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	\$ <u>(30,000)</u>	\$ <u>(30,000)</u>	DHS - One-time and Ongoing Savings Associated With \$200,000 Funding to the State Hospital for HB 14 Civil Commitment Amendments - 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
	\$ (14,500)	\$ (14,500)	DHS - One-time Savings Associated With State Hospital O&M for New Building - the State Hospital previously received ongoing funding for FY 2014 O&M, but the building is scheduled to open in May 2014 - use \$14,500 one-time.		<u>Already realized in SB 8</u>
	\$ <u>(3,200,000)</u>	\$ <u>(3,200,000)</u>	DHS - Use \$500,000 ongoing and \$500,000 one-time of the FY 2014 Child and Family Services Beginning Nonlapsing Carryover for Other Legislative Priorities - DCFS has a beginning nonlapsing carryover balance in FY 2014 of \$5,690,500. DCFS has had a beginning carryover balance of between \$3,764,200 and \$7,809,300 since FY 2007.		<u>No</u>
	\$ (2,000,000)	\$ (6,701,900)	DOH - Lower Than Expected Autism Caseloads - 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

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	\$ (41,400)	\$ -	DOH - Medicaid Restricted Account (Sweep Balance) - The fund balance is not used unless the Legislature appropriates money out of it. As per UCA 26-18-402, the account receives all the unspent monies in the Medicaid program.		No
	\$ (715,000)	\$ (715,000)	DOH - One-time Windfall From Federal Reconciliation - the federal government recently provided an unexpected payment to Medicaid from prior year adjustments.		<u>Already realized in SB 8</u>
	\$ (30,000)	\$ (100,500)	DOH - Savings From Non-emergency Medical Transportation Contract - 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
	\$ (44,500)	\$ (149,100)	DOH - Shift Drugs to Medicare Part D - the Department of Health identified \$298,400 total fund in savings from drugs (barbiturates, benzodiazapines, and smoking cessation) that will now be covered under the federal government's Medicare Part D drugs.		<u>Already realized in SB 8</u>
	\$ (24,000)	\$ (24,000)	DOH - Use 3% Maximum from Nursing Restricted Account for Administration - By statute 3% of the Nursing Care Facilities Account can be used for administration. The account was recently increased in FY 2013 and the administration is not currently at 3%. The reduction represents an exchange of these restricted account funds for General Fund and takes the State to using 3% on administration.		<u>Already realized in SB 8</u>
	\$ (50,500)	\$ -	DOH - Use Balance in the State Laboratory Drug Testing Account - The account has an available balance of \$50,500. This could be used in place of one-time General Fund. The fund is for the State's costs of drug and alcohol tests.	LFA	<u>Already realized in SB 8</u>

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	\$ (1,130,200)	\$ (2,260,400)	DWS - Affordable Care Act Mandatory Changes - 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
<u>36</u>	<u>\$ 330,200</u>	<u>\$ 330,200</u>	<u>DHS - Division of Services for People with Disabilities Respite Care</u> (This would be a conditional appropriation based on the last \$330,200 of actual savings realized by Workforce Services for the item "Affordable Care Act Mandatory Changes").	<u>Chairs</u>	
	\$ (1,500,000)	\$ (1,500,000)	DWS - Alter Some of the Agency-recommended Uses of the Special Administrative Expense Account (SAEA) - 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
	\$ (15,500)	\$ (15,500)	DWS – Close Fund 1052 Victims of Domestic Violence Services Account - The Analyst recommends closing this account and sweeping balances in FY 2015 into the General Fund as soon as the last loan receivable is accounted for. The Department of Workforce Services and Division of Finance do not object.		<u>Already realized in SB 8</u>

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	\$ (10,570,000)	\$ -	<p>DWS - Savings From Higher Federal Match Rate for Certain Medicaid Eligibility Systems Maintenance and Operations - The federal government has indicated that it will pay a 75% instead of the usual 50% for maintenance and operations of certain eligibility determinations. The federal government has yet to clarify if the start date for the higher match rate will be October or December 2013. The Fiscal Analyst recommends removing General Fund one-time funding of \$4,530,000 in FY 2014 and \$6,040,000 one-time in FY 2015 to reflect the higher match rate for certain eREP functions beginning October 1, 2014. The \$6.0 million may end up being an ongoing savings. The agency would like to use the money to address its structural imbalance (\$8.2 million ongoing request from the 2013 General Session). The exact amount of the savings is a little uncertain as they will be determined on actual Medicaid enrollment. The Legislature can chose to make any reduction and subsequent use contingent upon actual savings realized via intent language.</p>		No
<u>1</u>	\$ 1,500,000	\$ 15,000,000	<p>DOH - MMIS Replacement (FY 2014) - Money is for final phases for the replacement of the Medicaid Management Information System. (The Governor had \$1 million in his budget) How Measure Success? Project completed and performing functions as specified in the system design. <u>(This would be a conditional appropriation based on the last \$1.5 million of actual savings realized by Workforce Services in FY 2014 for the item "Savings From Higher Federal Match Rate for Certain Medicaid Eligibility Systems Maintenance and Operations").</u></p>	Gov.	Future FY14 Medicaid surpluses (if materialize) could be used to fund the MMIS project.

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	\$ 208,000	\$ 416,000	DWS & DOH - Change to Medicaid Plastic Eligibility Cards - the ongoing savings is from sending a one-time plastic eligibility card for Medicaid rather than a monthly paper card. The one-time costs are \$100,000 for mailing a new card to all enrollees and \$108,000 for programming changes to design determine when to issue a one-time card and compatibility with the new Medicaid Management Information System.		<u>Already realized in SB 8</u>
<u>1</u>	\$ 2,000,000	\$ 20,000,000	DOH - MMIS Replacement (FY 2014) - Money is for final phases for the replacement of the Medicaid Management Information System. (The Governor had \$1 million in his budget) . <u>This is an increase from the base of 100.0%.</u> How Measure Success? Project completed and performing functions as specified in the system design. <u>(Changed from \$9,500,000 to \$2,000,000).</u>	Gov.	Future FY14 Medicaid surpluses (if materialize) could be used to fund the MMIS project.
<u>2</u>	\$ 1,200,000	\$ 1,200,000	DHS - State Hospital - Restore Funding Loss Due to DOH Medicaid Allocation Methods - auditors recommended various changes to the Utah State Hospital (USH) cost allocation methods previously agreed upon by DOH and USH which will now lower the annual Medicaid payments to the State Hospital. The Governor recommended funding this item one-time. <u>This is an increase from the base of 3.0%.</u> How Measure Success? "reliable change indices (BPRS, SOQ, and YOQ) as well as jeopardizing our CMMS Certification and The Joint Commission Accreditation." <u>(Moved to one-time)</u>	Gov. & Agency	LFA points out the FY 2014 USH e-Chart IT system development (\$1,333,000 estimated project cost with a \$350,000 estimated annual operation/maintenance cost) could be delayed and funding diverted.

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<u>3</u>	\$ 455,200	\$ 455,200	<p>DHS - Youth Aging Out of DCFS Custody - Maintain youth with intellectual disabilities on the Medicaid waiver who are aging out of DCFS custody. The Governor recommended funding this item. <u>This is an increase from the base of 0.8%.</u></p> <p>How Measure Success? "Percent of people who are satisfied with their staff, support coordinator, and fiscal agent." (Moved to one-time)</p>	Gov. & Agency	LFA points out that the funding could be transferred from the DCFS base budget given the large nonlapsing carryover fund in DCFS.
<u>4</u>	\$ 220,000	\$ 220,000	<p>DOH - Baby Watch Early Intervention Caseload - The Legislature funded ongoing caseload with \$220,000 one-time for FY 2014. The \$220,000 represents a 0.9% increase in ongoing funding for this program.</p> <p>How Measure Success? (1) the proportion of Moderately and Severely delayed infants/toddlers who are served. (2) the number of families reporting that early intervention services have helped their family effectively communicate their child's needs and help their child develop and learn. (3) development closer to typically developing children in the following ways: <ul style="list-style-type: none"> Acquisition and use of knowledge and skills Use of appropriate behaviors to meet their needs Positive social and emotional skills. (4) at least 85% of these children will complete the program with improvement. (5) Continue to serve both severely delayed and moderately delayed children rather than having to restrict this program to only the severely delayed. (Moved to one-time)</p>	Chairs	The requested amount could be offset to a small extent by increasing parent contributions. Currently, monthly parent contributions total \$350,000 annually and are based on a monthly sliding fee schedule of \$0 to \$200 based on income.

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<u>5</u>	\$ 2,000,000	\$ 2,000,000	<p>DHS - Local Authority Outpatient Medicaid Match - many of the local authorities are struggling to provide the Medicaid match with limited state and local county revenue. The Governor recommended one-time funding for this request. <u>This is an increase from the base of 7.9%.</u></p> <p>How Measure Success? "The DSAMH has a broad array of performance measures for each local authority and these measures, with the corresponding results, are published annually in a scorecard. The performance scorecards are available on the DSAMH website." <u>(Moved to one-time)</u></p>	Gov. & Agency	"No Alternate Funding Available."
<u>6</u>	\$ 1,500,000	\$ 1,500,000	<p>DHS - Mental Health Early Intervention for Children/Youth - children's mental health promotion/mental illness prevention, amount funded one time during the 2013 General Session. The Governor recommended continued one-time funding. <u>This is an increase from the base of 17.5%.</u></p> <p>How Measure Success? "Utilization and outcome measures from each Local Mental Health Authority. The performance measures for the mental health early intervention program were documented in a report that was presented to the Social Services Appropriations Subcommittee on September 12, 2013." <u>(Moved to one-time. This item is also on the possible one-time TANF list).</u></p>	Gov. & Agency	DHS: "No Alternate Funding Available."
<u>7</u>	\$ 393,500	\$ 393,500	<p>DHS - Domestic Violence Shelters - Address the higher demand for family violence shelter and support services in Utah. The Governor recommended funding this item. <u>This is an increase from the base of 30.0%.</u></p> <p>How Measure Success? "Number of shelter nights provided." <u>(Moved \$393,500 to one-time)</u></p>	Gov. & Agency	Private donations to shelters and donations from individuals obtaining a marriage license.

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<u>8</u>	\$ 1,440,800	\$ 1,440,800	<p><u>DHS - Weber Human Services Behavioral and Physical Health Integration Pilot</u> - an integrated team responsible for taking all available measures necessary to reduce hospital admissions and emergency department visits of every individual who agrees to be part of the program. <u>Proposed funding includes nonlapsing authority for second year of program for up to half of the funding in FY 2016.</u></p> <p>How Measure Success? Hospital admissions, hospital emergency department visits, medication adherence, smoking status, BMI, Blood pressure, blood sugar, cholesterol. <u>(Moved to one-time and increased from \$720,400 to \$1,440,800).</u></p>	Christensen	(1) Savings from Medicaid physical health side.
<u>9</u>	\$ 300,000	\$ 300,000	<p><u>DHSDWS - Positive Assistance Action Group</u> - "to make up for a budget shortfall that was previously funded through the State." <u>(Moved to one-time).</u></p>	Christensen	

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<u>10</u>	\$ 750,000	\$ 750,000	<p><u>DHS - Family Resource Facilitator (FRF) Higher Education Navigator Program</u> - FRF Higher Education Navigators provide supports that guide children who have or will age out of foster care to postsecondary academic success. Family Resource Facilitators (FRFs) are trained family Peer Support Specialists who develop working partnerships with child-serving agencies and utilize those partnerships to guide families and children to successful outcomes and self-sufficiency. FRFs will provide: 1) Education Advocacy/Advice, 2) Resource Coordination, 3) Information and Support, and 4) Wraparound Facilitation.</p> <p>How Measure Success? (1) Increased success in enrolling in college or applied technology centers with the use of Navigators and (2) Improved access to formal and informal supports with the assistance of the Navigators. (Access to educational supports, connecting with informal family and non-family supports, mental health, etc.).</p> <p><u>(Moved to one-time and amount increased from \$250,000 to \$750,000. This item is also on the possible one-time TANF list).</u></p>	Menlove	(1) Use TANF reserve (federal funds).

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<u>11</u>	\$ <u>600,000</u>	\$ <u>600,000</u>	<p>DHS - GrandFamilies Family Resource Facilitator (FRF) Higher Education Navigator Program - grandparent(s) or extended family members raise children who would otherwise be placed in the foster care system. FRF-Higher Education Navigators provide supports that guide children who have or will age out of foster care to postsecondary academic success. Family Resource Facilitators (FRFs) are trained family Peer Support Specialists who develop working partnerships with child serving agencies and utilize those partnerships to guide families and children to successful outcomes and self-sufficiency. FRFs will provide: 1) Education Advocacy/Advice, 2) Resource Coordination, 3) Information and Support, and 4) Wraparound Facilitation.</p> <p>How Measure Success? (1) children in kinship care will be safer, (2) children in kinship care will be emotionally better off, and (3) children in kinship care will do better in school.</p> <p><u>(Moved to one-time, increased from \$200,000 to \$600,000)</u></p>	Menlove	(1) Use TANF reserve (federal funds).
<u>12</u>	\$ <u>300,000</u>	\$ <u>300,000</u>	<p>DHSBWS - Marriage Commission (moved to one-time and increased from \$200,000 to \$300,000. This item is also on the possible one-time TANF list).</p>	Chairs	

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<u>13</u>	\$ 104,000	\$ 104,000	<p><u>DHS - Garland Community Resource Center</u> - Providing rural communities access to resources and services enabling families; Promoting self reliance & resources towards employment or increased employment; Providing services, and organizations space and time to serve rural community; Community Resources for Sustainability, Self-Reliance and Resilience; Connecting Rural Families and Communities to Technology.</p> <p>How Measure Success? No less than 300 families from at least 5 communities will be served by the center in year 1; Families will demonstrate increased access to services; increased education; increased family & community connectiveness; and increased health & life skills.</p> <p><u>(Increased from \$75,000 to \$104,000. This item is also on the possible one-time TANF list).</u></p>	Perry	(1) Use TANF reserve (federal funds)
<u>14</u>	\$ 150,000	\$ 150,000	<p><u>DHS - Hyrum Community Resource Center</u> - In October, 2013 the CFSC opened a second location in Hyrum, Utah making it the first agency providing services at the south end of the community. This center will provide direct services in English and Spanish to children and families. The focus is to strengthen families while preventing child abuse.</p> <p>How Measure Success? 1) The mortgage on the facility will be paid in full allowing acquired resources to serve children and families, 2) The Child & Family Support Center will build a 1,837 square foot addition to the facility in Hyrum to serve as a crisis/respice nursery.</p> <p><u>(This item is also on the possible one-time TANF list).</u></p>	Redd, Hillyard	(1) Use TANF reserve (federal funds)

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<u>15</u>	\$ 2,000,000	\$ 6,780,800	DOH - Increase Nursing Home Medicaid Rates - Provide \$2 million ongoing General Fund to increase the reimbursement rates 3.6% for nursing homes. In order to keep the cost neutral for the State \$110,600 of the appropriation would be used for the increased cost to the State for hospice costs. This is an increase from the base of 3.0%. <i>(moved to one-time)</i>	Chairs	
<u>16</u>	\$ 1,000,000	<u>\$ 2,000,000</u>	DOH - Telehealth Equipment for Medicaid - This is an increase from the base of 3.0%. <u>This is an increase from the base of 0.24%.</u>	Chairs	
<u>17</u>	\$ 106,000	\$ 106,000	DHS - Division of Substance Abuse and Mental Health Electronic Health Record - electronic health record programming cost to link to agencies.	Lockhart	(1) Use TANF reserve (federal funds)
<u>18</u>	\$ 25,000	\$ 25,000	DHS - Weber County Youth Impact Program - additional funding for youth services in Weber County. <i>(This item is also on the possible one-time TANF list).</i>	Froerer	(1) Use TANF reserve (federal funds)
<u>21</u>	\$ 250,000	\$ 250,000	USOR - Independent Living Center (ILC) Services - Provide funding for ILCs to "serve underserved populations, including youth with disabilities and individuals in nursing homes desiring to transition out." The Governor recommended \$250,000 one-time funding. This is an increase from the base of 8.9%. How Measure Success? "1. 20% of total served will be new consumers. 2. Report on total number served. 3. Report on number of youth served. 4. Report on number of individuals transitioned from nursing homes to the community. 5. Report on number of individuals diverted from a nursing home placement." <i>(Moved to one-time)</i>	Gov. & Agency	USOR: "None available."

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<u>22</u>	\$ 500,000	\$ 500,000	<p>USOR - Independent Living Assistive Technology Program - assist individuals with disabilities to be more independent in their homes and communities - provide items such as wheelchairs for mobility, ramps to get into their homes, grab bars to transfer to the toilet, and hand bars to drive a car. There is currently a waiting list of 64 individuals - estimated to be 191 individuals by FY 2015. The Governor recommended funding this item. This is an increase from the base of <u>161.0%</u>.</p> <p>How Measure Success? "1. Report on the total number of individuals receiving assistive technology. 2. Report on the total number of assistive technology devices provided." (Moved to one-time)</p>	v. & Age	USOR: "None available."
<u>23</u>	\$ 2,032,900	\$ 6,892,200	<p>DOH - Tax on Medicaid and CHIP Providers From Federal Health Care Reform - the contracted Medicaid and CHIP providers for Utah estimate a \$7.3 million ongoing cost to them of new taxes as part of federal health care reform. The State has the option to pay this on their behalf and receive the normal state/federal match rate of 30% state and 70% federal. This is an increase from the base of <u>0.5% 1.0%</u>. (Moved to one-time)</p>	Chairs	Have the contracted plans pay for the cost either the full total fund cost or via a new assessment.
<u>28</u>	\$ 60,000	\$ 120,000	<p>DOH - Assistant Attorney General at the Department of Health - the Department of Health has had five FTEs since around 2001. The Department of Health is paying for one of its five attorney FTEs to do work for the Office of Inspector General. The \$120,000 total funds represent a 22.4% increase in spending for attorney generals in the Department of Health..</p> <p>How Measure Success? Success is determined by competent legal advice and timely review of contracts and rules. (Moved to one-time)</p>	Gov.	If the attorney is working for the Office of Inspector of General, have that organization pay for it.
	\$ (60,000)	\$ (60,000)	<u>Funding from the Inspector General of Medicaid Services to pay for FTE the Office Uses at the Department of Health</u>	<u>Chairs</u>	

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	\$ 70,000	\$ 70,000	<u>DHS - Independent Study Requiring an Open Child Support Case as a Condition of Food Stamps Eligibility</u>	<u>Social Services</u>	
	\$ (70,000)	\$ (70,000)	<u>DHS - One-time Reduction in Office of Recovery Services</u>	<u>Chairs</u>	
	\$ -	\$ 47,062,800			