System which is used to support the DCFS management information system, SAFE.
20	DAAS	DHS - DAAS - Aging Administration	\$ (18,100)		\$ -	(1.0)			The department has indicated the area that may be effected by this reduction could include reducing up to 1 Aging Administration position.
20	DAAS	DHS - DAAS - Aging Local Government Grants - meals, caregiver support, and support services	\$ (224,100)		\$ -				Reduces 5% of available funding for Aging Local Government Grants which passes through to local area agencies on aging funding for home-delivered and congregate meals, caregiver support, and other support programs.
20	DAAS	DHS - DAAS - Aging Non-formula Funds - volunteer assistance and senior center maintenance	\$ (6,100)		\$ -				Reduces 5% of available funding for the Aging Non-formula program which passes through funding to local area agencies on aging for volunteer support and senior center maintenance.
20	DAAS	DHS - DAAS - Adult Protective Services	\$ (139,800)		\$ -	(3.0)			The department has indicated the area that may be effected by this reduction could include reducing up to 3 Adult Protective Services positions.
20	DAAS	DHS - DAAS - Aging Medicaid Waiver Services	\$ (83,100)		\$ -				Reduces 5% of available funding for the Medicaid Home- and Community-based Aging Waiver program, which provides services to help keep seniors in their own homes who otherwise are eligible to go into a nursing home.
20	DAAS	DHS - DAAS - Aging Alternatives	\$ (122,300)		\$ -				Reduces 5% of available funding for the Aging Alternatives program, which provides services to help assist seniors living in their own homes.
19	Various	DOH - Medicaid Restricted Account Fund Balance		\$ (1,847,600)	\$ -	0.0		0	\$5.6 M is the entire balance available in the account. The fund balance is not used unless the Legislature appropriates money out of it. The money would be used to replace General Fund expenditures.
18	Various	DOH - Tobacco Settlement Account Unused Money		\$ (3,923,200)	\$ -	0.0		0	\$4.8M is the entire uncommitted balance available in the account. The fund balance is not used unless the Legislature appropriates money out of it. The money would be used to replace General Fund expenditures.

Add Back Rank	Line Item*	Reduction Name	FY 2011 General Ongoing Fund (Reduction)/Increase	FY 2011 One-time General Fund	FY 2011 Other Funds Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact
17	CFHS	DOH - Less Training/Oversight in Baby Watch/Early Intervention	\$ (125,000)		\$ -	(1.0)			In FY 2011 these reductions can be offset from federal stimulus (ARRA) money. In FY 2012 the program may reduce 1 FTE and/or other staff-related expenses. This would reduce the staff dedicated to contract oversight and assuring compliance with federal grants.
16	Medicaid	DOH - Fund Replacement of 1975-style Medicaid Management Information System	\$ 5,004,200	\$ (467,000)	\$ 32,634,000				The current Medicaid Management Information System used for reimbursement and utilization management started in 1983 and is based upon a system that started in Iowa in 1975. The agency has expressed concerns about being able to implement reimbursement changes proposed and meet future federal requirements with their current system. This appropriation would create an ongoing appropriation in a separate line item to help fund the estimated \$11 million General Fund cost to replace the entire system.
15	Medicaid	DOH - Legislative Audit Recommendations - Improvements in Medicaid Managed Care	\$ (2,598,300)	\$ 1,516,300	\$ (3,200,900)				The Legislative Auditors completed an audit of Medicaid managed care in January 2010. The recommendations included quantifiable savings from \$6M to \$12M Total Funds. There were also many additional recommendations that had unquantified, but potential savings. This reduction assumes that Health could capture \$9M in Total Fund savings in FY 2012 and \$4.3 million in savings in FY 2011. The \$1.5M one-time General Fund backfill in FY 2011 gives the agency 6 months to fully ramp up its improvements to managed care and allows the full ongoing reduction to match the FY 2012 post-stimulus match rate while still providing enough funds for FY 2011.
14	CHIP	DOH - Remove Requirement for CHIP Providers to Have Two Provider Networks							Currently State statute, UCA 26-40-110, dictates that each CHIP network must provide two hospital networks. By allowing provider networkers to restrict the number of participating hospitals, this may bring savings to the State.
13	Medicaid	DOH - Start Health Opportunity Accounts for Currently Eligible Medicaid Clients							The Department of Health indicated that the federal government would likely approve Health Opportunity Accounts for currently eligible Medicaid clients on a strictly volunteer basis. These accounts provide a client-specific dollar amount for services on an annual basis. After spending the funds in the account, clients would have to spend up to \$250 of their own funds before getting more services. Clients who did not spend the balance in their accounts could use these funds for approved purposes.
12	Medicaid	DOH - Savings from Moving Health Clinic into State-owned Property	\$ (8,000)	\$ 8,000					By summer 2010 the Department of Health intends to move its State-run dental clinic from leased space in Salt Lake City to some State-owned property that will be vacated by the Department of Environmental Quality. The reduction here represents the future savings from this change. The one-time backfill provides funding for moving costs associated with the clinic's dental clinic.
11	Various	DOH - Lower Salaries for Replacing 23 Early Retiree Positions	\$ (60,000)		\$ (99,600)				The Department has 23 FTEs accepting early retirement for a one-time savings of \$300,000 in the second half of the current fiscal year. These 23 salaries are approximately \$600,000 for a full year. This assumes that the FTEs hired to replace the retirees can be hired at a 10% lower salary.
10	CFHS	DOH - Office Specialist II (Vacant)	\$ (44,000)		\$ -	0.0	(1.0)		One vacant secretarial position had been left unfilled in anticipation of budget reductions. This will reduce available secretarial support for some programs.
9	ELS	DOH - Transfer a General Fund FTE to grant Coordinator position (Vacant)	\$ (40,000)		\$ -		(0.5)		0.5 FTE vacant position doing grant coordination. The work of grant coordination will be absorbed by other staff.
8	HCF	DOH - Eliminate Claims Payment Position and Reassign RXConnect Utah Employees Time	\$ (42,000)		\$ (36,000)	(1.0)			There will be better utilization of two employees currently funded entirely by General Fund. They will be assigned Medicaid tasks, which will allow the State to draw down federal match for the time they spend on Medicaid. There may be some reduction in the amount of time spent monthly assisting about 200 non-Medicaid eligible individuals in enrolling in pharmaceutical company programs.
7	HSI	DOH - 30% Increase in Fee For Medical Facility Inspections	\$ (250,000)		\$ -	0.0		0	In FY 2009 nearly all fees for medical facility inspections were increased 16% after about 10 years without any fee increases. The agency has indicated that a 30% increase in fees would generate about \$250,000. The total recent increases would be 43% over a period of 11 years, or about a 4% annual increase. This would exchange General Fund for fee revenue.

Add Back Rank	Line Item*	Reduction Name	FY 2011 General Ongoing Fund (Reduction)/Increase	FY 2011 One-time General Fund	FY 2011 Other Funds Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact
6	HCF	DOH - Less Reminder Notices to Parents Regarding Upcoming Doctor Appointments Needed for Medicaid Children	\$ (25,000)		\$ (25,000)	0.0			Parents will receive fewer reminder notices for Medicaid children regarding the EPSDT program. The State will still meet federal mandates regarding Medicaid's responsibility to notify clients about this program. The State will continue to notify clients that have missed an exam.
5	Medicaid	DOH - Remove Exclusion for Drugs for Mental Illness for the Preferred Drug List	\$ (1,438,800)						Public testimony to HHS on 1/12/10 suggested that we might be able to save money by removing the exclusion for mental illness drugs on the Preferred Drug List Program. The agency indicates that about 40% of drugs provided are for mental illness. This estimated assumes we can get similar savings on mental illness drugs as the drugs on the Preferred Drug List for half of FY 2011 and a month and a half of savings in FY 2010.
4	Medicaid	DOH - Repeal Medicaid Drug Utilization Amendments (HB 258, 2008 GS, Lockhart)	\$ (65,200)	\$ 10,900	\$ (160,700)				In 2008 the Legislature passed legislation prohibiting the inclusion of immunosuppressive drugs used to prevent transplanted organ rejection in generic substitution requirements of the State Medicaid Program. In FY 2009, the first year of the new law may have added costs up to \$225,900 Total Funds to the Medicaid program, which represents an increase of 23% for spending on immunosuppressive drugs from FY 2008. From FY 2007 to FY 2008 spending on immunosuppressive drugs decreased 5%. As more generic drugs became available the cost to the State will increase.
3	ELS	DOH - Eliminate Ova & Parasite Testing Program (2 Tests in FY 2009)	\$ (3,000)		\$ -	0.0			The State lab would no longer provide ova & parasite testing. In FY 2009 we performed two of these types of test for local health departments. These tests would have to be obtained elsewhere.
2	HCF	DOH - Reduce Medicaid Administration General Fund to Match Increases from Administrative Fees	\$ (361,900)		\$ (361,900)				The Department of Health charges an administrative fee to agencies that provide the State match for participation in the Medicaid program. This money is used for Medicaid administration. The reduction listed here represents the increase in these funds from FY 2008 to FY 2009. If the Legislature wanted to, statute could be changed to make this adjustment between General Fund and administrative fee revenues automatic. For FY 2010 seeding administrative fee revenue, another reduction could likely be made.
1	Medicaid	DOH - No Pregnant Women Over 21 to Receive Dental or Vision Services in Medicaid	\$ (650,000)	\$ 108,600	\$ (1,601,500)				We currently cover dental & vision services to all pregnant women. The federal requirement is to cover pregnant women up to age 21. This would eliminate dental & vision services to pregnant women over 21. The one-time funding allows the full ongoing reduction to match the FY 2012 post-stimulus match rate while still providing enough funds for FY 2011.

<b>Total Reductions</b>	\$ (29,409,700)	\$ -	\$ (6,927,900)	(204.9)	(4.5)	-
<b>Net Reduction</b>		\$ (29,409,700)				
<b>Previous Committee Targets</b>	\$ (29,409,700)					
<b>(Above)/Under Targets</b>	\$ -	\$ -				
	<b>Proportional</b>	<b>Actual</b>	<b>(Above)/Under</b>			
<b>Human Services Targets</b>	(13,178,500)	\$ (13,178,500)	\$ -	90		
<b>Health Targets</b>	(16,231,200)	\$ (16,231,200)	\$ -	42		

\*Items that are highlighted are suggestions that came from the agency to meet reductions scenarios of 5% ongoing General Fund for FY 2011. Estimates in the FY 2010 column assume that these reductions could also be taken in current fiscal year.

\*Human Services Acronyms: EDO=Executive Director Operations, DSAMH=Division of Substance Abuse and Mental Health, DSPD=Division of Services for People with Disabilities, ORS=Office of Recovery Services, DCFS=Division of Child and Family Services, DAAS=Division of Aging and Adult Services

\*Health Acronyms: EDO=Executive Director's Operations, HSI=Health Systems Improvement, ELS=Epidemiology & Lab Services, CFHS=Community and Family Health Services, HCF=Health Care Financing (Medicaid Admin.), CHIP=Children's Health Insurance Program, LHD=Local Health Departments