<u>Rank</u>	Ongoing State Funds	Total Funds	Ongoing State Funds - Internal Reallocation List <u>- Chair Proposal</u>	Source	Requires Other Changes? <u>Or</u> <u>Alternative Funding</u> <u>Sources?</u>
	<u>Underline</u>	represents somet	hing new and <del>cross out</del> represents deletions since the 2/7/2014 2:05	PM vers	ion.
	\$ (25,000)	\$ -	<b>DHS - Increase the Alcoholic Beverage Server Fee by <del>\$0.50 to</del> \$1.00 - to make the <del>on-premise (\$2.50) and off-premise (\$3.50)</del> fees consistent and fully cover the cost of providing the service (UCA 63J-1-504(2)).</b>		Yes - fee increases & maybe statutory changes
	\$ (8,300)	\$-	<b>DHS - Increase the Office of Licensing Outdoor Youth Provider Fee</b> - to fully cover the cost of licensing and monitoring of these private programs (UCA 63J-1-504(2)).		Yes - fee increase & maybe statutory changes
	\$ (23,600)	\$ -	DHS - increase the Recovery Services Credit Card Processing Fee - to fully cover the cost (UCA 63J-1-504(2)) of providing the convenience of paying by credit card. Increased funding from fee increases should remain within ORS. Due to federal regulations, increasing a fee and removing the General Fund actually results in a loss of funding to ORS because fees cannot receive federal match and cannot be used to supplant a state's required General Fund contribution.		Yes - fee increases
	<u>\$</u> 23,600		DHS - Office of Recovery Services Internal Uses		<u>No</u>

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	\$ (2,029,700)	\$ -	DHS - Increase the Recovery Services Payment Processing Fee to More Fully Cover Cost and Fairly Reflect Ability to Pay - alter fee from a flat \$5 per transaction amount to a percentage of payment to better reflect ability to pay and better cover cost of providing service (UCA 63J-1-504(2)). Increased funding from fee increases should remain within ORS. Due to federal regulations, increasing a fee and removing the General Fund actually results in a loss of funding to ORS because fees cannot receive federal match and cannot be used to supplant a state's required General Fund contribution. ORS indicates reprogramming its computer system would take two years, at a minimum, to complete due to the complexities of how fees are applied. In statute there is a complex hierarchy of rules governing how and when funds are distributed when a payment is made.		Yes - fee increases and computer system modifications
	\$ 2,029,700		DHS - Office of Recover Services Internal Uses		No
	\$ (964,200)	\$ -	DHS - Savings From Increase in the Federal Match Rate for All DHS Operations (Primarily Affects DSPD) - The Fiscal Analyst recommends removing \$964,200 General Fund ongoing beginning in FY 2015 to reflect the higher federal medical assistance match rate (FMAP).		<u>Already realized in</u> <u>SB 8</u>
<u>5</u>	<u>\$ 300,000</u>	<u>\$ 300,000</u>	<ul> <li>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 23.0%.</u></li> <li>How Measure Success? "Number of shelter nights provided." (Ongoing amount decreased from \$693,500 to \$300,000 and \$393,500 moved to one-time).</li> </ul>	Gov. & Agency	Private donations to shelters and donations from individuals obtaining a marriage license.

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<u>13</u>	<u>\$ 697,500</u>	\$ <u>999,200</u>	<ul> <li>DHS - DCFS Mental Health Services Rates - DCFS mental health rates are 15% lower than Medicaid rates due to two reductions taken in FY10 and FY11. Medicaid also added the requirement these contract providers use a more complex enrollment and bill directly through the Medicaid payment system (presented in the 2/14/13 Social Services Appropriations Subcommittee meeting). This request was not recommended by the Governor.</li> <li>How Measure Success? 1. Did children in foster care receive mental health assessments in required time frames (SAFE Measure) 2. Is the child making reasonable progress toward stable and adequate functioning emotionally and behaviorally, at home and at school? (Qualitative Case Review Measure) (Increased ongoing funding by \$11,000).</li> </ul>	Agency & Other	None
	(14,000)	\$ (14,000)	<b>DOH - 24% or \$6 Increase in Annual Child Care Facility Licensure Fees</b> - Currently child care centers pay a \$25 annual license fee and \$1.50 per child while home care providers pay an annual \$25 licensing fee. As per current statute, this money would be deposited in the General Fund. The agency indicates that in 2005 neighboring states' child care center annual fees ranged from \$0 to \$480 and in home providers' fees from \$0 to \$60. The increases do not affect the \$200 fee entitled "New Provider/Change in Ownership." A 24% increase in this fee would bring in additional \$3,600 in revenue. The Child Care Licensing Advisory Committee Meeting is not opposed to modest increase in child care licensing fees.	LFA	Yes - fee increases

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	\$ (208,300)	\$ (208,300)	DOH - Begin to Charge a \$15 Background Check Fee for 13,889 Child Care Workers - Child care workers do not currently pay a fee for their annual background checks. The Department indicates that the providers do pay a licensing fee which ranges from \$25 and up. Every \$1 of fee would be \$13,000 deposited into the General Fund. Nursing care facility workers currently pay \$15 while emergency medical technicians pay \$30. The Child Care Licensing Advisory Committee Meeting is not opposed to this increase.	LFA	Yes, new fee but no statutory change required
	\$ (6,100)	\$ (6,100)	<b>DOH - Charge Non-compliant Child Care Facilities the Full Cost of Extra</b> <b>Inspections</b> - all child care centers receive two inspections per years. For centers that have serious violations, they may have conditional monitoring inspections until they come into compliance. This fee increase of \$253 for center-based providers and \$245 for home-based providers would charge the full cost of extra visits to approximately <del>60</del> -24 offending facilities annually to begin on the second extra visit. The fee is currently \$25.		Yes - fee increases
	\$ (75,000)	\$ (254,300)	<b>DOH - Savings From Non-emergency Medical Transportation Contract</b> - Beginning February 1, 2014 Medicaid will have a new provider for non- emergency medical transportation services. The savings are the estimate from the agency of the lower per member per month cost.		No
	\$ (88,000)	\$ (298,400)	<b>DOH - Shift Drugs to Medicare Part D</b> - 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.		Already realized in SB 8

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	Underline	PIM vers	ion.		
	\$ (24,000)	\$ (24,000)	<b>DOH - Use 3% Maximum from Nursing Restricted Account for</b> <b>Administration</b> - 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</u> <u>SB 8</u>
<u>8</u>	\$ 35,000	\$ 70,000	DOH - Utah Telehealth Services - "To support efforts to implement and maintain telehealth services in Medicaid."	<u>Menlov</u> <u>e</u>	
<u>9</u>	\$ 20,000	\$ 20,000	DOH - Additional Funding for HB 81 (2013 General Session, Menlove) Cytomegalovirus Public Health Initiative. <u>This is an increase from the base</u> of 53.0%.	Chairs	
<u>Z</u>	\$ 360,400	<u>\$ 1,221,900</u>	<b>DOH - Dental Provider Rates -</b> increase Medicaid dental provider rates. <u>This is an increase from the base of 3.0%</u> . (Decreased from \$2 million to \$1 million)	Christe nsen	
	\$ (480,000)	\$ (960,000)	<b>DWS &amp; DOH - Change to Medicaid Plastic Eligibility Cards</b> - 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</u> <u>SB 8</u>

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<u>18</u>	<u>\$ 480,000</u>	<u>\$ 480,000</u>	<ul> <li>DWS - General Assistance (GA) – ensures GA enrollment remains open.</li> <li>GA serves disabled adults with no dependent children in the home.</li> <li>Because of caseload increases, DWS temporarily closed GA enrollment in FY 2013. The Governor does not recommended funding this request. <u>This is an increase from the base of 10.0%</u>.</li> <li>How Measure Success? SSI Achievement or Closed with Earnings.</li> </ul>	Agency, Other	State is reimbursed all costs associated with GA clients successfully moved to SSI. Divert collections from General Fund.
	\$ (95,600)	\$ (448,600)	USOR - Use Medicaid Rates for Payment Where Feasible - USOR estimates \$448,600 in total savings at a 21.3% state match rate (there is a recommendation found in State Auditor's USOR program audit, p.6, http://financialreports.utah.gov/saoreports/2013/PA13- 03RehabSvcsCostControls.pdfRehabilitationServices,Divisionof.pdf). USOR began using these rates as of October 1, 2013.		No
<u>3</u>	<u>\$ 95,600</u>	<u>\$ 95,600</u>	<ul> <li>USOR - Direct Client Services and Staffing Needs - Clients served over the past 4 years have increased 29% from 21,997 in 2008 to 30,874 in 2013. Cases per counselor has grown from 187 in 2008 to 230 in 2013. The Governor recommended \$206,000 ongoing for this request. This is an increase from the base of 19.7%.</li> <li>How Measure Success? "1. Increase VRC counseling time by 50% by completing case management duties. 2. Decrease tangible good expenditures by 30% through tracking, reclaiming, and reissuing tools and other tangible items. 3. Increase successful client outcomes by 10% through tracking, follow up and processing closures. 4. Purchase of necessary and appropriate direct client services and goods at least possible cost for eligible individuals. 5. Increase successful client outcomes by 10%."</li> </ul>	Gov. & Agency	

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	\$-	\$ 973,000	Grand Total					