

Optional Reductions - Health & Human Services *Revised* Feb. 10, 2010

Ref. #	Line Item*	Reduction Name	FY 2011 General Ongoing Fund (Reduction)/Incr	FY 2011 One-time General Fund	FY 2011 Other Funds Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact
2	All	DHS - Make Ongoing the Executive-ordered One-time FY 2010 Reduction	\$ (1,140,000)						This would make the holding open of approximately 75 positions a permanent component of the department's budget.
3	All	DHS - 1 Furlough Day	\$ (299,600)		\$ (209,100)	0.0			Human Services has chosen not to take a furlough day to meet the Executive Order from the Governor. This amount represents one furlough day which saves the State \$299,600 General Fund per day.
4	EDO	DHS - 10% of Administrative Hearings	\$ (31,800)		\$ (6,200)	0.0	0.0	N/A	The department has indicated the areas that may be effected by this reduction could include the ability to provide administrative hearings and administrative support for the KSL's Quarters for Christmas program.
5	DAAS	DHS - 10% of Aging Caregiver Support	\$ (38,000)		\$ -	0.0	0.0	0	Based upon information the department has provided, it is estimated that 54 fewer individuals may not receive services. No state staff would be reduced, but some local staff may be impacted.
6	DAAS	DHS - 10% of Aging Legal Services Developer	\$ (4,200)		\$ -	0.0	0.0	0	The department has indicated that a reduction in this program may necessitate the single Legal Services developer to reduce hours of operation, which may result in less access by seniors for legal issues.
7	DAAS	DHS - 10% of Aging Oversight/Accountability and Staff	\$ (66,900)		\$ -	(1.0)	0.0	N/A	The department has indicated that a reduction in this program may eliminate 1.0 FTE and/or reduce funding for state staff telephone and referral assistance to seniors and their families. The department has also indicated that additionally, in-state travel may be limited which may result in reduced training, technical expertise, and oversight.
8	EDO	DHS - 10% of Background Screening	\$ (30,600)		\$ (15,100)	(0.6)	0.0	0	The department has indicated that a reduction in this program may require reducing up to 0.6 FTE. These screenings are currently required by both state and federal law for all DCFS, DJJS, and DSPD contracted services in order for these divisions to qualify for certain federal reimbursement. All fees for background screenings are passed through to Public Safety and the FBI.
9	DCFS	DHS - 10% of Child Abuse Prevention/Crisis Nurseries	\$ (15,300)		\$ -	(0.6)	0.0	0	The department has indicated that a reduction in this program may effect crisis nurseries and prevention services and take away supports to parents who are struggling with caring for their children and keeping them safe. Child abuse prevention education to children in schools and to the public may also be reduced.
10	DCFS	DHS - 10% of Child Protective Services	\$ (1,500,000)		\$ (165,500)	(13.0)	0.0	0	The department has indicated that a reduction in this program may eliminate up to 13 positions. This reduction may increase the caseloads for the remaining child protection workers.
11	ORS	DHS - 10% of Child Support Collection	\$ (1,180,000)		\$ (2,009,200)	(43.0)	0.0	0	The department has indicated that a reduction in this program may eliminate up to 43 Child Support Collection positions. The child support services provided by the division are all federally required, so would require remaining staff to carry higher caseloads. This reduction may also impact the contract with the Office of the Attorney General, which provides civil and judicial enforcement actions. Child support collections provided back to both the state and to individual families may decline.
12	DSAMH	DHS - 10% of Children/Adult Mental Health Treatment (non-Medicaid)	\$ (260,000)		\$ -	0.0	0.0	(300)	Reduces 10% of available funding for the Children's/Adult Mental Health Treatment Program for those not Medicaid eligible. This funding is used to help provide mental health services to indigent or uninsured children and adults who have mental illness and no other services available (including Medicaid). In 2005, changes in the Medicaid rules resulted in the loss of approximately \$7 million in federal funding. In 2007 the legislature appropriated \$2.7 million to help provide services to a portion of those who lost services. During FY 2008, local mental health centers reported that over 3,000 clients received services using these appropriated funds.
13	DSAMH	DHS - 10% of Children's Mental Health	\$ (110,000)		\$ -	0.0	0.0	0	Reduces 10% of available funding for Children's Mental Health. This funding is used to provide services for children and adolescents with severe mental illness and their caregivers.

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14	EDO	DHS - 10% of Conservators/Guardians	\$ (38,000)		\$ (44,800)	(0.3)	0.0	0	Reduces 10% of available funding for the Guardianship program, the Conservatorship program, and Guardianship training and education.
15	EDO	DHS - 10% of Contract Management	\$ (42,600)		\$ (52,300)	(1.7)	0.0	N/A	Reduces 10% of available funding for the unit that oversees contracts and monitors rate setting as well as ensures compliance with federal requirements.
16	DCFS	DHS - 10% of DCFS In-home Services to Families	\$ (1,200,000)		\$ (133,100)	(8.8)	0.0	0	Reduces 10% of available funding in DCFS for providing in-home services to families. The program is intended to help keep children at home by reducing the risk of abuse or neglect through helping families make changes necessary to provide for a child's safety. When successful, it typically costs three to four times less on average per family to provide services in the home rather than to provide care for a child out of the home.
17	DCFS	DHS - 10% of DCFS Supervision/SAFE System	\$ (810,000)		\$ (86,500)	(42.0)	0.0	0	Reduces 10% of available funding in DCFS for its supervisory functions as well as for its major case management system known as SAFE. These functions are intended to help the division provide accountability, management, training, and administrative support functions to DCFS caseworkers.
18	DSPD	DHS - 10% of Developmental Disabilities Waiver	\$ (4,887,400)		\$ (9,774,800)	(38.0)	0.0	0	Reduces 10% of available funding for the Community Supports Medicaid waiver. This waiver is intended to assist individuals with disabilities to live in the community who otherwise have been determined to be eligible for nursing home care.
19	ORS	DHS - 10% of Disability Payment Recovery	\$ (5,900)		\$ -	0.0	0.0	0	Reduces 10% of available funding for disability payment collection efforts. This program is driven by the number of disabled clients Workforce Services approves for General Assistance.
20	DCFS	DHS - 10% of Domestic Violence	\$ (117,400)		\$ -	(1.3)	0.0	(400)	Reduces 10% of available funds for the Domestic Violence Services program which pays for domestic violence staff and domestic violence treatment services.
21	EDO	DHS - 10% of Executive Management/Operations	\$ (100,000)		\$ (69,500)	(1.3)	0.0	N/A	Reduces 10% of available funds to provide executive management to manage the department, coordinate services, and provide accountability information.
22	EDO	DHS - 10% of Facility Management	\$ (46,900)		\$ (43,300)	(1.7)	0.0	N/A	Reduces 10% of available funds for the Facility Management function. This area assists the department director with department-wide assessment and analysis. This staff also works with ensuring proper maintenance of the DHS assigned fleet as well as facilities.
23	EDO	DHS - 10% of Financial Accounting	\$ (94,200)		\$ (45,500)	(1.3)	0.0	N/A	Reduces 10% of available funds for the department's financial accounting function. This staff works with federal cash management, budgeting, appropriation requests, financial oversight, and provides other accounting information required by law and by the Executive and Legislative branches.
24	DSAMH	DHS - 10% of Forensic Competency Evaluations	\$ (24,000)		\$ -	0.0	0.0	0	Reduces 10% of available funds for forensic competency evaluations. Forensic evaluations are ordered by District Court judges in accordance with state statute. The division contracts with professional evaluators who perform the evaluations when ordered by the court.
25	DCFS	DHS - 10% of Foster Care/Out of Home Care	\$ (5,400,000)		\$ (516,100)	(30.0)		0	Reduces 10% of available funding for this program which pays for foster care and residential treatment care for children and youth in state custody.
26	EDO	DHS - 10% of Human Resources	\$ (109,300)		\$ -	N/A	N/A	N/A	Reduces 10% 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.
27	EDO	DHS - 10% of Internal Audit	\$ (44,600)		\$ (38,800)	(1.3)	0.0	N/A	Reduces 10% of available funding for this program which pays for audit services being provided on behalf of the department.

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28	EDO	DHS - 10% of Legal Affairs	\$ (4,700)		\$ (9,300)	N/A	N/A	N/A	Reduces 10% of funding to the area that makes transfer payments to the Attorney General's Office which in turn provides legal support to the department and ultimately controls the cost of service.
29	EDO	DHS - 10% of Licensure of Programs	\$ (170,000)		\$ (83,700)	(4.0)	0.0	0	Reduces 10% of funding to the Office of Licensure. 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.
30	ORS	DHS - 10% of Medicaid Recovery	\$ (130,000)		\$ (130,000)	(3.3)	0.0	0	Reduces 10% of funding for Medical Recovery efforts. The department has indicated the area that may be effected by this reduction could include reducing medical collections positions and has indicated it believes this will effect Medicaid recoveries and cost avoidance as well as disability recoveries for Workforce Services.
31	DSAMH	DHS - 10% of Mental Health Oversight/Accountability and Staff	\$ (80,000)		\$ (80,000)	(2.0)	0.0	0	Reduces 10% of funding for Mental Health oversight and accountability functions. These functions provide compliance oversight regarding federal and state requirements, assure financial transparency and accountability of local authorities, and oversight responsibilities of required services.
32	EDO	DHS - 10% of Office of Technology	\$ (100,000)		\$ (92,300)	0.0	0.0	N/A	Reduces 10% 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.
33	DSAMH	DHS - 10% of PASSR Screening	\$ (21,000)		\$ (6,300)	0.0		0	Reduces 10% of funding for Preadmission Screening and Resident Review (PASSR) functions. These expenditures are matched by Medicaid funding at a rate of 75%. The PASSR program is a federally required screening process applied prior to admission to a nursing home to prevent individuals with mental illness from being warehoused in nursing homes without active treatment.
34	EDO	DHS - 10% of Quality Assurance	\$ (48,100)		\$ (11,300)	(1.0)	0.0	N/A	Reduces 10% of funding for the function that is intended to provide an independent review of DCFS.
35	DSPD	DHS - 10% of State Developmental Center	\$ (366,700)		\$ (897,600)	(15.0)	0.0	0	Reduces 10% of funding to the Utah State Developmental Center. This facility provides services to over 230 residents with severe intellectual and physical disabilities.
36	DSPD	DHS - 10% of State/Regional Disabilities Accountability Staff	\$ (200,000)		\$ (200,000)	(2.7)	0.0	0	Reduces 10% of funding for state and regional disabilities accountability function. This functions provides program monitoring and financial accountability services.
37	DSAMH	DHS - 10% of Substance Abuse Oversight/Accountability and Staff	\$ (80,000)		\$ (80,000)	(2.0)	0.0	0	Reduces 10% of funding for state substance abuse accountability functions. These staff oversee compliance with federal and state statutes, assure financial transparency and accountability of local authorities, oversee required services, and establish cooperative relationships with courts, hospitals, clinics, medical and social agencies, public health authorities, law enforcement agencies, education and research organizations, and other related groups.
38	ORS	DHS - 10% ORS Supervision/Accounting	\$ (250,000)		\$ (791,300)	(13.3)	0.0	0	Reduces 10% of funding for the Office of Recovery Services supervision and accounting functions. This program includes all central accounting and technical staff which perform the functions of receipt and disbursement of payments for child support and Medicaid. They also perform collections for bad checks. It also includes other central administrative functions that help to meet the requirements for auditing, training, policy development, and response to information requests and constituent complaints.
39	DSAMH	DHS - Eliminate Drug Boards	\$ (350,900)		\$ -	0.0	0.0		Eliminates all funding for the Drug Board program.
40	DSAMH	DHS - 10% of Autism Preschool for 200 families	\$ (190,000)		\$ -	0.0	0.0	-20	Reduces 10% of funding for the autism preschool contracts passed through to local mental health centers. Currently services are funded through 4 contracts covering 9 counties.
41	DSAMH	DHS - Close a 30-bed Unit at the Utah State Hospital	\$ (2,500,000)		\$ (650,000)	(42.0)	0.0	-60	Reduces 10% of funding to the Utah State Hospital. This may result in the closure of State Hospital beds. Bed closures may take up to 60 days to complete and may also require a change in statutory bed allocation. These State Hospital beds are allocated to local mental health centers by formula, so individuals released would go back into their care.

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42	DAAS	DHS - 10% of Adult Protective Services	\$ (273,900)		\$ -	(3.8)	0.0	0	Reduces 10% of funding to the Adult Protective Services program. The program is intended to protect vulnerable adults and seniors from dangers caused by abusers or by their own inability to care for themselves. The program is also intended to help vulnerable adults and seniors find information to keep themselves safe and independent.
43	EDO	DHS - Eliminate Fatality Review	\$ (52,000)		\$ (22,300)	(1.0)	0.0	N/A	This item would eliminate all separate funding. The department has indicated that the elimination of this program would significantly effect the number of fatality reviews that could be done. The department has also pointed out that the Fatality Review program was one of the items the State agreed to do to enable the exit of the <i>David C.</i> litigation.
44	DSPD	DHS - End Medicaid Brain Injury Waiver	\$ (536,300)		\$ (1,350,900)	(4.0)	0.0	-106	Home- and community-based services currently being provided to Utahns with brain injuries, and their families, would be suspended. As Medicaid enrollees, these individuals would continue to maintain access to institutional care as an entitlement, if they so chose. The federal government will require a transition plan.
45	DSPD	DHS - End Medicaid Physical Disabilities Waiver	\$ (525,600)		\$ (1,380,300)	(3.0)	0.0	-129	Home- and community-based services currently being provided to Utahns with physical disabilities, and their families, would be suspended. As Medicaid enrollees, these individuals would continue to maintain access to institutional care as an entitlement, if they so chose. The federal government will require a transition plan.
46	DCFS	DHS - Use remainder of balance from Children's Trust Account - one-time			\$ -				Funding comes from \$3 assessment on birth certificates. This would require the programs served to reduce funds by this amount in the current fiscal year.
47	DSPD	DHS - Use balance from Trust Fund for People w Disabilities - one-time		\$3,782,100	\$ -				Fund associated with sales and lease of lands at the State Developmental Center
48	DCFS	DHS - Use balance from Victims of Domestic Violence Service Account - one-time			\$ -				Funding comes from fees on court fines. This would require the programs served to reduce funds by this amount in the current fiscal year.
	All	DHS - Use federal Social Services Block Grant Reserve Funds to Replace General Fund	\$ -	\$2,500,000	\$ -				Over a number of years the department has built up a one-time reserve of the federal Social Services Block Grant. This reserve, or some lesser amount of it, may be appropriated one time in lieu of state General Fund where doing so would meet the general purposes of the SSBG and would not create federal matching issues.
49	DSAMH	DHS - Utah Assoc. of Counties - recommendation to reduce oversight	\$ (581,000)		\$ -		(8.0)		Eliminate or reduce requirement and associated funding to conduct 16 reviews of local authority programs and services each year resulting in site specific reports and may result in local authority corrective action plans. The local mental health and substance abuse authorities serve approx. 40,000 clients with an estimated \$190,000,000 budget.
50		DHS - Disability Law Center recommendation to redesign the long-term care system so that funding is attached to the person rather than the place.			\$ -				Impacts as yet unknown.
51	All	DHS - Parent of mentally ill child - request to coordinate and reduce respite care and psychological evaluations across agencies going to the same individual			\$ -				Impacts as yet unknown.
53	EDO	DOH - 15% Reduction to Statewide Immunization Registry System	\$ (48,100)		\$ (10,100)	(1.0)		0	May be unable to complete repairs and enhancements to the data system for tracking statewide immunization records.
54	CFHS	DOH - Director's Office	\$ (10,000)		\$ -	0.0			211 Resource Line contract will be eliminated. The 211 service provides the public with information on community resources. The 211 service has many other sources of revenue.

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55	CFHS	DOH - Division Director - Division of Family Health Services (Vacant)			\$ -		(1.0)		The Department has already eliminated this position through its internal reorganization. The agency intends to use these savings to help move into the new Laboratory in January 2010. The agency is using \$100,000 of the savings to meet the 3% COLA reduction mandated by the Governor.
56	CFHS	DOH - Eliminate Center for Multi-Cultural Health	\$ (87,700)		\$ (137,600)	(3.0)	(0.5)	0	End the Center for Multi-Cultural Health, which provides training, translation and technical assistance to Health programs, local health departments, and community-based programs. Center did not exist prior to FY 2005.
57	CFHS	DOH - Funding from transfer of remaining CFHS Office support	\$ (31,000)		\$ -	0.0	(0.5)		Reallocation of workload from elimination of a part-time Epidemiologist.
58	CFHS	DOH - 10% Reduction in the Baby Your Baby Program (loworg 4341)	\$ (30,300)						10% reduction in State funding for the Baby Your Baby Program. The agency estimates that this may result in longer wait times for people calling the hotline for information.
59	CFHS	DOH - 10% Reduction in the Public Information Section of the Division of Community and Family Health Services (loworg 4346)	\$ (8,000)						10% reduction in State funding for the public information section of the Division of Community and Family Health Services.
60	CFHS	DOH - Birth Defects	\$ (15,000)		\$ -	(0.2)			Reduction of 0.20 FTE amongst a staff of 4 FTE. This and other reductions may impact the agency's ability to accurately collect and respond to trends in birth defects.
61	CFHS	DOH - Eliminate Tobacco Money Funded - Cancer Screenings for Low Income	\$ (489,500)		\$ (3,222,800)	(18.0)		(9,000)	This cut would end cancer screenings to low income woman who don't qualify for other public assistance programs (like Medicaid). The most we can cut without losing federal money is \$80,000 which would result in a loss of 1.0 FTE and 270 women would not receive cancer screening services.
62	CFHS	DOH - Eliminate Tobacco Money Funded - Immunization Purchases	\$ (995,200)		\$ -	0.0		(20,000)	No vaccines for underinsured children.
63	CFHS	DOH - 10% Reduction in the Pregnancy Risk Assessment Monitoring System Program (loworg 4425)	\$ (9,500)		\$ (1,700)				The program provides information on mothers' experiences before, during, and after pregnancy. 10% reduction in the State funding for the Pregnancy Risk Assessment Monitoring System Program. If the program is unable to continue to meet federal reductions, federal Medicaid match money and funding from the Centers for Disease Control and Prevention.
64	CFHS	DOH - Eliminate State Money for Child Adolescent and School Health Program	\$ (30,100)		\$ (120,000)	(1.0)		0	Decreased ability to coordinate Head Start programs at the State level. This eliminates just the State funded portion of this program. There are some associated losses of federal funds.
65	CFHS	DOH - 10% Reduction in Child Developmental Consultative Clinic Within the Children with Special Health Care Needs Program (loworg 4641)	\$ (103,000)					(300)	The agency estimates a 1/3 reduction in the number of traveling clinics to rural areas for services to children special health care needs program. One third of the rural clinics equates to about 300 less children seen, unless those children attended another clinic.
66	CFHS	DOH - 10% Reduction in Specialty Services Delivered to Children with Special Health Care Needs (loworg 4622)	\$ (35,000)			(0.5)			The agency estimates that this would result in a 0.5 audiologist FTE reduction which may limit audiology services in rural Utah.
67	CFHS	DOH - 10% Reduction in State Funding for Provider Rates in the Baby Watch/Early Intervention Program (loworg 4721)	\$ (852,600)						As part of receiving federal stimulus money, there is a maintenance of funding requirement for the Baby Watch/Early Intervention Program. Some of this may be offset by authorizing an increase in the sliding scale participation fee charged to parents.
68	CFHS	DOH - 10% Reduction in Teratology Spending in the Medicaid Program (loworg 4682)	\$ (2,900)		\$ (8,700)				This program counsels women about how to preventable exposure to agents that cause birth defects.
69	CFHS	DOH - 10% Reduction in the Administration of the Children with Special Health Care Needs Program (loworg 4611)	\$ (46,700)		\$ (46,700)				10% reduction in the State-funding for the administration of the Children with Special Health Care Needs Program.

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70	CFHS	DOH - 2007 GS - Utah Birth Defect Network - Eliminate (loworg 4691)	\$ (272,000)		\$ (913,800)	(4.0)	0.0	(1,500)	State funding was used for the replacement of federal funding. This would end the State program to track birth defects. Federal match based on ability to accomplish certain functions, not a specific dollar amount.
71	CFHS	DOH - 50% Increase in Co-pays Assessed to Clients	\$ (16,000)						In FY 2009 our State-run Children with Special Health Care Needs Clinics collected \$32,000 in co-pay revenue from clients. This reduction in General Fund assumes that we could increase our collections by 50% to maintain the funding level.
73	CFHS	DOH - 10% Increase in Monthly Fee for Parents with Children in Baby Watch/Early Intervention	\$ (14,900)						Parents with children in the Baby Watch/Early Intervention Program currently pay between \$0 and \$100 each month for the services their child receives. This would raise those fees paid to between \$0 and \$110 monthly. Families with incomes under 185% of the Federal Poverty Level would still pay \$0 and families with incomes over 820% of the Federal Poverty Level would pay \$110 monthly. This monthly gross income range is \$3,400 to \$15,100 for a family of 4. Services cannot be denied based on fees not being paid.
74	CFHS	DOH - Swap Federal Maternal and Child Health Block Grant Funds for State Funds	\$ (1,000,000)		\$ (1,500,000)				The State annually receives \$5.8 million in federal Maternal and Child Health Block Grant funds. This reduction assumes that there is enough current, qualifying State funds that could be exchanged for these federal funds. If the State did not meet maintenance of effort requirements, all federal funds would be lost.
75	CFHS	DOH - Eliminate Tobacco Money Funded - Heart Disease & Stroke Prevention	\$ (205,100)		\$ (912,000)	(7.0)		0	Reduction in Gold Medal Schools program. This program tries to encourage health behavior, physical activity, and tobacco prevention in public schools.
76	CFHS	DOH - Eliminate Tobacco Money Funded - Physical Activity, Nutrition & Obesity	\$ (146,700)		\$ -	0.0		0	Reduce obesity prevention efforts for children and adults.
77	CFHS	DOH - Elimination of Tobacco Prevention Funded Efforts	\$ (7,131,700)		\$ (1,578,700)	(16.6)		0	The end of funding for tobacco compliance checks, public education, and quitting services. Agency is to study impacts of not funding these prevention activities on tobacco usage in coming years. Elimination in contracts to organizations providing quitting services, education, and/or no smoking policy support. End large-scale media advertising. These are General Fund Restricted funds and the savings would come from redirecting these funds to the General Fund.
78	CFHS	DOH - Eliminate Tobacco Money Funded - Health Promotion Administration	\$ (212,200)		\$ -	-3.3		0	Loss of Bureau Director, Secretary, Epidemiologist and some funding for data and financial support to oversee and manage all functions of the Health Promotion Bureau.
79	CFHS	DOH - Eliminate Tobacco Money Funded - Baby Your Baby			\$ (227,900)	-3.0		0	Amount of time callers spend on hold would increase.
80	CHIP	DOH - 10% Reduction in Spending for CHIP Administration (loworg 6801)	\$ (91,600)						10% reduction in spending on CHIP administration. The agency indicates that about half of the CHIP administration money goes to the Department of Workforce Services for determining eligibility. A reductions here could also impact the Department of Workforce Services.
81	CHIP	DOH - Children's Health Insurance Program End Open Enrollment (HB 326, 2008 GS, Curtis)	\$ (1,000,000)		\$ -	0.0		0	Prior to July 2008, the CHIP program used to have periods of open and closed enrollment in order to stay within budget. This reduction would remove the required open enrollment for CHIP.
82	CHIP	DOH - Reduce CHIP Dental Coverage	\$ (640,000)		\$ (2,560,000)	0.0		0	Revert coverage back to 2002 coverage levels. Only preventative services (cleanings and x-rays) and emergency services (damage sustained from an accident) would be covered. Fillings, crowns, and root canals would no longer be covered. Services to most optional Medicaid populations were eliminated in the last General Session. The agency indicates that both federal and State law likely currently prohibit such a reduction.
83	CHIP	DOH - Eliminate Funding for CHIP Part-time Position	\$ (1,600)		\$ (6,400)	0.0	(0.3)		A 0.3 vacant FTE position will be eliminated. There will be fewer CHIP events around the state each summer, which last year collected 44 applications for CHP.

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84	CFHS	DOH - Financial Resources	\$ (3,000)		\$ -	0.0			For this program - eliminate all in-state travel reimbursements for employees traveling to meetings. Eliminate all funding for employee trainings. Reduce available revenue for office supplies, photocopies etc. Reports and other financial information would be distributed electronically, hard copies would no longer be provided to save printing, paper and photocopy costs.
85	CFHS	DOH - Part time Public Information Office Support	\$ (41,000)		\$ -	(0.5)			0.5 reduction of public information office support for the Department.
86	CFHS	DOH - Part time Web services support	\$ (29,000)		\$ -	(0.5)			Eliminates part-time FTE support for Health Promotion websites. The agency indicates that programs have capacity to maintain and update websites and will now be required to do so. Programs do not have the ability to create online databases and create new websites.
87	EDO	DOH - Eliminate Chief Operating Officer Position	\$ (96,200)		\$ (78,700)	(1.0)		0	This would eliminate the funding for the chief operating officer for Health that the Governor announced in January 2009.
88	EDO	DOH - Eliminate Legislative Liaison Position (loworg 1106)	\$ (94,400)			(1.0)			Eliminate Legislative affairs coordinating position. Would assume that these responsibilities could be assumed by other leaders within the agency.
89	EDO	DOH - Federal Indirect Funds Backfill			\$ -	0.0		0	Less discretionary money available for central support staff.
90	EDO	DOH - \$1,000 County Surcharge for Death Exams (2,000/year) - Partial	\$ (1,666,500)		\$ -	0.0		0	New charge to counties for individuals who die in their jurisdiction and need an examination for the Office of the Medical Examiner. If the Legislature wanted to grant counties an opt out provision, then they could authorize counties to set up their own Medical Examiner Offices.
91	EDO	DOH - 2009 GS - New Pathologist Funding	\$ (200,000)		\$ -	0.0		0	This funding was to help reduce the high caseload levels and equipment needs at the Medical Examiner's Office. This money does not fund another worker to reduce caseloads. The agency has indicated that it could save some money by eliminating weekend work. This would delay some investigation results.
92	EDO	DOH - 2008 GS - Specimen Preparation Equipment and Inflation	\$ (70,000)		\$ -	0.0		0	This funding was to help reduce the high caseload levels and equipment needs at the Medical Examiner's Office. This money does not fund another worker to reduce caseloads. The agency has indicated that it could save some money by eliminating weekend work. This would delay some investigation results.
93	EDO	DOH - Stop Paying for Return Trip Home for Corpses (loworg 1402)	\$ (189,400)						Dead bodies subject to investigation by the State would no longer have the return trip home costs paid for by the State. An internal audit indicated that this practice is already in place in many other states.
94	EDO	DOH - 10% Reduction in Health Care Statistics (loworg 1301)	\$ (29,000)						10% reduction in funding for health care statistics.
95	EDO	DOH - 10% Reduction in Health Status Survey Funding (loworg 1623)	\$ (9,400)						10% reduction in funding for health status survey.
96	EDO	DOH - 10% Reduction in Public Health Assessment (loworg 1624)	\$ (13,200)						10% reduction in funding for public health status assessment.
97	EDO	DOH - 10% Reduction in Vital Records (loworg 1601)	\$ (58,800)						10% reduction in funding for vital records.
98	EDO	DOH - Eliminate Patient Safety State-funded Efforts (loworg 1302)	\$ (125,000)						The State receives non-state sources of funding for these initiatives.
99	EDO	DOH - Decrease IBIS-PH Development Expenditures	\$ (51,000)		\$ -	0.0		0	May go from being an active partner to a non-partner in the further development of the IBIS-PH system.
100	EDO	DOH - Health Care Reform (HB 133, 2008 GS, D. Clark)	\$ (615,000)		\$ -	0.0		0	This new program could be delayed. The program to be set up is health care cost and quality data collection, analysis, and distribution.
101	EDO	DOH - Reduce Contract for Data Cleaning and Deduplication	\$ (198,000)		\$ -	0.0		0	Contract had not been executed yet. Scope of project for episode of care analysis will be reduced to a pilot study. The agency has suggested that a reduction of \$95,500 in FY 2010 would have less impact on the overall program.
102	EDO	DOH - Stillbirth Events Information System	\$ (83,000)		\$ -	0.0			Delay planned modifications to the Registry of Stillbirth Events Information system. Cause of death will continue to be reported via paper by hospitals rather than change to a web-based system.

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103	EDO	DOH - 10% Reduction in Internal Audit Staff (loworg 1241)	\$ (12,700)						Reduction in funding for the internal auditing staff at the Department of Health.
104	EDO	DOH - Eliminate Subsidy of Recycling Program (loworg 1263)	\$ (1,200)						End subsidy of the recycling program at the Department of Health.
105	EDO	DOH - Employee Support Staff	\$ (25,000)		\$ (23,800)	(1.0)			1 FTE or 20% reduction in staff dedicated to coordinating building and operation support for office space usage including relocation services, warehouse storage and transportation, coordination of motor pool, and building mail services. Other staff may need to perform more of these functions themselves.
106	EDO	DOH - IT Analyst Supervisor	\$ (70,000)		\$ (65,000)	(1.0)			Replace 1 FTE that maintains Department's intranet/DOHnet with an outside contract or DTS. If this switch does not save as much as is listed here, then the agency will have to absorb these costs elsewhere.
107	ELS	DOH - 10% Reduction in Laboratory Management Services (loworg 3110)	\$ (24,200)						10% reduction in laboratory management services.
108	ELS	DOH - 10% Reduction in State Lab Director's Office (loworg 3107)	\$ (24,000)						10% reduction in funding for the director's office of the State Laboratory.
109	ELS	DOH - 10% Reduction in Tuberculosis Treatment Funding (loworg 3555)	\$ (32,600)						10% reduction in the 100% state-funded treatment of tuberculosis. The agency estimates that this may result in some clients not receiving all of their tuberculosis medicine.
110	ELS	DOH - 93 Clients Receiving HIV Medications	\$ (96,500)		\$ (386,000)	(1.5)		(93)	93 less clients receiving drug help for HIV. Reduction in staff support for clients.
111	ELS	DOH - Division of Communicable Disease - Division Director (Vacant)			\$ -		(1.0)		The Department has already eliminated this position through its internal reorganization. The agency intends to use these savings to help move into the new Laboratory in January 2010.
112	ELS	DOH - Sexually Transmitted Diseases Media campaign (HB 15, 2008 GS, Riesen)	\$ (75,000)		\$ -	0.0			Statewide awareness and prevention media campaign conducted by contractor would be eliminated. The contractor has implemented media campaigns such as billboards, pamphlets and developed a website for parents, youth and providers both in English and Spanish.
113	ELS	DOH - Sexually Transmitted Diseases Program Coordinator position (HB 15, 2008 GS, Riesen)	\$ (41,000)		\$ -	(1.0)			Eliminate State staff coordination for STD program. Local health departments have their own STD programs. This position currently oversees the media campaign as well as provide outreach to at-risk populations.
114	ELS	DOH - 10% Reduction in Environmental Testing (loworg 3210)	\$ (125,400)						This 10% reduction might be offset by authorizing the Department of Health to charge higher fees. Currently this area is funded 30% through fees.
115	ELS	DOH - Eliminate Health Dept subsidy of other State Depts for Chemical and Environmental services - Full			\$ -				Health is not charging full costs to other depts. One possible solutions would be to have hunting and licensing fees be used for paying for mercury tests in animals that may be consumed by humans.
116	ELS	DOH - Enforcement of Food Sanitation Rules (HB 114, 2006 GS, S. Clark)	\$ (102,500)		\$ -	-1.5		0	End Department of Health technical assistance to local health departments for enforcement of minimum statewide food sanitation rules.
117	ELS	DOH - 10% Reduction in Administration for the Epidemiology Program (loworg 3705)	\$ (51,200)						10% reduction in administration for the Epidemiology Program.
118	ELS	DOH - 10% Reduction in the Communicable Disease Program (loworg 3720)	\$ (9,200)						10% reduction in State funding for the Communicable Disease Program.
119	ELS	DOH - 10% Reduction in the Environmental Epidemiology Program (loworg 3725)	\$ (15,800)						10% reduction in State funding for the Environmental Epidemiology Program
120	ELS	DOH - 10% Reduction in the Food Safety Program (loworg 3706)	\$ (37,700)						10% reduction in State funding for the Food Safety Program.
121	ELS	DOH - LHD Funding for Environmental Sanitation	\$ (150,000)		\$ -	0.0		0	Eliminate \$12,500 to each of Utah's 12 local health departments for supporting the enforcement of Utah's 16 environmental sanitation regulations, including day care

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122	ELS	DOH - 10% Reduction in Administration of the Microbiology Program (loworg 3410)	\$ (23,200)						10% reduction in administration for the microbiology program. This funding could be replaced by an increase if fees. Currently this area is funded 93% through fees.
123	ELS	DOH - 10% Reduction in Law Enforcement Toxicology (loworg 3286)	\$ (75,600)						10% reduction in funding for law enforcement supportive activities and testing performed by the Office of the Medical Examiner.
124	ELS	DOH - Eliminate Rabies Testing & 1 FTE	\$ (79,000)		\$ -	(1.0)		(35)	Loss of state capability to test for rabies in individuals who have been exposed to rabid animals. Rabies tests will have to be shipped to other states, delaying test results. One alternative funding source would be to add a fee to dog and cat licenses.
125	ELS	DOH - Forensic Toxicology - DUI	\$ (780,000)		\$ -				Eliminate General Fund subsidy; charge offenders. The agency estimates that this would require doubling the current DUI fee from about \$2,200 to over \$4,000.
126	ELS	DOH - Make Laboratory Improvement Program Self-Sustaining	\$ (439,500)		\$ -				In order to make this program self-sustaining from fees, the charges for each service would need to double. Currently the fees range from \$27 for a sample quality test to \$7,200 for an out-of-state laboratory certification. Currently this area is funded 45% through fees.
127	ELS	DOH - Eliminate 0.5 FTE sample receiving position	\$ (15,000)		\$ -	(0.5)			Increased workload for staff by elimination of a 0.5 FTE sample receiving position. The agency estimates potential delays in outbreak detection, event response, etc.
128	ELS	DOH - Elimination of out-of-state travel for Laboratory staff	\$ (12,000)		\$ -	0.0			Participation at out of state professional conferences and training will be limited to travel paid for by outside parties. There are several tests that require recurrent training and certification, such as tuberculosis and rabies testing. Without staff attendance at the required trainings, and without their obtaining the required certifications, the Department would be unable to perform this testing.
129	HCF	DOH - Eliminate Funding for Information Analyst (loworg 5117)	\$ (2,000)						Eliminate funding for information analyst services in the Director's Office of the Health Care Financing Division.
130	HCF	DOH - Eliminate Funding for the Rx Connect Hotline (loworg 5116)	\$ (32,000)						The Rx Connect Hotline directs callers to various prescription help assistance programs for individuals without health insurance. The hotline received X calls in FY 2009. For the last X years, the hotline has averaged X calls
131	HCF	DOH - Reduce Travel	\$ (5,000)		\$ (5,000)	0.0		0	Less travel and training for Medicaid employees.
132	HCF	DOH - 10% Reduction for Budgeting and Forecasting (loworg 5263)	\$ (18,800)						10% reduction for budgeting and forecasting of the Financial Services Program.
133	HCF	DOH - 10% Reduction for Claims Processing (loworg 5241)	\$ (80,400)						10% reduction for claims processing of the Financial Services Program.
134	HCF	DOH - 10% Reduction for Data Warehouse Project (loworg 5275)	\$ (34,900)						10% reduction for data warehouse project of the Financial Services Program.
135	HCF	DOH - 10% Reduction for DSS/EIS 75% (loworg 5269)	\$ (1,900)						10% reduction for DSS/EIS 75% of the Financial Services Program.
136	HCF	DOH - 10% Reduction for DSS/EIS 90% (loworg 5268)	\$ (13,400)						10% reduction for DSS/EIS 90% of the Financial Services Program.
137	HCF	DOH - 10% Reduction for DSS/EIS Clearing Combo (loworg 5270)	\$ (37,900)						10% reduction for DSS/EIS clearing combo of the Financial Services Program.
138	HCF	DOH - 10% Reduction for Eligibility Support Section (loworg 5202)	\$ (12,400)						10% reduction in the eligibility support section of the Financial Services Program.
139	HCF	DOH - 10% Reduction for HIPAA/MMIS, POS, IAPD (loworg 5251)	\$ (16,200)						10% reduction for HIPAA/MMIS, POS, IAPD of the Financial Services Program.
140	HCF	DOH - 10% Reduction for Information Analyst (loworg 5217)	\$ (1,700)						10% reduction for the information analyst of the Financial Services Program.
141	HCF	DOH - 10% Reduction for MARS/Finance (loworg 5262)	\$ (6,500)						10% reduction for MARS/Finance of the Financial Services Program.
142	HCF	DOH - 10% Reduction for MMIS Research Project (loworg 5906)	\$ (2,900)						10% reduction for MMIS research project of the Financial Services Program.

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143	HCF	DOH - 10% Reduction for SPR/CPAC (loworg 5112)	\$ (2,700)						10% reduction in SRP/CPAC area of the Financial Services Program.
144	HCF	DOH - 10% Reduction for Case Management (loworg 5313)	\$ (47,100)						10% reduction for case management of the Contracted Services Program (oversight function).
145	HCF	DOH - 10% Reduction for DAAS Contract (loworg 5335)	\$ (3,400)						10% reduction for DAAS Contract of the Contracted Services Program (oversight function).
146	HCF	DOH - 10% Reduction for Early Periodic Screening and Diagnostic Treatment Program (loworg 5332)	\$ (24,800)						10% reduction for Early Periodic Screening and Diagnostic Treatment Program of the Contracted Services Program (oversight function).
147	HCF	DOH - 10% Reduction for Home and Community-based Services Waivers (loworg 5330)	\$ (6,500)						10% reduction for home and community-based services waivers of the Contracted Services Program (oversight function).
148	HCF	DOH - 10% Reduction for Managed Health Care Training (loworg 5302)	\$ (17,800)						10% reduction for managed health care training of the Contracted Services Program (oversight function).
149	HCF	DOH - 10% Reduction for Medicaid Smoking/SMP 75% (loworg 5342)	\$ (4,400)						10% reduction for Medicaid smoking/SMP 75% of the Contracted Services Program (oversight function).
150	HCF	DOH - 10% Reduction for Price Waterhouse (loworg 5305)	\$ (5,900)						10% reduction for price waterhouse of the Contracted Services Program (oversight function).
151	HCF	DOH - 10% Reduction for Contract for FHS (loworg 5468)	\$ (3,200)						10% reduction for contract for FHS within the Medicaid Claims Program (administrative oversight).
152	HCF	DOH - 10% Reduction for Director of Medicaid Claims (loworg 5401)	\$ (1,200)					(1,200)	10% reduction for Director of Medicaid Claims Program (administrative oversight).
153	HCF	DOH - 10% Reduction for DSS & TCM (loworg 5470)	\$ (3,200)						10% reduction for DSS & TCM within the Medicaid Claims Program (administrative oversight).
154	HCF	DOH - 10% Reduction for Operations of Medicaid Claims (loworg 5466)	\$ (48,400)						10% reduction for the operations of Medicaid Claims Program (administrative oversight).
155	HCF	DOH - 10% Reduction for Consultants for the Coverage and Reimbursement Program (loworg 5650)	\$ (5,300)						10% reduction for consultants for the Coverage and Reimbursement Program (administrative oversight).
156	HCF	DOH - 10% Reduction for Eligibility Policy for the Coverage and Reimbursement Program (loworg 5611)	\$ (24,300)						10% reduction for eligibility policy for the Coverage and Reimbursement Program (administrative oversight).
157	HCF	DOH - 10% Reduction for Non-eligibility Policy for the Coverage and Reimbursement Program (loworg 5620)	\$ (41,900)						10% reduction for non-eligibility policy for the Coverage and Reimbursement Program (administrative oversight).
158	HCF	DOH - 10% Reduction for Payment Error Rate Methodology for the Coverage and Reimbursement Program (loworg 5613)	\$ (15,300)						10% reduction for payment error rate methodology for the Coverage and Reimbursement Program (administrative oversight).
159	HCF	DOH - 10% Reduction for Quality Assurance for the Coverage and Reimbursement Program (loworg 5610)	\$ (25,300)						10% reduction for quality assurance spending for the Coverage and Reimbursement Program (administrative oversight).
160	HCF	DOH - 10% Reduction for Reimbursement Unit for the Coverage and Reimbursement Program (loworg 5612)	\$ (22,600)						10% reduction for the reimbursement unit for the Coverage and Reimbursement Program (administrative oversight).
161	HCF	DOH - 10% Increase Fees Charged to Clients of the Primary Care Network	\$ (31,700)						10% increase in the fees paid by the clients of the Primary Care Network.
162	HCF	DOH - 10% Reduction for E-REP Support (loworg 5860, 5861)	\$ (26,700)						10% reduction for E-REP support. This reduces the funding that the Department of Health is providing to the Department of Workforce Services.

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163	HCF	DOH - 10% Reduction for Medicaid Quality Control (loworg 5505)	\$ (15,900)						10% reduction for Medicaid quality control of the Eligibility Services Program (administrative oversight).
164	HCF	DOH - 10% Reduction for the Clinic Director of Eligibility Services (loworg 5801)	\$ (3,500)						10% reduction for the Clinic Director of the Eligibility Services Program (administrative oversight).
165	HCF	DOH - 10% Reduction for the Director's Office of Eligibility Services (loworg 5502)	\$ (5,100)						10% reduction for the Director's Office of the Eligibility Services Program (administrative oversight).
166	HCF	DOH - 10% Reduction for the State-run Health Clinics (loworg 5820, 5830, 5835, 5840)	\$ (30,200)						10% reduction for the State-run Health Clinics of the Eligibility Services Program (administrative oversight).
167	HCF	DOH - 10% Reduction for Contractual 50% Portion of the Contracts Program (loworg 5750)	\$ (30,800)						10% reduction for the contractual 50% portion within the Contracts Program (administrative oversight).
168	HCF	DOH - 10% Reduction for Spending on Postage in the Contracts Program (loworg 5704)	\$ (47,700)						10% reduction on spending on postage within the Contracts Program (administrative oversight).
169	HCF	DOH - 10% Reduction for the Contract with the Attorney General (loworg 5710)	\$ (5,200)						10% reduction for the contract with the Attorney General within the Contracts Program (administrative oversight).
170	HCF	DOH - 10% Reduction for the Contract with the Office of Recovery Services (loworg 5706)	\$ (11,200)						10% reduction for the contract with the Office of Recovery Services within the Contracts Program (administrative oversight).
171	HCF	DOH - End Promotion of Health Care Coverage (HB 364, 2008 GS, Holdaway)	\$ (60,000)		\$ (60,000)	0.0		0	This money is for new outreach efforts to encourage enrollment in public service programs. Cutting this money may reduce the number of people who apply for public service.
172	HCF	DOH - 10% Increase in Charges to Third-Party Medicaid Players for Matching Federal Funds	\$ (176,600)			0.0		0	In FY 2009 4.7 cents of every \$1 seed money from non-State entities was kept by the Medicaid administration as an administration fee. This would raise that charge by 10% and swap out General Fund in Medicaid administration.
173	HCF	DOH - 10% Reduction for the Administration of the Long-term Care Program Within Health Care Financing (loworg 5102)	\$ (16,100)		\$ (73,200)				10% reduction for the General Fund in the Administration of the Long-term Care Program within Health Care Financing.
174	HCF	DOH - 10% Reduction for the Social Security Benefit Offset (loworg 5109)	\$ (3,400)		\$ (31,200)				10% reduction for the Social Security benefit offset program.
175	HCF	DOH - 10% Reduction for the Special Unit of the Long-term Care Program Within Health Care Financing (loworg 5108)	\$ (2,900)		\$ (7,400)				10% Reduction of funding for the special unit of the Long-term Care Program Within Health Care Financing.
176	HSI	DOH - Change from 2 to 1 Visit per Year for Highly Compliant Child Care Facilities	\$ (45,000)		\$ (94,100)				In 2009 there were 189 facilities that had no findings during inspections. For these facilities, they would only be inspected once annually. The savings is based on those 189 qualifying facilities multiplied by the \$498 cost per inspection in FY 2008.
177	HSI	DOH - 10% Reduction in Director's Office of Health Facility Licensure, Certification, & Resident Assessment (loworg 2401)	\$ (15,200)						10% reduction in funding in the director's office for the Health Facility Licensure, Certification, & Resident Assessment program.
178	HSI	DOH - 10% Reduction in Preassessment for Medicaid (loworgs 2403)	\$ (2,900)						10% reduction in funding for determining the physical qualification of clients for nursing home care within the Medicaid program.
179	HSI	DOH - 10% Reduction in the Survey Clearing Account (loworg 2404)	\$ (89,500)						10% reduction in funding for health care facility surveys.
180	HSI	DOH - 10% Reduction in Title 19 Medicaid (loworgs 2402)	\$ (14,000)						10% reduction in funding for some facility survey efforts.

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181	HSI	DOH - 15% Reduction in Health Facility Licensure Activities	\$ (196,600)		\$ (674,300)	(9.8)		0	About 200 less complaints investigated and less survey inspections.
182	HSI	DOH - End General Fund for Home and Community-based Waiver Renewal Effort (loworg 2431)	\$ (50,000)						Assumes efforts connected to renewing the Medicaid Home and Community-based Waivers can be done within the regular duties of other staff members.
183	HSI	DOH - end General Fund subsidy of State Licensure of Healthcare Facilities (loworg 2421)	\$ (13,900)						No more State General Fund going to State licensure of healthcare facilities.
184	HSI	DOH - Health Facility Licensing	\$ (45,200)		\$ (52,200)	(0.5)			Travel budget for training and administrative oversight would be cut. Reduction of 0.5 FTE or 13% in Resident Assessment Section. This will reduce the assessments and monitoring of vulnerable patients in nursing homes statewide. The assessments currently are not always completed on time for Medicaid due to staffing.
186	HSI	DOH - 2009 GS - Health Care Reform							This one-time funding was given to the Utah Partnership for Value-driven Health Care in Salt Lake City and will be overseen by the Office of Consumer Health Services within the Governor's Office of Economic Development to carry out some of the provisions of H.B. 165 "Health Reform - Administrative Simplification." It's not clear if there is money still available or if all funds have been expended.
187	HSI	DOH - Eliminate Bleeding Disorders Assistance Program	\$ (250,000)	\$ (137,000)	\$ -	0.0		(47)	Premium and direct medical assistance for 47 individuals currently in the bleeding disorders assistance program. Qualifying individuals could use the Medicaid spenddown program to continue to receive services. This requires the client to use more of their money for medical expenses before become eligible. The one-time reduction represents the non-lapsing balance leftover from the first year of appropriations.
188	HSI	DOH - Further Reduce Primary Care Grants (federal MOE)	\$ (1,315,400)		\$ -	0.0		0	Additional reduction in grants to safety net providers. Each safety net provider will be impacted differently. Preserves enough state funds to maximum draw down of federal funds. The agency indicates that a cut of this magnitude may jeopardize several million dollars of federal funding that goes to support our community, migrant and homeless health centers and to offer National Health Services Corps loan repayment opportunities in Utah. Providers recommended that funding be reduced to the FY 2004 levels which would be a FY 2010 reduction of \$30,600.
189	HSI	DOH - Primary Care	\$ (45,000)		\$ -	0.0		(400)	Five or six fewer grants to primary care providers of medical services to about 400 to 900 fewer underinsured people. What is the total services currently (want to show total numbers and percentage reduction)?
190	HSI	DOH - 20% Increase in Annual Child Care Facility Licensure Fees	\$ (15,000)						Currently child care facilities pay a \$25 annual license fee and \$1.50 per child. Each 20% increase in these fees (\$5 per license and \$0.23 per child) would bring in an additional \$15,000. As per current statute, this money would be deposited in the General Fund. The agency indicates that in 2005 neighboring states' child care center annual fees ranged from \$0 to \$480 and in home providers' fees from \$0 to \$60.
191	HSI	DOH - Eliminate Grants to Rural EMS Agencies	\$ (1,680,000)		\$ -	0.0		0	Local agencies are responsible for EMS equipment and training. No additional grants to local rural EMS agencies. The agency offered as an alternative to take out \$500,000 General Fund from EMS administration.
192	HSI	DOH - Eliminate Grants to Urban EMS Agencies	\$ (420,000)		\$ (345,000)	0.0		0	Local agencies are responsible for EMS equipment and training. No additional grants to local, urban EMS agencies. The agency offered as an alternative to take out \$500,000 General Fund from EMS administration.
193	HSI	DOH - Eliminate Statewide Trauma System	\$ (400,000)		\$ -	(1.5)		0	End statewide trauma data collection and patient care improvement process.
194	LHD	DOH - 10% Reduction in the State Funding for the Local Health Departments	\$ (231,000)						10% reduction in State funding for Utah's 12 local health departments.

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195	Medicaid	DOH - Provider Tax on Hospitals							A tax could be levied on hospitals and the money used for Medicaid provider rates (or other purposes). The use of the tax revenues could be set up in a variety of forms so that in total everyone comes out with more revenues or that only some parties come out with more revenues. The only limit on the amount of rates to be paid is that Medicaid cannot pay more than Medicare.
196	Medicaid	DOH - Provider Tax on Providers (Excluding Hospitals), i.e. - physicians, ambulatory surgical centers, dentists, and therapists							A tax could be levied on providers and the money used for Medicaid provider rates (or other purposes). The use of the tax revenues could be set up in a variety of forms so that in total everyone comes out with more revenues or that only some parties come out with more revenues. The only limit on the amount of rates to be paid is that Medicaid cannot pay more than Medicare.
197	Medicaid	DOH - Medicaid Lawsuit Money Into Medicaid Restricted Account	\$ -		\$ -	0.0		0	Less unanticipated discretionary money for the Medicaid program to spend and increased revenues to the Medicaid Restricted Account. Currently money from these lawsuits can be used in the Medicaid program at their discretion. Health received \$800,000 in the prior 2 fiscal years.
198	Medicaid	DOH - Lower Asset Level for Pregnancy 5,600 Clients	\$ (3,201,900)	\$ 1,601,000	\$ (4,004,600)	(8.1)		(5,600)	Women with countable assets above \$3,000 would no longer qualify for Medicaid. The current countable asset limit is \$5,000. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems. Because of federal stimulus fund stipulations, the State could not eliminate this category until January 1, 2011.
199	Medicaid	DOH - Reduce Inpatient Outlier Payment Factor			\$ (7,638,100)	0.0		0	This would decrease the outlier payments (higher cost) for inpatient hospital services. May impact the number of providers willing to see Medicaid clients.
200	Medicaid	DOH - Require Medicaid RFPs for More Areas of the State to be Served by Managed Care							Currently Medicaid has managed care contracts for 4 counties of the State. There are other counties in the State which may be able to attract a provider. Using more managed care services may or may not result in savings to the State.
201	Medicaid	DOH - Allow Cost Consideration in DUR Decisions	\$ (6,500)		\$ (28,100)	0.0		0	We require a prior authorization on certain drugs that through utilization reviews show may have problems. This would allow high cost to be a consideration for adding a prior authorization. This has nothing to do with the preferred drug list.
202	Medicaid	DOH - Limit Drugs Per Medicaid Recipient	\$ (5,141,300)		\$ (12,858,700)	0.0		(1,000)	Medicaid recipients who use several drugs per month would have to decide which drug(s) to go without. Assumes all clients would be limited to 4 drugs per client. Average prescription usage in FY 2008 was 2.9. There is currently a soft limit for 7 drugs per client on a monthly basis. It is a soft limit because overrides are allowed. The agency has not provided estimates regarding this policy change.
203	Medicaid	DOH - Eliminate Medicaid Work Incentive Program	\$ (661,700)	\$ 330,900	\$ (807,700)	0.0		(1,732)	End optional coverage group for working individuals with disabilities. Individuals who subsequently quit their job would likely qualify for Medicaid. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems. Because of federal stimulus fund stipulations, the State could not eliminate this category until January 1, 2011.
204	Medicaid	DOH - Allow More Modifiers in Medicaid Billing (Multiple Services in Same Visit)							The Utah Medical Association suggested that if more services could be billed during the same visit (for situations where it's currently prohibited), the State may save money. The agency has indicated that these changes have not been made because they do not estimate a savings. The agency estimates a cost if these changes are made.
205	Medicaid	DOH - Switch More Managed Care Contracts to Capitated Risk Payments							Molina, 1 of 2 main managed care providers, changed to a full risk contract as of September 1, 2009. Healthy U has not made the switch. This would require Healthy U to make the switch. If Healthy U did not make the switch, clients likely would be served by Molina.
206	Medicaid	DOH - 1% Rate Reduction to Full Risk HMO	\$ (336,300)		\$ (851,300)	0.0			It is not clear if the full risk HMO will accept the renewal of the risk contract at a reduced rate. Nonrisk HMOs face similar cuts through other proposed rate reductions.
207	Medicaid	DOH - 1% Rate Reduction to Inpatient Hospital	\$ (1,037,400)		\$ (2,625,700)	0.0			1% reduction to Medicaid inpatient hospital reimbursement.

Optional Reductions - Health & Human Services *Revised* Feb. 10, 2010

Ref. #	Line Item*	Reduction Name	FY 2011 General Ongoing Fund (Reduction)/Incre	FY 2011 One-time General Fund	FY 2011 Other Funds Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact
208	Medicaid	DOH - 1% Rate Reduction to New Choices Waiver	\$ (54,500)		\$ (138,000)	0.0			The waiver implementation plan would be amended to reflect the rate reduction and would require federal government approval and acceptance by provider(s).
209	Medicaid	DOH - 1% Rate Reduction to Outpatient Hospital	\$ (377,300)		\$ (954,900)	0.0			The federal government will not likely approve a reduction in the current percent of charges reimbursement methodology. If savings are to be obtained, a change in reimbursement methodology may be more viable option.
210	Medicaid	DOH - 1% Rate Reduction to Physician	\$ (340,900)		\$ (862,900)	0.0			1% reduction in Medicaid rates paid to physicians.
211	Medicaid	DOH - Adopt Federal False Claims Act	\$ (1,000,000)						The Federal Deficit Reduction Act included estimates of \$2.6 billion nationwide to be obtained under this law. Utah in 2008 represents 0.9% of the population which would represent a total fund share of \$23.4 million.
212	Medicaid	DOH - Close PCN Enrollment	\$ (2,400,000)	\$ 1,200,000	\$ (3,037,300)	0.0			No new applicants to the Primary Care Network. Services covered for members include primary care office visits, preventative dental work, 4 prescriptions monthly, immunizations, and routine lab services. Because of federal stimulus fund stipulations, the State could not eliminate this category until January 1, 2011. The \$2.4M ongoing reduction is offset by \$1.2M one-time because this reduction cannot take place until January 1, 2011 because of the federal stimulus requirements. There will be \$1.2M savings realized in FY 2011 with a full year of \$2.4M savings realized in FY 2012.
213	Medicaid	DOH - Eliminate 1931 Family Medicaid Vehicle Exclusion from Asset Test	\$ (422,900)		\$ (1,070,400)	0.0		(9,242)	Eliminating this exclusion for 1931 Family Medicaid would make the vehicle exclusion the same as it is for other Family related medical programs. This may require a statute change. Where one vehicle was previously excluded in determining eligibility, a vehicle asset of \$1,500 or less would now be required for eligibility. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems. Because of federal stimulus fund stipulations, the State could not eliminate this category until January 1, 2011.
214	Medicaid	DOH - Eliminate Breast and Cervical Cancer Eligibility Group	\$ (1,812,200)	\$ 906,100	\$ (3,626,600)	0.0		(426)	Eliminate optional eligibility group currently serving 427 clients. Most clients would not qualify for Medicaid unless they spent down their income to qualify under the spenddown category. This eligibility category was begun in the mid-1990's. The \$1.8M ongoing reduction is offset by \$0.9M one-time because this reduction cannot take place until January 1, 2011 because of the federal stimulus requirements. There will be \$0.9M savings realized in FY 2011 with a full year of \$1.8M savings realized in FY 2012.
215	Medicaid	DOH - Eliminate Eligibility for Foster Care Independent Living	\$ (294,800)	\$ 147,400	\$ (373,200)	0.0			The \$300K ongoing reduction is offset by \$150K one-time because this reduction cannot take place until January 1, 2011 because of the federal stimulus requirements. There will be \$150K savings realized in FY 2011 with a full year of \$300K savings realized in FY 2012.
216	Medicaid	DOH - Eliminate Medically Needy Adults	\$ (9,968,400)	\$ 4,984,200	\$ (12,615,400)	0.0		(9,932)	Rulemaking and State Plan Amendment required because we are eliminating medically needy non-pregnant adults. Trusts are an option for institutionalized eligibles. They still have to use that income to pay medical expenses, so they would still make the same contribution to cost of care that they do now. In some cases, nursing homes would be left with former Medicaid clients in their facility with no reimbursement and would have to find a way discharge the clients to a safe setting. If this could not be done, then the nursing homes would serve the clients with no reimbursement. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems. Because of ARRA requirements, change in enrollment policy cannot be made until January 1, 2011. There will be \$5M savings realized in FY 2011 with a full year of \$10M savings realized in FY 2012.

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Ref. #	Line Item*	Reduction Name	FY 2011 General Ongoing Fund (Reduction)/Incre	FY 2011 One-time General Fund	FY 2011 Other Funds Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact
217	Medicaid	DOH - Eliminate Medically Needy Children & Pregnant Women	\$ (1,708,800)	\$ 854,400	\$ (2,162,700)	0.0		(4,067)	Rulemaking and State Plan Amendment will be required because we would be eliminating medically needy children and pregnant women. Because of ARRA requirements, change in enrollment policy cannot be made until January 1, 2011. There will be \$0.8M savings realized in FY 2011 with a full year of \$1.7M savings realized in FY 2012. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems.
218	Medicaid	DOH - eliminate dental benefits for medically needy (spenddown) population							This would not allow clients who qualify for Medicaid because of high medical expenses to receive dental services. Annually about X spenddown clients receive dental services.
219	Medicaid	DOH - Reduce Spenddown Limit to 85% for Aged, Blind, Disabled	\$ (1,034,200)	\$ 517,100	\$ (1,308,700)	0.0			This returns this category's eligibility to a little higher than pre-FY 2004 levels for the aged, blind, and disabled (from 100% to 85% FPL). Prior to FY 2004 the eligibility level was 75% FPL. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems. More savings would be realized if the eligibility level was lowered further. The \$1.0M ongoing reduction is offset by \$0.5M one-time because this reduction cannot take place until January 1, 2011 because of the federal stimulus requirements. There will be \$0.5M savings realized in FY 2011 with a full year of \$1.0M savings realized in FY 2012.
220	Medicaid	DOH - Reduce Aged, Blind, Disabled to 85% of FPL	\$ (648,200)	\$ 324,100	\$ (820,400)	0.0			This returns this category's eligibility to a little higher than pre-FY 2004 levels for the aged, blind, and disabled (from 100% to 85% FPL). Prior to FY 2004 the eligibility level was 75% FPL. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems. More savings would be realized if the eligibility level was lowered further. The \$0.6M ongoing reduction is offset by \$0.3M one-time because this reduction cannot take place until January 1, 2011 because of the federal stimulus requirements. There will be \$0.3M savings realized in FY 2011 with a full year of \$0.6M savings realized in FY 2012.
221	Medicaid	DOH - Eliminate mobile dental clinic	\$ (117,000)						Currently the State's mobile dental clinic makes about X site visits yearly and serves about X clients who are identified as having significant dental needs and uninsured. The agency has indicated that this program is self-funded and does not cost the State money.
222	Medicaid	DOH - Eliminate Over the Counter Drugs	\$ (393,300)		\$ (995,600)	0.0			It is not clear how this would save any money. Medicaid currently covers about 80 over the counter drugs via prescription. The client would have to get the generally more expensive drugs with a prescription.
223	Medicaid	DOH - Eliminate PCN Contract for Arranging Specialty Care Donations in Salt Lake County	\$ (10,000)		\$ (10,000)	0.0			The State will eliminate a contract for arranging donated specialty care for PCN clients in Salt Lake County. State staff will have to absorb this work currently being done via contract.
224	Medicaid	DOH - Eliminate Podiatry Services	\$ (44,700)		\$ (113,100)	0.0			Elimination of these services may result in recipients seeking similar services from physicians and may not result in estimated savings. The change could also result in recipients with complications from diabetes not being able to receive needed care in long-term care facilities.
225	Medicaid	DOH - Eliminate Prader-Willi Contract	\$ (60,000)		\$ -	0.0		(29)	A part-time nurse currently provides coordination services for families of clients with Prader-Willi syndrome. The evaluation of this service is ongoing and it's not clear if the program is currently saving the State or costing the State in the aggregate.
226	Medicaid	DOH - Eliminate Presumptive Eligibility for Pregnant Women (Baby Your Baby)	\$ (665,000)	\$ 332,500	\$ (841,500)	0.0		(6,245)	Eliminate 45 days of presumptive eligibility for pregnant women. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems. The \$0.7M ongoing reduction is offset by \$0.3M one-time because this reduction cannot take place until January 1, 2011 because of the federal stimulus requirements. There will be \$0.3M savings realized in FY 2011 with a full year of \$0.7M savings realized in FY 2012.
227	Medicaid	DOH - Establish Default Assignment to In-home Kidney Dialysis Machines	\$ (29,400)		\$ (117,500)				Assumes that by automatically assigning clients to in-home kidney dialysis, rather than hospital dialysis that we could save 50% of what we spent on kidney dialysis in FY 2009.

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Ref. #	Line Item*	Reduction Name	FY 2011 General Ongoing Fund (Reduction)/Incr	FY 2011 One-time General Fund	FY 2011 Other Funds Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact
228	Medicaid	DOH - New Limit on Length of Time for Hospice Services	\$ (61,300)		\$ (244,900)				Establishes a new limit on length of time for hospice services. The limit would now be X visits. This limit would reduce spending in this category by approximately 10% from FY 2009 levels.
229	Medicaid	DOH - New Limit on Number of Inpatient Mental Health Visits	\$ (107,600)		\$ (429,900)				Establishes a new limit on inpatient mental health visits. The limit would now be X visits. This limit would reduce spending in this category by approximately 10% from FY 2009 levels.
230	Medicaid	DOH - New Limits on Personal Care, Interpretive, and Specialized Nursing Services	\$ (25,200)		\$ (100,500)				Establishes a new limit on length of time for personal care, interpretive, and specialized nursing services. The limit would now be X, Y, and Z visits respectively. This limit would reduce spending in this category by approximately 10% from FY 2009 levels.
231	Medicaid	DOH - Raise PCN Enrollment Fees to Match Inflation	\$ (160,400)						The fees for enrolling in the Primary Care Network have not been raised since FY 2005. From FY 2005 to FY 2009 consumer price index inflation was 22.9%. If we raised the fees 22.9% to match inflation, we could replace General Fund with increased fee revenue. The range of annual fee increases would be from \$15 to \$18.44, \$25 to \$30.73, and \$50 to \$61.46. The Department indicates that this change will require federal approval and likely could not be obtained until July 2010.
232	Medicaid	DOH - Redefine Required Services Provided to Medicaid Clients							Public testimony to HHS on 1/12/10 suggested there may be some options for reducing the scope of required services to Medicaid clients. The agency indicates that for current optional services, medical necessity analysis already has been conducted to determine which services will and will not be provided.
233	Medicaid	DOH - Use More Technology to Determine Eligibility							Public testimony to HHS on 1/12/10 suggested there may be some savings through using more technology and other program's eligibility determinations to reduce the Medicaid workload. If there are savings, the savings would be realized in the Department of Workforce Services who perform the eligibility determinations for Medicaid and CHIP.
234	Medicaid	DOH - Add Back Limited Dental Benefits to Avoid Tooth-related Emergency Room Visits							Public testimony to HHS on 1/12/10 suggested that we could maintain budget neutrality by adding a dental benefit of removing teeth. The dentist who testified indicated that he sees in the emergency room Medicaid clients who can not get their teeth removed and are treated with pain medication and antibiotics (which are covered services).
235	Medicaid	DOH - Stop Paying for Preventable Medical Errors in Medicaid							Public testimony to HHS on 1/12/10 suggested that we could obtain savings in the Medicaid program by stopping paying for preventable medical errors in Medicaid. This is already done in the Medicare program. This is already being done for hospital billing in Medicaid. There may be some opportunity in other areas for savings.
236	Medicaid	DOH - Change Medicaid Insurance Card System							Public testimony to HHS on 1/12/10 suggested that we might be able to save money by changing how we provide members with proof of Medicaid insurance. The lady testifying indicated that she gets a monthly paper card sent to her for her child with disabilities.
237	All	DOH - 1% Staff Reduction Agencywide	\$ (229,200)		\$ (380,400)	(10.6)			1% reduction of personnel expenditures agencywide. Each 1% reduction provides a \$0.2 M General Fund reduction.
238	All	DOH - 1 Furlough Day	\$ (120,000)		\$ (199,200)	0.0			As part of the Executive Order From the Governor, Health is taking one furlough day in January. This would be an additional furlough day which saves the State \$120,000 General Fund per day.
239	Various	DOH - 10% Redirect of Tobacco Settlement Funds							The State annually receives about \$45 million from the tobacco master settlement. Currently 60% of the money received is appropriated with the other 40% deposited into the Tobacco Permanent Endowment Fund. This would change that distribution to 50%/50%. Any combination of distributions is possible and every 1% change makes \$452,500 available for ongoing replacement of General Fund. Because these revenues come annually in April, this adjustment could be made as early as FY 2010.

Optional Reductions - Health & Human Services *Revised* Feb. 10, 2010

Ref. #	Line Item*	Reduction Name	FY 2011 General Ongoing Fund (Reduction)/Incr	FY 2011 One-time General Fund	FY 2011 Other Funds Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact
240	Various	DOH - Consolidate Health Into Other State Agencies	\$ (1,351,400)		\$ -	(15.6)		0	Assumes that the central functions of Health can be absorbed by other agencies and that 25% of all responsibilities of each division and the agency can be absorbed by other agencies. The only director's office left funded for Health is the Medicaid director's office.
241	Various	DOH - Tobacco Settlement Account Unused Money		\$ (878,100)	\$ -	0.0		0	Conservative estimate of uncommitted money available.
242	Various	DOH - Cigarette Tax Restricted Account Unused Money	\$ (650,800)		\$ -	0.0		0	Conservative estimate of uncommitted, ongoing money available based on annual revenues vs ongoing expenditures since the first full year the tax began in FY 2003.
243	Various	DOH - Tobacco Settlement Trust Fund 1 Year Loan (1x)	\$ (17,548,000)	\$ (79,480,100)	\$ -	0.0		0	This fund is not used unless accessed by the Legislature. The money come from tobacco settlement funds designated annually for this fund.
1	All	DOH - Make Ongoing the Executive-ordered One-time FY 2010 Reduction	\$ (687,600)		\$ (1,141,200)				Health will meet this one-time reduction in FY 2010 with mandatory monthly furloughs, \$25 charge to employees to receive a bus pass, early retirement incentives, limiting spending on retirement parties to \$250, and not filling open FTE positions. This would make the reduction ongoing in FY 2011. Health indicates that most of the savings came from early retirements and it intends to fill these positions later. This reduction would require the agency to find areas for ongoing reductions.
244	Various	Redirect 15% of Cigarette Money Currently Going to Huntsman Cancer Institute	\$ (600,000)						The Huntsman Cancer Institute currently receives \$4M from the Cigarette Tax Restricted Account.
245	Various	DOH - SB 44 Health Amendments for Legal Immigrant Children (Robles)	\$ 468,600	\$ (32,200)	\$ 1,418,900				From the bill: "This bill exercises the option to remove the five-year residency requirement for a legal immigrant child to be eligible for coverage under Medicaid or the Utah Children's Health Insurance Program."
246	Various	DOH - HB 87 Medical Assistance Asset Test Amendments (Chavez-Houck)							From the bill: "Requires the Department of Health to amend the state Medicaid plan to remove the use of an asset test in determining Medicaid eligibility for a child or for an independent foster care adolescent; prohibits the Department of Health from applying an asset test in determining eligibility for Medicaid or for the Utah Children's Health Insurance Program, of a child or an independent foster care adolescent."
247	Medicaid	DOH - HB 281 Medicaid Family Planning Waiver (Seelig)	\$ (1,251,500)	\$ 1,815,600	\$ 2,093,900				From the bill: "directs the Department of Health to, before July 1, 2010, apply for a Medicaid waiver to provide family planning services to women of childbearing age whose family income does not exceed 133% of the federal poverty level."
248	HSI	DOH - Close North Region Daycare Licensing	\$ (22,900)	\$ 51,500	\$ (25,100)				This reduction assumes that the North Region Daycare Licensing building in Clearfield could have the lease bought out (one-time funding provided) and the six child care licensors in the building could work from home.

Grand Total - Optional Reductions \$ (103,452,500) \$ (61,180,500) \$ (89,008,200) (395.6) (11.3) (70,663)

*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