

Optional Reductions - Health & Human Services

Ref. #	Add Back Rank	Line Item*	Reduction Name	FY 2010 Appropriation (Total Funds)	FY 2009 General Fund Reduction	FY 2009 Other Funds Reduction	FY 2010 General Fund Reduction	FY 2010 Other Funds Reduction	FY 2010 Client Contributions Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact	Additional Legislation Required?
O123	19	DSAMH	DHS - Substance Abuse Treatment		\$ (4,000,000)	\$ -	\$ 8,000,000	\$ -	\$ -				\$8M on-going. Grant one-time \$16M revolving loan fund to offender (drug courts and DORA), competitively bid, LT monitoring for treatment	Yes
O53	35	ELS	DOH - 2006 GS - State Epidemiologist	\$ 210,000	\$ (70,000)	\$ -	\$ (210,000)	\$ -	\$ -	1.0		0	Lose recent FTE addition. The State Epidemiologist is a physician with training in infectious disease and the study of the distribution of diseases and health patterns. Prior to State funding, federal funds paid for this position.	No
O44	37	HSI	DOH - Eliminate Statewide Trauma System	\$ 400,000	\$ (133,300)	\$ -	\$ (400,000)	\$ -	\$ -	1.5		0	End statewide trauma data collection and patient care improvement process.	Yes - UCA 26-8a-252, 26-8a-250, 26-8a-253, 26-8a-254& 51-9-403
O52	38	ELS	DOH - Enforcement of Food Sanitation Rules (HB 114, 2006 GS, S. Clark)	\$ 102,500	\$ (34,200)	\$ -	\$ (102,500)	\$ -	\$ -	1.5		0	End Department of Health technical assistance to local health departments for enforcement of minimum statewide food sanitation rules.	Yes - UCA 26-15-8
O51	39	ELS	DOH - Control and Prevention of Sexually Transmitted Diseases (HB 15, 2008 GS, Riesen)	\$ 155,000	\$ (51,700)	\$ -	\$ (155,000)	\$ -	\$ -	1.0		0	Loss of new funding for STD education efforts focused at physicians, other health care providers and high risk youth in detention and other correctional facilities.	Yes - UCA 26-6-3
B46	64	ELS	DOH - Eliminate Rabies Testing & 1 FTE	\$ 247,100	\$ (40,000)	\$ -	\$ (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.	No
O98	74	HSI	DOH - Change from 2 to 1 Visit per Year for Highly Compliant Child Care Facilities	\$ 44,600	\$ (48,600)	\$ -	\$ (134,000)	\$ (146,100)	\$ -				For those facilities that have had 3 or less citations in 1 year or 3 or less citations cumulatively over the last 3 years, they would only be inspected once annually. The savings is based on those 703 qualifying facilities multiplied by the \$498 cost per inspection in FY 2008.	Yes - UCA 26-39
O40	80	EDO	DOH - Reduce Contract for Data Cleaning and Deduplication	\$ 615,000	\$ (66,000)	\$ -	\$ (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.	No
B54	92	HCF	DOH - End Promotion of Health Care Coverage (HB 364, 2008 GS, Holdaway)	\$ 60,000	\$ (20,000)	\$ (20,000)	\$ (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.	No
O55		CFHS	DOH - Eliminate Center for Multi-Cultural Health	\$317,800	\$ (18,100)	\$ (45,900)	\$ (104,400)	\$ (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.	No
O56		CFHS	DOH - 15% Reduction to Statewide Immunization Registry System	\$ 329,200	\$ (16,000)	\$ (3,400)	\$ (48,100)	\$ (10,100)	\$ -	1.0		0	May be unable to complete repairs and enhancements to the data system for tracking statewide immunization records.	No
O60		CFHS	DOH - Eliminate Tobacco Money Funded - Cancer Screenings for Low Income	\$ 3,715,000	\$ (184,500)	\$ (1,074,300)	\$ (553,500)	\$ (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 monies is \$80,000 which would result in a loss of 1.0 FTE and 270 women would not receive cancer screening services.	Yes
O64		CFHS	DOH - Eliminate Tobacco Money Funded - Immunization Purchases	\$ 995,200	\$ (331,700)	\$ -	\$ (995,200)	\$ -	\$ -	0.0		20,000	No vaccines for underinsured children.	Yes
O67		CFHS	DOH - 1,000 Less Children in CSHCN Clinics	\$ -	\$ (754,900)	\$ (215,200)	\$ (1,480,800)	\$ (417,800)	\$ (159,000)	5.0	2.0	1,000	Approximately 1,000 clients will not receive services. Additionally, more clients will need to travel farther to receive services. Two clinics will close that currently see 750 children in Ogden in Provo. Funding reductions at remaining clinics will reduce the number of children served by 600.	No
O74		CFHS	DOH - Eliminate PIO Public Information Officer Position	\$ 20,556,700	\$ (27,900)	\$ -	\$ (83,600)	\$ -	\$ -	1.0		0	Slower response and coordination with media.	No
B67		CHIP	DOH - Reduce CHIP Dental Coverage		\$ (160,000)	\$ (640,000)	\$ (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.	No
B2		DAAS	DHS - End General Fund Pass-thru for Meals on Wheels	\$ 2,400,000	\$ (1,150,000)	\$ -	\$ (2,300,000)	\$ -	\$ (866,000)	0.0	-	8,200	Eliminates home meal service for a significant portion of the senior population who have already qualified by being identified as being at high malnutrition risk and having an inability to provide for themselves (8,200 out of 13,000). By leaving approximately \$100,000 in state funding, we are able to continue receiving federal funds for a similar purpose (\$1.4 million). Local Aging estimates a loss of 39 FTE.	No
B3		DAAS	DHS - End General Fund Pass-thru for Senior Center Meals	\$ 215,000	\$ (57,500)	\$ -	\$ (115,000)	\$ -	\$ (112,500)	0.0	-	3,100	Restrict meal service at the senior centers around the state, and depending on the area agency, will result in some overall reduction in meals available either through capping the number of meals served in a given day, or reducing the number of days meals are available at centers, or both. This will vary depending on the individual agency's means of dealing with the reduction but could eliminate approx. 3,100 individuals out of 31,000 individuals. Approx. \$2 million in federal funds will remain for this purpose. Local Aging estimates a loss of 10 FTE.	No
B4		DAAS	DHS - Reduce Aging Funding Sent Through to Counties	\$ 720,000	\$ (360,000)	\$ -	\$ (720,000)	\$ -	\$ -	0.0	-	0	These are flexible funds passed through to local aging authorities to help them deal with administering the state pass through funds. So the impact would vary based on local decisions. \$120,000 of this amount, however, is for a volunteer services program. Some reported uses of funds include some services as well as various senior center operation costs such as utilities and staff. Local Aging estimates a loss of 15 FTE.	No

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B5		DAAS	DHS - Provider Rate Reduction - Local Aging - rollback FY09 rate increase	\$ 250,200	\$ (125,100)	\$ -	\$ (250,200)	\$ -	\$ -	0.0	-	0	Rollback rates to Local Aging funded in the 2008 General Session. Rate increase was 3% calculated on 100% of the state funding base.	No
B6		DAAS	DHS - Eliminate General Fund for Nursing Home Alternatives	\$ 2,949,700	\$ (1,474,900)	\$ -	\$ (2,949,700)	\$ -	\$ (47,250)	0.0	-	836	Eliminates services for the Gen. Fund portion of the Alternatives program which serves a vulnerable senior population who may be at high risk of requiring nursing home care if services are not provided in the home. By program definition, these are services individuals are unable to perform themselves. Elimination of services for 836 out of 1,100. Local Aging estimates a loss of 24 FTE.	No
Q100		DAAS	DHS - 15% of Aging Legal Services Developer	\$ 42,000	\$ (3,200)	\$ -	\$ (6,300)	\$ -	\$ -	0.0	-	0	Reduction in this program may require the single Legal Services developer to reduce hours of operation, which may result in less access by seniors for legal issues. This may result in federal sanctions. This position is explicitly required by the Older Americans Act and may impact overall federal funding.	This position is explicitly required by the Older Americans Act and may impact overall federal funding
Q101		DAAS	DHS - 15% of Aging Caregiver Support	\$ 380,000	\$ (28,500)	\$ -	\$ (57,000)	\$ -	\$ -	0.0	-	81	It is estimated that 81 fewer individuals would receive services. No state staff would be reduced, but some local staff may be reduced.	No
Q105		DAAS	DHS - 15% of Aging Oversight/Accountability and Staff	\$ 669,000	\$ (50,200)	\$ -	\$ (100,400)	\$ -	\$ -	1.5	-	N/A	Eliminates 1.5 FTE. This may reduce telephone and referral assistance to seniors and their families. Additionally, in-state travel will be limited which may result in reduced training, technical expertise, and oversight for the Division's partners and providers.	No
B8		DCFS	DHS - Provider Rate Reduction - Child & Family Services - rollback FY09 rate increase	\$ 1,671,000	\$ (835,500)	\$ (490,700)	\$ (1,671,000)	\$ (981,300)	\$ -	0.0	-	0	Rollback rates to DCFS providers funded in the 2008 General Session. Rate increase was 3% calculated on 100% of the state funding base.	No
Q17		DCFS	DHS - 15% of Child Protective Services	\$ 15,000,000	\$ (1,125,000)	\$ (124,200)	\$ (2,250,000)	\$ (248,300)	\$ -	19.7	-	4,081	Eliminates 19.7 FTE. The division receives approximately 20,000 reports of child abuse and neglect each year involving about 27,000 children. The division must respond to the reports received each year. This reduction may increase the caseloads for the remaining child protection workers.	No
Q18		DCFS	DHS - 15% of DCFS In-home Services to Families	\$ 12,000,000	\$ (900,000)	\$ (99,900)	\$ (1,800,000)	\$ (199,700)	\$ -	13.2	-	2,516	Eliminates 13.2 FTE which would reduce the number of workers providing in-home services. This may increase the likelihood of children being removed from home. This 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. Typically, it costs three to four times less on average per family to provide services in the home than to provide care for a child out of the home.	No
Q19		DCFS	DHS - 15% of Foster Care/Out of Home Care	\$ 54,000,000	\$ (4,050,000)	\$ (387,100)	\$ (8,100,000)	\$ (774,200)	\$ -	45.0	10.0	0	Eliminates 55 FTE. The number of children ordered into care by the courts due to abuse or neglect or ungovernable behavior will continue. To the extent caseworkers are eliminated, this will have the effect of increasing caseloads on remaining workers. This may result in lower quality of care, longer stays in foster care, and reduction of reunification and other services.	No
Q21		DCFS	DHS - 15% of Child Abuse Prevention/Crisis Nurseries	\$ 153,000	\$ (11,500)	\$ -	\$ (23,000)	\$ -	\$ -	1.0	-	8,622	A loss of child abuse prevention efforts may increase the likelihood that children will experience abuse and neglect. Reduction in funding for crisis nurseries and prevention services 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 would also be reduced.	No
Q22		DCFS	DHS - 15% of Domestic Violence	\$ 1,700,000	\$ (127,500)	\$ -	\$ (255,000)	\$ -	\$ -	2.0	-	600	Eliminates 2 FTE. This would reduce counseling from caseworkers and reduce other support services. Caseloads may increase and the quality and quantity of available services may drop.	No
Q23		DCFS	DHS - 15% of DCFS Supervision/SAFE System	\$ 8,100,000	\$ (607,500)	\$ (64,900)	\$ (1,215,000)	\$ (129,700)	\$ -	63.5	3.5	0	Eliminates 67 FTE. Cuts would reduce capacity for accountability and management. May impact the division's ability to comply with laws and regulations; fiscal controls, generate federal revenue, and provide timely and accurate data to its various partners such as the legislature and federal government. It may also decrease the division's ability to have a trained workforce and provide administrative support to caseworkers.	No
B9		DSAMH	DHS - End DORA for 1,400 Offenders	\$ 4,683,300	\$ (2,341,700)	\$ -	\$ (4,683,300)	\$ -	\$ -	0.0	-	1,400	This would eliminate funding for the treatment portion of the Drug Offender Reform Act (DORA) for 1,400 out of 1,400 offenders. (S.B. 50, 2007 GS, Sen. Butters). Local SA estimates loss of 74 FTE and \$449,600 in other funds.	63-25a-203 & 205.5, 77-18-1 & 1.1, 77-27-9
B10		DSAMH	DHS - Autism Preschool for 200 families	\$ 1,900,000	\$ (950,000)	\$ -	\$ (1,900,000)	\$ -	Local	0.0	-	200	200 children out of 200 would lose their state funding for autism preschool services. Services funded through 4 contracts covering 9 counties. Local MH estimates loss of 30 FTE and \$182,400 in other funds.	No
B12		DSAMH	DHS - Reduce Local Mental Health Funding	\$ 25,000,000	\$ (4,350,000)	\$ -	\$ (8,639,700)	\$ -	Local	0.0	-	14,100	Avg. state funding cost of \$617 in Gen. Fund per client per year with \$2,213 in other funds per client per year at local level. There will be maintenance of effort (MOE) issues with the federal block grant of \$2.2 million. Local Authorities would lose substantial Medicaid funding due to an inability to provide matching funds. May need to change or alter state statute depending upon the depth of the reduction. Affects 14,100 out of 40,000 recipients. Local MH estimates loss of 571 FTE and \$30,858,100 other funds.	Elimination would require a statutory change to eliminate the mental health requirements per State Statute 62A-15-103 specifically and the 17-43-201 through 17-43-306 are applicable.
B13		DSAMH	DHS - Provider Rate Reduction - Local Mental Health - rollback FY09 rate increase	\$ 788,700	\$ (394,400)	\$ -	\$ (788,700)	\$ -	\$ -	0.0	-	0	Rollback rates to Local Mental Health funded in the 2008 General Session. Rate increase was 3% calculated on 100% of the state funding base. Local MH estimates loss of \$157,700 in other funds.	No

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B14		DSAMH	DHS - Close State Hospital Beds	\$ 40,751,900	\$ (1,250,000)	\$ (325,000)	\$ (2,500,000)	\$ (650,000)	\$ -	42.0	-	30	This reduction would require closing 30 out of 182 adult beds at the State Hospital for seriously mentally ill individuals and a reduction of 42 FTE out of 799 FTE. May take up to 60 days to complete. May require change in statutory bed allocation. May result in increased inpatient costs for local mental health centers. <u>May shift costs to hospitals and jails or prison.</u>	Yes
B15		DSAMH	DHS - Substance Abuse Prevention	\$ 2,000,000	\$ (1,039,000)	\$ -	\$ (2,078,000)	\$ -	Local	1.0	-		There would be some issues with federal maintenance of effort (MOE) requirements. Eliminates 1 FTE at state level. <u>Local SA estimates loss of 82 FTE and \$2,493,600 in other funds.</u>	Yes - This would require a statutory change to eliminate substance abuse prevention requirements per State Statute 62A-15-103 specifically, and then 17-43-201 through 17-43-306 are applicable.
B16		DSAMH	DHS - Local Substance Abuse Treatment	\$ 9,000,000	\$ (4,282,500)	\$ -	\$ (8,876,300)	\$ -	Local	2.0	-	7,088	The average state funding cost per recipient is \$507. A reduction of this size will create federal maintenance of effort (MOE) issues for the \$12.9 million federal treatment funds where it is a dollar for dollar loss. May affect local draw down of \$6.3 million in Medicaid because of inability to provide a match. Eliminates 2 FTE at state level. Estimated individuals affected would be 7,088 out of 17,389 total. <u>Local SA estimates loss of 361 FTE and \$15,951,800 in other funds.</u>	This would require a statutory change to eliminate substance abuse treatment requirements per State Statute. 62A-15-103 specifically and then 17-43-201 thru 17-43-306 are applicable.
B17		DSAMH	DHS - Provider Rate Reduction - Local Substance Abuse - rollback FY09 rate increase	\$ 298,500	\$ (149,200)	\$ -	\$ (298,500)	\$ -	\$ -	0.0	-	0	Rollback rates to Local Substance Abuse funded in the 2008 General Session. Rate increase was 3% calculated on 100% of the state funding base.	No
<u>O16</u>		DSAMH	DHS - 15% of Substance Abuse Oversight/Accountability and Staff	\$ 800,000	\$ (60,000)	\$ (60,000)	\$ (120,000)	\$ (120,000)	\$ -	3.0	-	0	Eliminates approximately 3 FTE's. The loss of 3 FTE's may affect the division's ability to comply with federal and state statutes, assure financial transparency and accountability of local authorities, oversight responsibilities of mandated 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 that is required by state statute. May create Maintenance of Effort (MOE) issues.	Yes
<u>O28</u>		DSAMH	DHS - Close a 2nd 30-bed Unit at the Utah State Hospital	\$ 40,751,900	\$ (1,250,000)	\$ (325,000)	\$ (2,500,000)	\$ (650,000)	\$ -	42.0	-	30	This reduction would close an additional 30 out of 182 adult beds at the State Hospital for seriously mentally ill individuals and create a reduction of 42 FTE out of 799 FTE. This reduction will likely take up to 60 days to complete. This reduction will require change in statutory bed allocation. This reduction may result in increased inpatient costs for local mental health centers.	62A-15-611
<u>O30</u>		DSAMH	DHS - 15% of Children/Adult Mental Health Treatment (non-Medicaid)	\$ 2,600,000	\$ (195,000)	\$ -	\$ (390,000)	\$ -	\$ -	0.0	-	450	In 2005, changes in the Medicaid rules resulted in the loss of approximately \$7 million in federal funding which was used to provide mental health services to indigent or uninsured children and adult who have mental illness and no other services available (including Medicaid). In 2007 the legislature appropriated \$2.7 million to help provide services to a portion of those who lost services. During FY 08, over 3,000 clients received services using these appropriated funds. A 15% reduction in these funds would eliminate mental health services to approximately 450 clients. A loss of services may increase the burden on jails, hospitals, and homeless programs.	Yes
<u>O31</u>		DSAMH	DHS - 15% of PASSR Screening	\$ 210,000	\$ (15,800)	\$ (4,700)	\$ (31,500)	\$ (9,400)	\$ -	0.0	-	115	A 15% reduction would equate to \$31,500 and reduce the number of evaluations by 275. The division collects Medicaid for these evaluations at a rate of 75%. A \$31,500 reduction in General Fund would create a loss of \$94,500 in associated Medicaid funds. The PASRR program is required by federal statute and regulations and the state's Medicaid plan. PASRR 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. Cuts to this program may put the state in violation of federal requirements and allow for the inappropriate placement (according to federal standards) of clients in nursing homes.	Yes
<u>O33</u>		DSAMH	DHS - 15% of Children's Mental Health	\$ 1,100,000	\$ (82,500)	\$ -	\$ (165,000)	\$ -	\$ -	0.0	-	32	This program serves 32 children and adolescents with severe mental illness and their caregivers. These youth are the most severely mentally ill youth in our State and require the most expensive and intensive levels of service. Elimination of these funds may require admission to or lengthened stays at the Utah State hospital.	Yes
<u>O34</u>		DSAMH	DHS - 15% of Mental Health Oversight/Accountability and Staff	\$ 800,000	\$ (60,000)	\$ (60,000)	\$ (120,000)	\$ (120,000)	\$ -	3.0	-	0	Eliminates approximately 3 FTE. This may affect the Division's ability to comply with Federal and State Statutes, assure financial transparency and accountability of local authorities, oversight responsibilities of mandated services, and establish cooperative relationships with statutory partners. This reduction may have a Maintenance of Effort impact on the Mental Health Block Grant	Yes
B19		DSPD	DHS - Provider Rate Reduction - Disabilities - rollback FY09 rate increase	\$ 1,180,200	\$ (590,100)	\$ (1,400,100)	\$ (1,180,200)	\$ (2,800,200)	\$ -	0.0	-	0	Rollback rates to Disabilities community providers funded in the 2008 General Session. Rate increase was 3% calculated on 100% of the state funding base.	No

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B20		DSPD	DHS - End Brain Injury Waiver for 106 recipients	\$ 967,900	\$ (485,000)	\$ (1,118,400)	\$ (967,900)	\$ (2,236,700)	\$ -	4.0	-	106	Home- and community-based services to Utahns suffering from traumatic brain injuries and their families would be suspended. As Medicaid enrollees, these individuals would continue to maintain access to institutional care as an entitlement, and may demand that institutional care as an entitlement at an annual expense approximately 30.3% greater than the equivalent home- and community-based services. Administrative rules would need to be amended. 4 FTE would be eliminated. Federal government will require a transition plan.	Administrative rules R539-1-8 and R539-1-9 (UAC) would need to be amended. §62A-5-402 may be cited by families/advocates objecting to service cuts.
B21		DSPD	DHS - End Physical Disabilities Waiver for 129 recipients	\$ 615,600	\$ (307,800)	\$ (715,200)	\$ (615,600)	\$ (1,430,300)	\$ -	3.0	-	129	Home- and community-based services to Utahns suffering from disabling physical disabilities, and their families, would be suspended. As Medicaid enrollees, these individuals would continue to maintain access to institutional care as an entitlement, and may demand that care as an entitlement at an annual expense approximately 30.3% greater than the equivalent home- and community-based services. Administrative rules would need to be amended. 3 FTE would be eliminated. The federal government will require a transition plan.	Administrative rules R539-1-6 and R539-1-7 (UAC) would need to be amended. §62A-5-402 may be cited by families/advocates objecting to service cuts.
Q106		DSPD	DHS - 15% of Developmental Disabilities Waiver	\$ 37,000,000	\$ (2,775,000)	\$ (7,331,100)	\$ (5,550,000)	\$ (14,662,200)	\$ -	0.0	-	576	A 15% cut would result in a reduction of 576 clients and a loss of \$14.7 million in federal funds. The department maintains this is not practical - that federal rules prohibit a percentage cut of the waiver, only leaving the option to eliminate the entire waiver. If the entire waiver were cut, home and community based services to 4,412 Utahns suffering from intellectual disabilities and related conditions including autism, and their families, would be suspended. As Medicaid enrollees, these individuals would continue to maintain access to institutional care as an entitlement. § 62 A-5-402 may be cited by families/advocates objecting to service cuts.	No
Q107		DSPD	DHS - 15% of State Developmental Center	\$ 11,000,000	\$ (275,000)	\$ (673,200)	\$ (550,000)	\$ (1,346,400)	\$ -	23.0	-	230	Eliminates 70 FTE and reduces services to 230 individuals. This facility services over 230 residents with severe intellectual and physical disabilities. If the health and safety needs of the residents cannot be met at the Developmental Center due to the cuts in staff, the department would need to find alternative placement in the community or in other facilities. This may result in a cost shift to other programs.	No
Q108		DSPD	DHS - 15% of State/Regional Disabilities Accountability Staff	\$ 2,000,000	\$ (150,000)	\$ (150,000)	\$ (300,000)	\$ (300,000)	\$ -	4.0	-	0	Eliminates 4 FTE. Program monitoring and financial accountability may be compromised. Annual contract reviews may not be accomplished reducing our ability to assure the health and safety of persons with disabilities receiving services.	No
Q109		DSPD	DHS - 15% of Disabilities Caseworkers	\$ 6,800,000	\$ (510,000)	\$ (1,245,000)	\$ (1,020,000)	\$ (2,490,000)	\$ -	10.0	-	0	Eliminates 10 FTE. Caseloads may likely increase as a result. Monthly visits to monitor progress and insure health and safety may not be possible. This may require an amendment from Medicaid to allow less frequent visits. May also reduce oversight of provider billings prior to payment.	No
Q110		DSPD	DHS - 15% of Disabilities Supported Employment	\$ 170,000	\$ (12,800)	\$ -	\$ (25,500)	\$ -	\$ -	0.0	-	26	26 individuals on the disabilities waiting list currently receiving help to become employed and stay employed would lose supported employment services. There would be a loss of employment and tax revenue.	No
Q1		EDO	DHS - 15% of Internal Audit	\$ 446,000	\$ (33,500)	\$ (29,100)	\$ (66,900)	\$ (58,200)	\$ -	2.0	-	N/A	A 15% reduction would result in the loss of 2 audit positions. This would result in fewer region audits, reduce the type and quantity of audits across the board, and may affect the department's oversight of region operations and may over time result in less fiscal discipline and greater risk of fraud and other misuse of state resources. The department states that cuts in administration have already impacted its ability to provide the training to auditors required by state law 63-91-401(3)(a), and cuts in the travel budget have affected its ability to do audits statewide.	No
B23		EDO	DHS - Provider Rate Reduction - Public Guardian - rollback FY09 rate increase	\$ 600	\$ (300)	\$ (400)	\$ (600)	\$ (900)	\$ -	0.0	-	0	Rollback rates to Public Guardian funded in the 2008 General Session. Rate increase was 3% calculated on 100% of the state funding base.	No
B29		EDO	DOH - Trauma Brain Injury Fund	\$ 50,000	\$ (50,000)	\$ -	\$ -	\$ -	\$ -	0.0	-	0	No current obligations, so new services/funding to brain injury victims will not be provided.	No
B30		EDO	DOH - Federal Indirect Funds Backfill		\$ (65,800)	\$ -	\$ -	\$ -	\$ -	0.0	-	0	Less discretionary monies available for central support staff.	No
B33		EDO	DOH - Eliminate 4.25 of 33.1 program staff FTE		\$ (46,700)	\$ (46,700)	\$ (140,200)	\$ (140,200)	\$ -	4.0	0.3	0	Reduction in central support staff, possible delays in processing information.	No
B34		EDO	DOH - Travel and Current Expense-Pro Opr		\$ (32,200)	\$ -	\$ (16,100)	\$ (16,100)	\$ -	0.0	-	0	Reduction in discretionary spending. Less training via travel for staff.	No
Q2		EDO	DHS - Eliminate Fatality Review	\$ 52,000	\$ (26,000)	\$ (11,200)	\$ (52,000)	\$ (22,300)	\$ -	1.0	-	N/A	The elimination of this program would significantly limit the number of fatality reviews that could be done. 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.	No
Q3		EDO	DHS - Eliminate Child Protection Ombudsman	\$ 97,000	\$ (48,500)	\$ (20,800)	\$ (97,000)	\$ (41,600)	\$ -	4.0	-	389	389 complaints about DCFS per year that are independently investigated and resolved.	No
Q4		EDO	DHS - 15% of Facility Management	\$ 469,000	\$ (35,200)	\$ (32,500)	\$ (70,400)	\$ (65,000)	\$ -	2.5	-	N/A	The Bureau of Administrative Support assists the department director with department-wide assessment and analysis. This staff is currently working to implement department-wide cost savings measures. A 15% reduction in General Fund would result in 2.5 FTE being cut, and may affect the cost savings measures to be implemented. This may also impair the department's ability to ensure proper maintenance of the DHS assigned fleet and facilities.	No

Optional Reductions - Health & Human Services

Ref. #	Add Back Rank	Line Item*	Reduction Name	FY 2010 Appropriation (Total Funds)	FY 2009 General Fund Reduction	FY 2009 Other Funds Reduction	FY 2010 General Fund Reduction	FY 2010 Other Funds Reduction	FY 2010 Client Contributions Reduction	FTEs Filled	FTEs Vacant	Clients Affected	Impact	Additional Legislation Required?
<u>Q5</u>		EDO	DHS - 15% of Office of Technology	\$ 1,000,000	\$ (75,000)	\$ (69,300)	\$ (150,000)	\$ (138,500)	\$ -	2.0	-	N/A	This majority of this budget item consists of Core LAN equipment or represents rates paid to DTS. Cutting this equipment may result in the failure of hardware and the availability of key systems to staff in the field. A 15% cut would result in cutting back DTS services equal to 2 FTE. The positions would likely involve one position in the data warehouse group and one person on the web team.	No
<u>Q6</u>		EDO	DHS - 15% of Human Resources	\$ 1,300,000	\$ (97,500)	\$ (43,800)	\$ (195,000)	\$ (87,600)	\$ -	N/A	N/A	N/A	The budget for this program covers rent for the space of the DHRM field office staff as required by state law. Costs to pay the Payroll and Human Resource rates are also included. Rent on the DHS building is a fixed cost. A reduction may shift costs to DHRM.	67-19-5,6.1
<u>Q7</u>		EDO	DHS - 15% of Administrative Hearings	\$ 382,000	\$ (28,700)	\$ (4,700)	\$ (57,300)	\$ (9,300)	\$ -	1.0	-	N/A	This would reduce 1 FTE. This may impact the ability of the judges to render their decisions in a timely manner and may also delay access to statutory due process rights for clients and families. This may also eliminate the administrative support for the KSL's Quarters for Christmas program.	No
<u>Q8</u>		EDO	DHS - 15% of Legal Affairs	\$ 195,000	\$ (14,600)	\$ (7,000)	\$ (29,300)	\$ (13,900)	\$ -	N/A	N/A	N/A	The Attorney General's Office provides legal support to the department and controls the cost of service. These attorneys are viewed as preventing expensive litigation and contract problems.	
<u>Q9</u>		EDO	DHS - 15% of Financial Accounting	\$ 942,000	\$ (70,700)	\$ (34,200)	\$ (141,300)	\$ (68,300)	\$ -	2.0	-	N/A	Would eliminate 2 FTE. Reduction in staff may compromise segregation of duties which exposes this area to an increased risk of fraud and malfeasance. It may also impair the department's ability to effectively perform federal cash management, budgeting, appropriation requests, financial oversight, and provide other accounting information required by law and by the Executive and Legislative branches.	No
<u>Q10</u>		EDO	DHS - 15% of Contract Management	\$ 426,000	\$ (32,000)	\$ (39,200)	\$ (63,900)	\$ (78,400)	\$ -	2.5	-	N/A	Eliminates 2.5 FTE. This may compromise the ability to produce quality contracts and may thereby affect the ability of the department to provide accountability for services rendered. It may also affect the department's ability to monitor rate setting and ensure compliance with federal requirements.	No
<u>Q11</u>		EDO	DHS - 15% of Quality Assurance	\$ 480,000	\$ (35,100)	\$ (8,500)	\$ (72,100)	\$ (16,900)	\$ -	1.5	-	N/A	Eliminates 1.5 FTE's. This may result in a reduction of 50% in reviewing cases. OSR provides independent review of DCFS.	No
<u>Q12</u>		EDO	DHS - 15% of Licensure of Programs	\$ 1,700,000	\$ (127,500)	\$ (62,800)	\$ (255,000)	\$ (125,600)	\$ (100,000)	6.0	-	10,800	Eliminates 2 support staff and 4 Licensing Specialists. This may affect the office's ability to render services on a timely basis. Would likely increase caseloads. This may result in longer delays in completing on-site reviews, safety inspections, complaint investigations, home studies, and the issuing of new and renewal licenses and may result in health and safety issues for those in facilities. Some of the facilities licensed include foster care settings for abused and neglected children and the licensure of other specialized services for the care and treatment of children and vulnerable adults. These services are mandated by both state and federal law. Licensure of these facilities is required of all DCFS, DJJS, and DSPD contracted services in order for these divisions to qualify for federal reimbursement of Title IV-E Medicaid and certain other federal monies.	62A-2-106(1) will need to be modified
<u>Q13</u>		EDO	DHS - 15% of Background Screening	\$ 306,000	\$ (23,000)	\$ (11,300)	\$ (45,900)	\$ (22,600)	\$ -	1.0	-	6,300	These screenings are currently mandated by both state and federal law, and are required of all DCFS, DJJS, and DSPD contracted services in order for these divisions to qualify for federal reimbursement of Title IV-E, Medicaid, and other federal monies. Eliminates 1 FTE. All fees for background screenings are passed through to Public Safety and the FBI.	62A-2-120(6)(a) to expand the timeframe beyond 30 days.
<u>Q14</u>		EDO	DHS - 15% of Executive Management/Operations	\$ 1,000,000	\$ (75,000)	\$ (52,100)	\$ (150,000)	\$ (104,200)	\$ -	2.0	-	N/A	Eliminates 2 FTE. This may affect the overall ability to manage the department, coordinate services, and provide accountability information to the legislature and the public.	No
<u>Q104</u>		EDO	DHS - 15% of Conservators/Guardians	\$ 380,000	\$ (28,500)	\$ (33,600)	\$ (57,000)	\$ (67,200)	\$ -	0.5	-	0	Eliminates a half-time position which make result in taking away time from direct guardianship services. This may require the a reduction in guardianship services provided by approximately 50%. This would not reduce the number of clients served because the clients would be transferred to the Office of Public Guardian, but the transfer may increase OPG staff caseloads, which may reduce the quality of service provided individuals.	No
O35		EDO	DOH - Eliminate Chief Operating Officer Position	\$ 174,900	\$ (32,100)	\$ (26,200)	\$ (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.	No
O38		EDO	DOH - 2008 GS - HB 133-Health Care Reform (HB 133, 2008 GS, D. Clark)	\$ 615,000	\$ (205,000)	\$ -	\$ (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.	No
O39		EDO	DOH - Decrease IBIS-PH Development Expenditures	\$ 131,700	\$ (17,000)	\$ -	\$ (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.	No
B39		ELS	DOH - No O&M for New Lab Because Left Unused (1x)	\$ 369,800	\$ -	\$ -	\$ (218,500)	\$ -	\$ -	0.0		0	The Governor's budget provided for Health has already decided to stay in the old lab for another year. \$369,800 was appropriated for increased operations and maintenance of the building. The cost of maintaining the unoccupied building is only \$151,300.	No
B40		ELS	DOH - Eliminate Some Water & DEQ Tests	\$ 1,262,700	\$ (100,000)	\$ -	\$ (200,000)	\$ -	\$ -	4.0		1,200	Elimination of the following state testing capacities: E.Coli testing in water, membrane filtration testing, EPA methods 624 & 625, mercury in fish and other wild game. The tests above are available at commercial labs at a higher cost. Additionally, the state will no longer be able to test for radioactive agents. Agencies benefiting from this service may decide to fund this capacity. <u>1,200 water systems currently use these tests.</u>	No

Optional Reductions - Health & Human Services

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B41		ELS	DOH - LHD Funding for Environmental Sanitation	\$ 384,900	\$ -	\$ -	\$ (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 facilities, restaurants, and swimming pools.	No
B43		ELS	DOH - Reduced Education for Prescription Overdose	\$ 150,000	\$ (50,000)	\$ -	\$ -	\$ -	\$ -	0.0		0	Reduction of physician and public education efforts for prescription overdoses. <u>Of the 467 drug-related overdoses in Utah last year, 325 were attributed to legal drugs.</u>	No
O50		ELS	DOH - 22 93 Clients Receiving HIV Medications		\$ (50,000)	\$ (200,000)	\$ (96,500)	\$ (386,000)	\$ -	1.5		93	22-93 less clients receiving drug help for HIV. Reduction in staff support for clients.	No
O112		ELS	DOH - Additional O&M for new State Lab for January 2010 Completion Date (1x)	\$ 151,300	\$ -	\$ -	\$ (60,300)	\$ -	\$ -				Because the State Lab will not be completed until January 2010, there are additional savings available from the operations & maintenance budget for the first 7 months of FY 2010.	
B50		HCF	DOH - Eliminate 8.5 of 237 Medicaid Administration FTEs		\$ (223,500)	\$ (447,000)	\$ (229,600)	\$ (459,200)	\$ -	3.0	5.5	0	Less Medicaid staff in areas of policy-making, quality review, and customer service positions. 5.5 of the 8.5 positions are currently vacant.	No
B51		HCF	DOH - Reduce Travel		\$ (5,000)	\$ (5,000)	\$ (5,000)	\$ (5,000)	\$ -	0.0		0	Less travel and training for Medicaid employees.	No
O75		HCF	DOH - 1/2% Charge to Third-Party Medicaid Players for Matching Federal Funds	\$165,649,100	\$ -	\$ -	\$ (414,100)	\$ (414,100)	\$ -	0.0		0	Currently the Department matches monies from other organizations wishing to provide Medicaid services at no charge. This would be a new charge to those agencies. Every 1/2% charge generates over \$400,000 in General Fund match monies.	Yes
B36		HSI	DOH - 2008 GS - Electronic Medical Records	\$ 200,000	\$ (33,000)	\$ (33,000)	\$ -	\$ -	\$ -	0.0		0	The electronic medical record efforts were estimated to raise usage by doctors' offices from 65% to 75% in FY 2009. This reduction may mean usage will be below 75% at the close of FY 2009.	No
O46		HSI	DOH - 15% Reduction in Health Facility Licensure Activities	\$ 5,805,800	\$ (65,500)	\$ (224,800)	\$ (196,600)	\$ (674,300)	\$ -	9.8		0	About 200 less complaints investigated and less survey inspections.	Yes
O47		HSI	DOH - Eliminate Bleeding Disorders Assistance Program	\$ 250,000	\$ -	\$ -	\$ (250,000)	\$ -	\$ -	0.0		47	Less premium and direct medical assistance for 47 individuals currently in the bleeding disorders assistance program.	No
O49		HSI	DOH - Eliminate Primary Care Grants		\$ -	\$ -	\$ (443,100)	\$ -	\$ -	0.0		0	No state grants to safety net providers. Each safety net provider will be impacted differently.	No
B55		Medicaid	DOH - Eliminate Coverage for 660 Breast and Cervical Cancer Clients	\$ 8,645,700	\$ -	\$ -	\$ (1,679,000)	\$ (6,966,700)	\$ -	0.9		660	Eliminate optional eligibility group currently serving 660 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.	Yes
B57		Medicaid	DOH - Reduce Inpatient Outlier Payment Factor		\$ (1,035,700)	\$ (2,528,300)	\$ (3,053,900)	\$ (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.	No
O76		Medicaid	DOH - Medicaid Lawsuit Monies Into Medicaid Restricted Account	Varies Annually	\$ -	\$ -	\$ -	\$ -	\$ -	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.	Yes
O79		Medicaid	DOH - Eliminate Spenddown Category 21,000 Clients		\$ (3,560,900)	\$ (8,692,700)	\$ (20,608,000)	\$ (50,483,200)	\$ -	0.0		21,015	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.	Yes
O80		Medicaid	DOH - Reduction in Nursing Home Rates to Match Decline in Patient Days	\$144,138,300	\$ (311,900)	\$ (780,100)	\$ (935,700)	\$ (2,340,200)	\$ -	0.0		0	Reduce money assigned to nursing home rates to match 2.2% reduction in nursing home days from FY 2005 to FY 2008. Previously population declines resulted in rate increases. The average daily nursing home rate effective July 1, 2008 was \$154.14. Additionally, nursing homes have averaged 8% inflationary increases over the last 5 years.	No
O81		Medicaid	DOH - New Limits to Optional Services for Optional Populations	\$271,516,200	\$ -	\$ -	\$ -	\$ -	\$ -	0.0		2,000	In some cases limits could be set to the quantity of services received by Medicaid optional populations. The 3 highest categories of optional service expenditures are: (1) home and community based waivers, (2) pharmacy, and (3) Institutional Care Facilities for the Mentally Retarded.	Yes
O84		Medicaid	DOH - Limit Drugs Per Medicaid Recipient	\$ 90,504,600	\$ -	\$ -	\$ (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.	No
O87		Medicaid	DOH - Eliminate vehicle exclusion in determining eligibility	\$ 4,163,400	\$ (201,700)	\$ (492,300)	\$ (1,209,900)	\$ (2,953,500)	\$ -	0.0		9,242	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.	No
O88		Medicaid	DOH - Eliminate Medicaid Work Incentive Program	\$ 2,277,000	\$ -	\$ -	\$ (661,700)	\$ (1,615,300)	\$ -	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.	Yes

Optional Reductions - Health & Human Services

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<u>Q24</u>		ORS	DHS - 15% of Child Support Collection	\$ 11,800,000	\$ (885,000)	\$ (1,506,900)	\$ (1,770,000)	\$ (3,013,800)	\$ -	65.0	-	0	Eliminates 65 FTE. The child support services provided by the division are all federally required, so no services can be cut. Because of increased caseloads, the quality of the service may be impacted negatively. Responsiveness to specialized customer needs and complex case issues may be decreased. This reduction would likely 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. This may also place the agency at risk for failing to meet minimum federal standards in the 5 federal Incentive Measure areas. Penalties may be imposed to the TANF block grant if the state fails to meet minimum standards. If that were to occur, the penalty starts at 1% of the TANF grant and increases each year by 1% until the appropriate correction is made. There may be an increase in families applying for financial and medical assistance due to reduced collections on their behalf.	No
<u>Q25</u>		ORS	DHS - 15% of Medicaid Recovery	\$ 1,300,000	\$ (97,500)	\$ (97,500)	\$ (195,000)	\$ (195,000)	\$ -	5.0	-	0	Eliminates 5 FTE. This would likely increase staff caseloads. This may reduce Medicaid collections and Medicaid cost-avoidance and may increase the state's Medicaid expenditures. Leaving this program with fewer claims to submit to private insurers. The client for this program is the State and federal governments, since any collections are a benefit shared between the State and the federal government.	No
<u>Q26</u>		ORS	DHS - 15% of Disability Payment Recovery	\$ 59,000	\$ (4,400)	\$ -	\$ (8,900)	\$ -	\$ -	0.0	-	0	Collections may decline in this area though it is hard to quantify by how much. This program is driven by the number of disabled clients Workforce Services approves for General Assistance. The client served in this program is the State of Utah, since all collections lost would be lost to the State General Fund.	No
<u>Q27</u>		ORS	DHS - Eliminate State Hospital Collections	\$ 12,000	\$ (6,000)	\$ -	\$ (12,000)	\$ -	\$ -	0.0	-	0	The client served by this program is the State of Utah. All collections lost would be lost to the State General Fund.	No
<u>Q29</u>		ORS	DHS - 15% ORS Supervision/Accounting	\$ 2,500,000	\$ (187,500)	\$ (593,500)	\$ (375,000)	\$ (1,186,900)	\$ -	20.0	-	0	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. There may be impacts to the Federal 2 day disbursement requirement.	No
B70		Various	DOH - Tobacco Settlement Account Unused Monies	\$ 3,000,000	\$ (935,500)	\$ -	\$ (3,000,000)	\$ -	\$ -	0.0		0	Conservative estimate of uncommitted monies available. There may be up to \$0.5 M more ongoing monies available.	Yes
B71		Various	DOH - Tobacco Settlement Trust Fund 1 Year Loan (1x)	\$ 65,000,000	\$ (7,921,900)	\$ -	\$ 7,921,900	\$ -	\$ -	0.0		0	This reduces the need for General Fund cuts in FY 2009 and increases the need in FY 2010. Money used from the trust fund in FY 2009 would be repaid in FY 2010.	Yes - 3/4 vote
<u>Q131</u>		Various	DHS - Use balance from Trust Fund for People w Disabilities - one-time		\$ (3,965,200)	\$ -	\$ -	\$ -	\$ -				Fund associated with sales and lease of lands at the State Developmental Center	Yes
<u>Q132</u>		Various	DHS - Use balance from Children's Trust Account - one-time		\$ (544,400)	\$ -	\$ -	\$ -	\$ -				Funding comes from \$3 assessment on birth certificates	
<u>Q133</u>		Various	DHS - Use balance from Victims of Domestic Violence Service Account - one-time		\$ (1,139,100)	\$ -	\$ -	\$ -	\$ -				Funding comes from fees on court fines	
O92		Various	DOH - Cigarette Tax Unused Monies (2002 Increase)	N/A	\$ -	\$ -	\$ (700,000)	\$ -	\$ -	0.0		0	Revenues fluctuate from year-to-year, \$700,000 is a conservative estimate of available monies.	Yes
O93		Various	DOH - Medicaid Restricted Account Fund Balance - Full	\$ 16,831,900	\$ (8,910,000)	\$ -	\$ -	\$ -	\$ -	0.0		0	\$16.8 M is the entire balance available in the account. The fund balance is not used unless the Legislature appropriates monies out of it.	No
<u>Q111</u>		Various	DOH - 1% Staff Reduction Agencywide		\$ (166,700)	\$ (298,600)	\$ (500,000)	\$ (895,800)	\$ -	10.6			1% reduction of personnel expenditures agencywide.	No
<u>Q135</u>		Various	DHS - Agency Productivity Enhancements-Full		\$ (4,533,300)	\$ -	\$ -	\$ -	\$ -				Implements 15% reduced cost of doing business for internal budgetary funds - non-pass through.	No
<u>Q136</u>		ELS	DOH - Eliminate Health Dept subsidy of other State Depts for Chemical and Environmental services - Full		\$ (158,300)	\$ -	\$ -	\$ -	\$ -				Health is not charging full costs to other depts. <u>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.</u>	Yes - new direction for other agencies to pay costs
<u>Q137</u>		EDO	DOH - \$1,000 County Surcharge for Death Exams (2,000/year) - Full	N/A	\$ (333,200)	\$ -	\$ -	\$ -	\$ -	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.	Yes - new fee
O140														
O141												0		
Grand Total - Optional Reductions					\$ (70,550,400)	\$ (32,986,400)	\$ (105,632,800)	\$ (128,738,000)	\$ (1,284,750)	463.7	21.8	135,826		

*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, WFA=Workforce Financial Assistance, 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