

Ref#	Ongoing State Funds	One-time State Funds	Total Funds*	Funding Reduction Options	Requires Other Changes?
1	\$ -	\$ (2,000,000)	\$ (6,701,900)	<b>DOH - Lower Than Expected Autism Caseloads</b> - Medicaid originally planned to serve 400 children via the two-year autism pilot, but will serve 320. The annual cost per child is about \$20,000 as per January 2014 estimates. At the November 2013 meeting the Department's presentation to the Health and Human Services Interim Committee estimated annual costs at \$14,400. The pilot started FY 2014 with \$4.1 million General Fund but will only need about \$1.3 million.	No
2	\$ (600,000)	\$ (2,117,400)	\$ (600,000)	<b>DHS - Use \$600,000 Ongoing and \$2,117,400 One-time of the FY 2014 Services for People with Disabilities Beginning Nonlapsing Carryover for Other Legislative Priorities</b> - the Legislature fully funded the DSPD FY 2014 building block requests which were intended for the very purposes DSPD lists it will use the carryover funds for. DSPD is also requesting carryover authority for \$600,000 into FY 2015. DSPD services are typically ongoing in nature. DSPD indicates it has obligated much of its nonlapsing balance per Title 65A-5-102(7)(d)(iii)(A through F) as follows: \$1,250,000 for 250 individuals on the DSPD waiting list to receive \$5,000 in one-time respite services; \$160,000 for service brokering for 115 people on the waiting list at \$1,400 per person, and \$50,000 for family skill building and preservation classes for 40 families at \$1,250 each.	No
3	\$ -	\$ (1,500,000)	\$ (1,500,000)	<b>DWS - Alter Some of the Agency-recommended Uses of the Special Administrative Expense Account (SAEA)</b> - use funding one-time for other Legislative priorities by using SAEA funds for legitimate DWS purposes and removing General Fund one-time. DWS is requesting use of \$12.0 million from the SAEA. The Social Services committee has purview over these funds.	No
4	\$ -	\$ (1,130,200)	\$ (2,260,400)	<b>DWS - Affordable Care Act Mandatory Changes</b> - Workforce Services received \$1,800,000 in ongoing funding for 43 FTEs to handle increased Medicaid enrollment of 35,300 due to mandatory changes in federal health care reform that expands Medicaid eligibility for children. The Department indicated that it has hired 16 FTEs. This reduction takes away the funding for the remaining 27 FTEs for FY 2014 only. Through December 27, 2013 there have been applications from about 26,000 individuals via www.healthcare.gov. The Legislature can chose to make any reduction and subsequent use contingent upon actual savings realized via intent language.	No

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5	\$ (888,100)	\$ -	\$ (888,100)	<b>DHS - Final DORA Study Demonstrated “DORA did not have a significant impact on participants when compared to similar offenders on traditional probation and parole”</b> - Use \$888,100 ongoing General Fund from Dept. of Corrections currently being used for additional parole officers instead for substance abuse treatment or other Legislative priorities since there is no demonstrated savings (SS subcommittee would need to get funds from EOCJ subcommittee). Also consider removing all DORA funds (\$3,654,000) and use for other priorities. DHS recommends, "continuation of DORA and does not recommend transferring funds from AP&P until assurances exist that the same level of supervision could be provided. The University of Utah Study did not take into consideration that a significant percentage of individuals (71% of probationers, 79% of parolees) included in the comparison group also received treatment from the local authorities."	Maybe
6	\$ -	\$ (500,000)	\$ (500,000)	<b>DHS - Use Social Services Block Grant Set Aside for DCFS SAFE Modernization Due to Noncompliance With Intent Language</b> - DCFS has not provided baseline performance outcomes to measure staff efficiencies in the past 2 years even though the SAFE modernization project was recommended and approved based upon developing these measures. The Legislature should consider using these funds for other Legislative priorities. DCFS believes it has provided performance outcomes to measure staff efficiencies and lists those as "1) Increase in the number of releases per year and the time from request to release, 2) Increase percentage of web-based modules and 3) Increase automation and reduction of manual process."	No
7	\$ -	\$ (248,200)	\$ (248,200)	<b>DHS - Use \$248,200 one-time of the FY 2014 Substance Abuse and Mental Health Beginning Nonlapsing Carryover for Other Legislative Priorities</b> - \$204,800 of this carryover is associated with payments for services that are ongoing in nature. The agency anticipates using the funds to assist the State Hospital with DP Software programming costs as previously planned and to pass the funds through for Substance Abuse amount (associated with ongoing services) to address service access problems.	No

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8	\$ (200,000)	\$ (100,000)	\$ (200,000)	<b>DHS - One-time and Ongoing Savings Associated With \$200,000 Funding to the State Hospital for HB 14 Civil Commitment Amendments</b> - the State Hospital received \$200,000 ongoing funding for H.B. 14, Civil Commitment Amendments (2012 GS). As of July 2013 (after a full year of implementation), there had been no civil commitments resulting from this change in statute. State Hospital payroll costs for the first half of the year for a social worker and a psychologist associated with the program were \$84,500. The Hospital anticipates an excess of \$30,000 one-time in FY 2014 associated with this program.	No
9	\$ (95,600)	\$ -	\$ (448,600)	<b>USOR - Use Medicaid Rates for Payment Where Feasible</b> - USOR estimates \$448,600 in total savings at a 21.3% state match rate (there is a recommendation found in State Auditor's USOR program audit, p.6, <a href="http://financialreports.utah.gov/saoreports/2013/PA13-03RehabSvcsCostControls.pdf">http://financialreports.utah.gov/saoreports/2013/PA13-03RehabSvcsCostControls.pdf</a> Rehabilitation Services, Division of). USOR began using these rates as of October 1, 2013.	No
10	\$ (75,000)	\$ (30,000)	\$ (254,300)	<b>DOH - Savings From Non-emergency Medical Transportation Contract</b> - Beginning February 1, 2014 Medicaid will have a new provider for non-emergency medical transportation services. The savings are the estimate from the agency of the lower per member per month cost.	No
11	\$ (1,765,100)	\$ -	\$ (3,520,700)	<b>DHS - Take Turnover Savings From FTEs as an Ongoing Reduction</b> - A November presentation to the Executive Appropriations Committee ( <a href="http://le.utah.gov/interim/2013/pdf/00004081.pdf">http://le.utah.gov/interim/2013/pdf/00004081.pdf</a> ) identified 1.9% in average turnover savings from FTEs for FY 2012 and FY 2013. This would take those savings ongoing.	No
12	\$ (778,600)	\$ -	\$ (9,559,900)	<b>DWS - Take Turnover Savings From FTEs as an Ongoing Reduction</b> - A November presentation to the Executive Appropriations Committee ( <a href="http://le.utah.gov/interim/2013/pdf/00004081.pdf">http://le.utah.gov/interim/2013/pdf/00004081.pdf</a> ) identified 6.6% in average turnover savings from FTEs for FY 2012 and FY 2013. This would take those savings ongoing.	No
13	\$ (382,900)	\$ -	\$ (1,659,900)	<b>USOR - Take Turnover Savings From FTEs as an Ongoing Reduction</b> - A November presentation to the Executive Appropriations Committee ( <a href="http://le.utah.gov/interim/2013/pdf/00004081.pdf">http://le.utah.gov/interim/2013/pdf/00004081.pdf</a> ) identified 4.9% in average turnover savings from FTEs for FY 2012 and FY 2013. This would take those savings ongoing.	No

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14	\$ (98,400)	\$ -	\$ (579,400)	<b>DOH - Take Turnover Savings From FTEs as an Ongoing Reduction</b> - A November presentation to the Executive Appropriations Committee ( <a href="http://le.utah.gov/interim/2013/pdf/00004081.pdf">http://le.utah.gov/interim/2013/pdf/00004081.pdf</a> ) identified 0.8% in average turnover savings from FTEs for FY 2012 and FY 2013. This would take those savings ongoing.	No

**\$ (4,883,700) \$ (7,625,800) \$ (28,921,400) Grand Total - Funding Reduction Options**

**\* Where there are numbers in both ongoing and one-time state funds columns, the total funds represents ongoing funds.**