

# OPTIONS FOR ELIMINATING THE STRUCTURAL DEFICIT

Index	Unit of Government	Item	FY 2012			% of Program Reduced	FTE		Clients Affected	Impact	Statute Change?
			Ongoing GF/EF	One Time GF/EF	Other Funds		Active	Vacant			

## SOCIAL SERVICES

<i>Health</i>											
1	Various	Governor Optimization Report - Improve coordination of financial services functions within agencies (p.C-4)	(\$40,000)		(\$40,000)		(1.0)			"Redundancies result from having separate finance personnel for each division within an agency. These redundancies could be eliminated by restructuring so the Financial Director of each agency oversees and coordinates the work of all finance personnel. Improved coordination could result in efficiencies that may result in personnel savings and greater accountability."	N
2	Executive Director's Office	Consolidate Executive Director and Chief Operating Officer Positions	(\$96,200)		(\$78,700)		(1.0)			This combines the Executive Director (vacant) and the Chief Operating Officer positions in the Department of Health.	
3	Executive Director's Office	Eliminate Legislative Liaison Position (loworg 1106)	(\$62,500)		(\$71,400)	5%	(1.0)			Eliminate Legislative affairs coordinating position. Would assume that these responsibilities could be assumed by other leaders within the agency.	N
4	Executive Director's Office	Eliminate Subsidy of Recycling Program (loworg 1263)	(\$1,200)							End subsidy of the recycling program at the Department of Health.	N
5	Executive Director's Office	Employee Support Staff	(\$25,000)		(\$23,800)	1%	(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.	N
6	Executive Director's Office	IT Analyst Supervisor	(\$70,000)		(\$65,000)	3%	(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.	N
7	Disease Control & Prevention	Eliminate Tobacco Money Funded - Physical Activity, Nutrition & Obesity	(\$146,700)							Reduce obesity prevention efforts for children and adults.	UCA 51-9-203, 51-9-201
8	Disease Control & Prevention	One-time Equipment Purchase to Bring In-house Some State Laboratory Testing Currently Done Via Contracts	(\$84,000)	\$400,000						This assumes that by purchasing a \$400,000 piece of equipment, the State Lab could reduce annual contracted services by \$84,000. This piece of equipment has an estimated useful life of 10 years.	N

Note: This document is intended as a menu of options from which policymakers might choose items that help solve the \$313 million structural imbalance. The list is not exhaustive - other options and approaches exist. It is a place to start deliberations. Each option on the list has policy implications that will be further examined in public meetings. Not all options will be acceptable and, as such, the sum of options listed here exceeds the structural deficit by more than \$200 million (\$535 m vs. \$313 m).

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9	Disease Control & Prevention	Sexually Transmitted Diseases Media campaign (HB 15, 2008 GS, Riesen)	(\$39,500)					(0.3)	2,100.0	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.	N
10	Disease Control & Prevention	Sexually Transmitted Diseases Program Coordinator position (HB 15, 2008 GS, Riesen)	(\$85,500)					(0.8)		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.	N
11	Disease Control & Prevention	Stop Paying for Return Trip Home for Corpses (loworg 1402)	(\$105,000)			3%			2,100.0	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.	N
12	Family Health & Preparedness	Roll Back Provider Rates for Baby Watch/Early Intervention to Pre-July 1, 2008 (Similar to Some Medicaid Providers)	(\$735,300)			4%				This would be carried out via a provider rate reduction. The \$(735,300) reduction represents rolling back provider rates to pre-FY 2009 reimbursement levels. Many Medicaid providers are being paid at pre-FY 2009 levels. There may be opportunities to restructure service delivery requirements as well. In a study ( <a href="http://jei.sagepub.com/content/30/1/73">http://jei.sagepub.com/content/30/1/73</a> ) from the Journal of Early Intervention, the following program efficiencies were suggested: (1) encourage less at-risk children to come to the centers to receive services and (2) have parents complete questionnaires on child's development as a replacement for some home visits.	N
13	Family Health & Preparedness	Eliminate Center for Multi-Cultural Health	(\$87,700)	(\$137,600)		100%	(3.0)	(0.5)		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.	N
14	Family Health & Preparedness	Reduce Primary Care Grants to Federally Qualified Health Centers Due to Increase in Federal Funds from Federal Health Care Reform	(\$447,300)			37%				Because of the significant increase in federal funds for federally qualified health centers, there may be a reduced impact from eliminating General Fund grants for primary care services to these types of centers.	UCA 26-10b
15	Family Health & Preparedness	Restructure Bleeding Disorders Assistance Program to Move More Clients onto the Federal Health Insurance Pool (for high risk individuals)	(\$50,000)			20%			3.0	This assumes that the 3 clients on the program not using private insurance could be transitioned to other resources such as the federal HIP pool. 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 program pays for medical expenses above 7% of gross income.	UCA 26-47-103
16	Local Health Departments	10% Reduction in the State Funding for the Local Health Departments	(\$212,200)			10%				10% reduction in State funding for Utah's 12 local health departments. This funding is provided to enforce State established standards for public health.	N

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17	Medicaid	1% Fraud, Waste, and Abuse Recoveries From Federal Auditing Assistance	(\$3,263,500)		(\$7,999,700)	1%				The federal government has existing resources to help State's fight fraud, waste, and abuse. These resources were recently increased. From prior year Legislative action, 3% for fraud, waste, and abuse - this assumes another 1% could be obtained.	N
18	Medicaid	Begin Prior Authorization Requirement for High Tech Outpatient Radiology Procedures	(\$19,200)		(\$47,100)					In Nebraska the Medicaid program recently began doing the following "Implementation of the Radiology Management Program – prior authorization is now required for high tech outpatient radiology procedures, such as CT scans, MRI scans, Nuclear Medicine Cardiology scans, PET scans, and Single Photon Emission Computed Tomography (SPECT) scans" ( <a href="http://www.nebraskalegislature.gov/pdf/reports/committee/appropriations/reviewplans_9-2010.pdf">http://www.nebraskalegislature.gov/pdf/reports/committee/appropriations/reviewplans_9-2010.pdf</a> ). The only area discussed above not already with a prior authorization in Utah is CAT scans. This assumes that 5% of FY 2010 expenditures on CAT scans could be reduced through this measure and includes \$25,000 appropriation for 1 FTE to monitor the prior authorizations.	N
19	Medicaid	Eliminate Medicaid Interpreter Services	(\$121,700)		(\$298,300)	100%			3,000.0	These savings are based on fee-for-service expenditures for interpretive services in FY 2010. This is not a covered service for State employees with PEHP (Public Employees Health Plan). The State of Washington eliminated medical interpretive services to save \$3,300,000 General Fund ( <a href="http://www.dshs.wa.gov/mediareleases/2010/pr10105.shtml">http://www.dshs.wa.gov/mediareleases/2010/pr10105.shtml</a> ).	N
20	Medicaid	Eliminate Physical and Occupational Therapy	(\$83,000)		(\$203,500)	100%			3,572.0	Ends the provision of physical and occupational therapy to Medicaid clients. These savings are based on fee-for-service expenditures for these services in FY 2010. This service was recently restored during the 2010 General Session.	N
21	Medicaid	Estimated Results from PEHP Working with Medicaid	(\$681,500)		(\$1,670,500)					PEHP has indicated a willingness to work with Medicaid on lessons learned by PEHP and provided a report in December 2010 on this topic. This may result in some savings within the Medicaid program.	N
22	Medicaid	Increased Savings From the Preferred Drug List	(\$1,100,000)		(\$2,696,400)	3%				Based on projected savings from additional drug classes that have been added recently to the Preferred Drug List, the Department of Health estimates additional savings of \$1,100,000 General Fund in FY 2012.	N
23	Medicaid	Limit Optional Coverage of Transplant Surgeries to Achieve 20% Savings	(\$160,000)		(\$392,200)	20%				Utah Medicaid spends about \$800,000 General Fund annually on optional transplant surgery services. The Department could put some limits on the types of transplant surgeries provided, which may generate 20% savings in expenditures.	N
24	Medicaid	Limit Optional Hospice Services to Achieve 20% Savings	(\$196,000)		(\$480,400)	20%				Utah Medicaid spends about \$980,000 General Fund annually on optional hospice services. The Department could put some limits on the amount of hospice received, which may generate 20% savings in expenditures.	N

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25	Medicaid	Limit Optional Personal Care Services to Achieve 20% Savings	(\$100,000)		(\$245,100)	20%			8,179.0	Utah Medicaid spends about \$500,000 General Fund annually on optional personal care services. The Department could put some limits on the amount of personal care received, which may generate 20% savings in expenditures.	N
26	Medicaid	More Aggressively Update and Lower the State's Maximum Allowable Cost	(\$1,227,900)		(\$3,009,900)	3%				Responses from the Medicaid survey conducted during the 2010 interim indicated that the State's Maximum Allowable Cost could be updated more frequently and more aggressively. Additionally, the Department will not put a State Maximum Allowable Cost price for a drug that has less than 3 suppliers. This would direct the Department to consider all drugs for a State Maximum Allowable Cost. There is some information from the audit by the Legislative Auditors regarding potential savings here. For FY 2010 the following States lowered their maximum allowable reimbursement: Alabama, Alaska, Illinois, Kansas, Louisiana, Massachusetts, West Virginia, Wisconsin, and Wyoming. This assumes that 3% savings could be obtained from this measure.	Maybe
27	Medicaid	No Pregnant Women Over 21 to Receive Dental and Vision Services in Medicaid	(\$784,600)		(\$1,923,300)	100%			8,179.0	We currently cover dental & vision services to all pregnant women. The federal requirement is to cover pregnant women up to age 21. This would eliminate dental & vision services to pregnant women over 21.	N
28	Medicaid	Pay Outpatient Hospital and Ambulatory Surgical Centers Same Price for Same Services	(\$5,028,200)		(\$12,325,400)	15%				Change payment system to be same for services regardless of who the provider is. Explore paying the lowest price for a service to all providers (don't pay more based on location, if Ambulatory Surgical Care Centers can do it and there are enough of them, just pay that rate for the urbans). If pricing cannot be fixed, explore requiring a client to use an ambulatory surgical center for approved services before using a hospital unless prior authorization is approved. The agency did not provide any estimate for this change. Additionally, the Medicaid program currently pays a higher rate to hospitals in rural settings for the same services provided in urban settings. This reduction assumes that a 15% savings could be obtained from this change.	Y
29	Medicaid	Reduce Eligibility for Breast and Cervical Cancer Group from 250% FPL to 133% FPL	(\$848,100)		(\$3,392,400)	47%			200.0	The State could request permission of the federal government to reduce the eligibility level from 250% FPL to 133% FPL. The federal government would only approve the change if the State can prove that we are currently in a financial hardship. The reduction is a rough estimate by the analyst of how much money would be saved based on total spending in the program for the 426 clients. Most former clients with incomes above 133% FPL 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.	Maybe

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30	Medicaid	Reduce PCN and UPP Eligibility from 150% FPL to 133% FPL	(\$928,000)		(\$2,274,800)	8%			2,200.0	The State could request permission of the federal government to reduce the eligibility level from 150% FPL to 133% FPL. The federal government would only approve the change if the State can prove that we are currently in a financial hardship. The reduction is a rough estimate by the analyst of how much money would be saved based on total spending in the two programs. Most former clients with incomes above 133% FPL would not qualify for Medicaid. This eligibility category was begun in the July 2002.	Maybe
31	Medicaid	Savings from the New Choices Waiver	(\$145,000)		(\$355,400)					The Department of Health indicates that they annually are achieving \$145,000 General Fund higher than budgeted savings via the New Choices Waiver. Effective April 2010, the total number of clients that can be served was raised from 1,000 to 1,200.	N
32	Medicaid	Stop Paying for Preventable Medical Errors in Medicaid	(\$45,000)		(\$110,300)					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. This change is required as part of federal health care reform effective FY 2012.	N
33	Medicaid	Require Health Insurance Purchased by University Students to Cover Pregnancies	(\$1,000,000)		(\$2,451,300)					This assumes that by requiring university students to purchase health insurance that covers pregnancies, Medicaid would become the secondary payer or not participate in at least \$1,000,000 in General Fund expenditures for pregnancies.	new law
34	Health Care Financing	Pay-for-performance for Medicaid Staff (Assumes 5% Increase in Staff Efficiency)	(\$175,800)		(\$175,800)	5%				This assumes that by moving to a pay-for-performance system that Medicaid administration could achieve increased efficiencies of 5% and reduce staffing expenditures.	N
35	All	Make Ongoing the Executive-ordered One-time FY 2010 Reduction	(\$275,000)		(\$1,141,200)					In the last half of FY 2010, the Governor ordered a 3% reduction in COLA spending or a \$687,600 reduction in General Fund. Health met 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 assumes that Health could do some of these same measures in FY 2012 and generate 40% of the savings originally obtained. Health indicated that most of the original savings came from early retirements.	N
36	Health Care Financing	DOH - Use 3% Maximum from Nursing Restricted Account for Administration	(\$38,000)		\$38,000					By statute 3% of the Nursing Care Facilities Account can be used for administration. The account was recently increased in FY 2011 and the administration is not currently at 3%. The reduction represents an exchange of these restricted account funds for General Funds and takes us to using 3% on administration.	N

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<b>Human Services - Executive Director's Office</b>											
37	Executive Director's Office	DHS - EDO - increase productivity of Executive Director's Office staff	(\$66,600)		(\$50,600)	10%	(1.0)			Department states it would reduce its capacity to manage the department and respond to requests for information and constituent concerns.	N
38	Executive Director's Office	DHS - EDO - increase productivity of Administrative Hearings staff	(\$30,500)		(\$6,100)	10%	(0.5)			Department states this would delay the issuance of written decisions and the time to hold a requested hearing and may cause a legal risk.	N
39	Executive Director's Office	DHS - EDO - increase productivity of Office of Legal Affairs staff	(\$19,000)		(\$9,000)	10%				Reduces payments to the Attorney General's Office for services provided. AG's services would be reduced. Department states it may cause a legal risk.	N
40	Executive Director's Office	DHS - EDO - increase productivity of Public Guardian staff	(\$27,400)		(\$26,400)	8%		10.0		Savings from refilling 2 vacant positions at lower salaries. Balance of reduction would come from service provider contracts, reducing the number of incapacitated adults receiving guardian services.	N
41	Executive Director's Office	DHS - EDO - increase productivity of Fiscal Operations staff (finance, internal review, contracting, admin. support, Gen. Services)	(\$260,500)		(\$91,800)	10%	(4.0) (1.0)			Dept indicates previous reductions caused delays in financial reporting, contract processing, and dept audits - additional reductions would further affect these capabilities.	N
42	Executive Director's Office	DHS - EDO - increase productivity of Services Review staff	(\$68,700)		(\$9,300)	10%	(1.0)			Department indicates this would eliminate one analyst position and reduce the number and timeliness of reviews completed.	N
43	Executive Director's Office	DHS - EDO - increase the productivity of the Office of Licensing staff	(\$168,100)		(\$44,200)	10%	(2.5)			Department indicates this would reduce the timeliness in the licensure of programs.	N
<b>Division of Substance Abuse and Mental Health</b>											
44	Substance Abuse & Mental Health	Increase productivity of State administration and technical assistance staff	(\$134,400)			10%	(3.2)			Proposal reduces overall funding for mental health and substance abuse programs in community and State Hospital by 10% - administration and technical support should also be reduced by a similar amount.	N
45	Substance Abuse & Mental Health	Reduce forensic competency examinations by 10% - move to the Courts budget	(\$42,300)			10%				DSAMH contracts w qualified forensic examiners. Court mandates evaluations. Governor's Optimization Commission encouraged aligning incentives and eliminating disincentives to create efficiencies and savings. Move to Courts who control demand.	UCA 77-16a-103
46	Substance Abuse & Mental Health	Reduce autism contracts by approximately 10%	(\$207,200)			10%		20.0		Autism preschool services provided to approximately 200 individuals. Services funded through 4 contracts covering 9 counties.	N
47	Substance Abuse & Mental Health	Reduce mental health services for non-Medicaid eligible children and adults	(\$2,184,600)			80%				Legislature funded \$2,715,200 for this purpose in its 2007 General Session. This proposal would reduce most of that funding.	N

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48	Substance Abuse & Mental Health	Reduce Residential Mental Health Services for mental health services for youth in state custody	(\$98,700)			10%			4.0	The funding helps to facilitate the discharge of hard-to-place youth out of the Utah State Hospital and serves approximately 38 youth each year. This would reduce this effort.	N
49	Substance Abuse & Mental Health	State Hospital - reduce USH funding by 10% and transfer funds to counties to best determine reductions.	(\$4,041,500)			10%				Utilization and demand for State Hospital beds is determined by counties and the Court (forensic unit). Proposal reduces funding by 10% and transfers funding to counties to best determine reductions.	Y
50	Substance Abuse & Mental Health	Reduce chemical dependency services pass through to local authorities by 13%	(\$1,119,600)			13%			2,294.0	Proposal would reduce pass through to local authorities by 13%, target preventive services, and require an equal percentage be reduced from local administrative budgets.	N
51	Substance Abuse & Mental Health	Eliminate remaining ongoing DORA balance	(\$79,000)			100%				All Drug Offender Reform Act (DORA) program funding will end on July 1, 2011 leaving this small remaining balance of ongoing funds. This eliminates the remaining balance.	N
<b><i>Division of Services for People with Disabilities</i></b>											
52	Services for People with Disabilities	Increase productivity of State administration and technical assistance staff	(\$177,500)		(\$177,500)	10%	(3.2)			Department indicates it may have to eliminate state administrative functions such as supported employment, housing assistance, or one or more waivers.	N
53	Services for People with Disabilities	Increase productivity of all DSPD statewide operation functions	(\$367,200)		(\$367,200)	10%	(10.0)			Department indicates it may have to eliminate functions such as budget oversight, provider payments, and utilization review.	N
54	Services for People with Disabilities	Utah State Developmental Center - increase productivity of staff	(\$872,900)		(\$2,167,200)	10%	(64.0)			FY12 USDC budget request is at a 2.8 staff/client ratio. This proposal would reduce the ratio to 2.5, reducing 64 FTE out of 604 FTE. The Developmental Center indicates lower ratios may jeopardize health, safety, and quality of service.	N
55	Services for People with Disabilities	Increase caseloads of support coordinators from 46 to 60 and extend timeframes for review with highest acuity still seen more often	(\$570,000)		(\$1,397,200)				4,700.0	Proposal would increase caseloads, extend timeframes for review, and reduce rates by 15%.	N
56	Services for People with Disabilities	Eliminate Motor Transportation Payment (MTP) rate code	(\$625,000)		(\$1,532,000)	100%				Affects 46 providers and 1,400 individuals. Providers would have to provide transportation without reimbursement.	N
57	Services for People with Disabilities	Lease the 4 state-owned group homes at market rates (\$43,000)	(\$43,000)		\$43,000					From Human Services In-depth Budget Review - involves 4 State-built group homes (built at cost of \$450,000 each) currently leased at no cost.	N
58	Services for People with Disabilities	1% recovery, with fed help, of GF in Medicaid programs (similar to Health Dept proposal)	(\$355,900)		(\$872,400)					The federal government has existing resources to help State's fight fraud, waste, and abuse. These resources were recently increased. This assumes another 1% could be obtained.	N

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59	Services for People with Disabilities	Reduce or eliminate some respite codes	(\$185,800)		(\$455,400)				DSPD indicates respite is a highly utilized service.	N	
<b>Office of Recovery Services</b>											
60	Recovery Services	Increase productivity of State administration staff	(\$44,500)		(\$86,400)	10%	(2.0)		ORS indicates could compromise the quality and oversight of child support and Medicaid collection services given federal requirements and minimum performance standards. Failure to comply may put Medicaid and TANF at risk.	N	
61	Recovery Services	Increase productivity of Financial Services staff and other support costs	(\$295,900)		(\$574,400)	10%	(5.0)		ORS indicates this could impact the processing of payments and refunds and place at risk meeting a 2-day disbursement federal requirement. ORS accounts for 10% of all state leases.	N	
62	Recovery Services	Increase productivity of all Electronic Technology staff and support costs	(\$295,900)		(\$725,300)	10%	(5.0)		ORS indicates it is very dependent on electronic technology - using it to gain efficiencies. Reductions could set back potential gains.	N	
63	Recovery Services	Increase productivity of Child Support Services staff	(\$230,700)		(\$447,800)	6%	(20.0)	300K	This program provides child support collection services guided by federal and state law. ORS indicates lower performance could put at risk the TANF program for federal penalties.	N	
64	Recovery Services	Require all large Utah health insurance providers to provide online membership access	(\$77,600)		(\$150,600)				This proposal is a recommendation from the Human Services In-depth Budget Review and assumes a 1% efficiency savings.	N	
65	Recovery Services	Require Workforce Services to provide electronic access to ORS to its income information	(\$77,600)		(\$150,600)				This proposal is a recommendation from the Human Services In-depth Budget Review and assumes a 1% efficiency savings.	N	
66	Recovery Services	Increase productivity of Children in Care Collections staff	(\$74,200)		(\$137,800)	10%	(3.0)		ORS provides child support services for children in state custody as required by federal law. Collections provide a funding source to DCFS, DJJS, and State Hospital and ORS indicates that these collections may be jeopardized.	N	
67	Recovery Services	Increase productivity of Attorney General Contract	(\$156,300)		(\$303,400)	10%			This contract for Assistant Attorney Generals provides criminal prosecution for nonsupport regarding egregious offenders who fail to meet support obligations. ORS indicates this would reduce 6 FTE in the AG's office.	N	
68	Recovery Services	Increase productivity of the Medical Collections staff	(\$115,000)		(\$115,000)	10%	(2.0)	(2.0)	This program provides medical collection and cost avoidance services for Medicaid.	N	
<b>Division of Child &amp; Family Services</b>											
69	Child and Family Services	DHS - DCFS - increase productivity of State Administration staff	(\$89,700)		(\$89,700)	10%	(2.0)		State Administration provides overall direction, accounting, training, contract management, and program and practice improvement.	N	

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70	Child and Family Services	DHS - DCFS - eliminate investigations based upon domestic violence in the presence of a child	(\$5,213,300)		(\$1,737,800)	10%				Would require a statute or rule change - 31% of substantiated cases based on this criteria - yet few are taken into custody. 45 other states do not have this requirement. Legislative audit states "senior management contends that the division may be casting too wide of a net in finding abuse and neglect."	76-5-109(1) - R512-202-2
71	Child and Family Services	DHS - DCFS - 10% savings in facility costs by implementing new building and worker strategies	(\$300,000)		(\$100,000)	10%				DCFS accounts for 20% of all state leases (\$4 million of \$20 million). This proposal requires the implementation of new strategies to reduce building costs by 10%.	N
72	Child and Family Services	DHS - DCFS - move children/youth away from intensive, high cost services to preventive (prior to custody) and lower cost services when taken into custody, when appropriate	(\$3,469,900)			12%		4,703.0		This program provides for much of the daily care for children and youth taken into state custody - from basic foster care to highly intensive and expensive residential placements along with other ancillary services such as mental health treatment. Consistent with Legislative Audit observation and recommendation.	N
73	Child and Family Services	DHS - DCFS - increase productivity with state funding associated with Minor Grants	(\$142,000)			10%			4,703.0	DCFS indicates federal funds may be jeopardized as state funding in this area is used for match.	N
74	Child and Family Services	DHS - DCFS - increase productivity with funding for Special Needs	(\$59,600)			10%			4,703.0	Program provides for special needs of children in foster care such as transportation and clothing.	N
75	Child and Family Services	DHS - DCFS - reduce overall domestic violence funding by 10% and target remaining funding to direct services (including direct services in shelters) and hotline.	(\$118,800)			10%				DCFS indicates this may limit its ability to provide information and address community needs.	N
76	Child and Family Services	DHS - DCFS - reduce payments for all new adoption assistance contracts in order to meet target reduction	(\$907,100)			10%				DCFS indicates this may reduce new adoption subsidies by 30% to 50% of current subsidies and may put at risk the adoption.	N
77	Child and Family Services	DHS - DCFS - increase the productivity of the Child Welfare Management Information System and staff	(\$293,600)			10%	(2.0)			DCFS indicates this may reduce its efforts to modernize and maximize the use of technology.	N
<b>Division of Aging &amp; Adult Services</b>											
78	Aging & Adult Services	DHS - DAAS - increase the productivity of Aging and Adult Services Administration staff	(\$33,000)			10%	(1.0)			This program provides overall administrative direction for the division along with finance, budgeting, management and technical assistance of federal grants.	N

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Index	Unit of Government	Item	FY 2012			% of Program Reduced	FTE		Clients Affected	Impact	Statute Change?
			Ongoing GF/EF	One Time GF/EF	Other Funds		Active	Vacant			
79	Aging & Adult Services	DHS - DAAS - reduce state pass through to local Area Agencies on Aging	(\$467,100)			10%				This program provides state and federal funding pass through to local Area Agencies on Aging for the provision of a variety of services in the community.	N
80	Aging & Adult Services	DHS - DAAS - eliminate pass-thru funding for Aging Co. support services provided in 2010 General Session	(\$189,000)			100%				This proposal would undo ongoing backfill of 15% General Fund for Aging support services funded in the 2010 General Session.	N
81	Aging & Adult Services	DHS - DAAS - increase productivity of Adult Protective Services staff	(\$58,100)			2%				Provides adult protective service functions for Utah's vulnerable adult and senior population.	N
82	Aging & Adult Services	DHS - DAAS - eliminate funding provided in 2010 General Session to remove an enrollment cap for Nursing Home Alternatives	(\$500,000)			100%				Previously reduced by Legislature and given one-time backfill. Was provided ongoing backfill prior to any reduction being taken.	N
<b>Department of Workforce Services</b>											
83	General Assistance	DWS - Reduce cost of case management in the General Assistance Program	(\$750,000)			20.0%				In FY 2010, the average case management cost per case was \$1,748 with an average of 923 cases per month, or spending on average per month approximately \$1,613,400. DWS recovered on average per month \$105,700 in reimbursed benefit costs out of \$247,600 in average monthly benefits paid. This reduction is intended to reduce the average cost of case management per case.	N
84	Administration	DWS - Reduce current expenditures costs in DWS Administration	(\$243,800)			7.0%					N
85	Operations & Policy	DWS - Increase productivity for Quality Control Data Analysts	(\$193,000)			8.7%	(8.0)			Quality Control Data Analysts perform complex statistical studies and prepare reports on Quality Control Program findings. They conduct audits and review reporting systems for client information and practices to ensure compliance with procedures, regulations and standards to determine accuracy of issues, denied and closed assistance cases.	N
86	Operations & Policy	DWS - Increase productivity for Program Specialists	(\$357,300)			12.0%	(14.0)			Program specialists have expertise and knowledge of specific program areas within DWS and are spread across a variety of programs within the agency.	N
87	Operations & Policy	DWS - Increase productivity for Workforce Services Specialists	(\$1,514,500)			5.4%	(95.0)			Workforce Services Specialists serve in various programs throughout the agency and provide especially eligibility services. Though caseloads have been increasingly high, it is also anticipated that these will taper as the economy improves.	N
88	Operations & Policy	DWS - Increase productivity for Office Specialists	(\$175,300)			11.7%	(7.0)				N

# OPTIONS FOR ELIMINATING THE STRUCTURAL DEFICIT

Index	Unit of Government	Item	FY 2012			% of Program Reduced	FTE		Clients Affected	Impact	Statute Change?
			Ongoing GF/EF	One Time GF/EF	Other Funds		Active	Vacant			
<i>Utah State Office of Rehabilitation</i>											
89	USOR	USOR - Reduce Client Services in Vocational Rehab	(\$800,000)			4.0%				Currently, USOR counselors operate with an average caseload size of 228 per counselor. This is one of the highest caseloads per counselor across comparable states. This reduction would decrease some services, but still allow for continued operations in Vocational Rehab.	N
90	USOR	USOR - Reduce contract funding to Independent Living Centers	(\$209,100)			9.5%				This would be a reduction in contracts to the 6 Independent Living Centers throughout the state. The ILCs would determine how to best deal with these reductions, but there is the possibility of staff reductions at the centers.	N
91	USOR	USOR - Reduce Benefits Planning Outreach and Assistance	(\$13,000)			10.0%				The funding to this program is intended for assisting counselors to work with clients who are already on SSI/SSDI to help them know the impact of going back to work. Benefits planners assist clients with information about programs.	N
92	USOR	USOR - Reduce service contract for blind individuals 55+	(\$2,500)			10.0%				The contract is intended to provide assistance to blind individuals 55+ through the ILCs.	N
93	USOR	USOR - Utah Center for Assistive Technology - Sensory Impairment Specialist	(\$70,000)			10.0%	(1.0)			Sensory Impairment Specialists help disabled persons to properly identify and acquire assistive technology.	N
94	USOR	USOR - Reduce funding for Assistive Technology equipment	(\$31,000)			10.0%				A reduction in funding for assistive technology may increase the wait time for such technology. There is currently a request list worth approximately \$127,000.	N
95	USOR	USOR - Reduce funding for Disabilities Determination Services Advisory Council	(\$8,500)			80.0%				Initially the Legislature appropriated \$10,000 for the Disability Determination Services Advisory Council. The Council expended \$1,600 in FY 2010. This reduction would leave enough to cover that amount.	N
96	USOR	USOR - Robert G. Sanderson Comm Cntr - Part-time mentors & office support	(\$200,000)			10.0%				This may impact hours for the Center to be open. One possibility is to consider charging fees in order to pay for the part-time staffers and allow the Center to remain open for longer hours in evenings and weekends.	N
97	USOR	USOR - Increase efficiency for sensory impairment specialists for the blind	(\$304,500)				(3.0)			Teachers for the Blind provide education in orientation and mobility, including cane travel, and all aspects of daily living to assist blind individuals to become more independent. This reduction in teacher positions would likely be taken in Salt Lake, Ogden and Provo areas.	N
98	USOR	USOR - Administration - Reduction in current expense - Training and travel	(\$129,000)			2.5%					N
<i>Subcommittee Total</i>			(\$48,464,400)	\$400,000	(\$53,353,600)		(239.4)	(32.5)			