

Ref#	Ongoing State Funds	One-time State Funds	Total Funds ¹	Base Funding/ Fund Balance	Budget Reduction Options ²	Requires Other Changes?
7	\$ (300,000)	\$ -	\$ (300,000)	\$ 370,000	DOH - End Separate Information Technology Security Office - The security analysis of information technology systems and monitoring access may be something that the Department of Technology Services (DTS) should be doing rather than a separate office at the Department of Health. If DTS did the work the costs of these services could be charged to more funding sources. Health: "Functions performed are outside the mandate of [Department of Technology Services] and would not be done if this team was disbanded."	No
8	\$ -	\$ (35,000)	\$ (35,000)	\$ 400,000	DOH - All Payer Data Base System New Fee Revenues - All Payer Data Base received authority to charge new fees for outside access to the data that they are producing beginning in FY 2016. In FY 2016 the system received \$57,600 in new fee revenue and \$36,000 in FY 2017. For FY 2018 through November, the system has received \$31,700 in new fee revenue. The money listed here should be replaced by the new fee revenue for FY 2019. The Department of Health believes that the April 2016 Gobeille Supreme Court decision will impact the quantity of data submitted. The Department would like to use the FY 2018 revenues to offset the cost of hiring a new data contractor.	No
9	\$ (45,000)	\$ (11,300)	\$ (90,000)	\$ 90,000	DOH - Elimination of Performance Improvement Staff - The Department of Health has staff coordinating the Governor's Office of Management and Budget SUCCESS initiative for the Department and working on ongoing health department accreditation projects. This would end the funding for that position effective April 1, 2018.	No
10	\$ (110,000)	\$ -	\$ (110,000)	\$ 650,000	DOH - End State Funding for Behavioral Risk Factor Survey - the Department of Health conducts a partially state-funded survey regarding the health of Utah's citizens. Some of those questions are paid for by other entities. This reduction assumes that all questions could be paid for by another entity or they would no longer included in the survey. Survey services might be obtained for less in the private sector. Health: "The assumption that questions could be paid for by another entity is not accurate. [Centers for Disease Control] has a core set of questions that are required."	Maybe - new fees

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11	\$ (210,000)	\$ -	\$ (210,000)	\$ 250,000	DOH - End State Funding for Office of Public Health Assessment (OPHA) - Health: The office "uses survey data and a wide range of other enterprise public health data resources to provide an epidemiological basis for community assessment, program operation and evaluation, policy development and health planning. The office conducts assessments of public health problems, performs statistical analysis of health data, and evaluates the effectiveness of disease prevention activities. OPHA makes much of this information widely available through its Indicator-Based Information System for Public Health (IBIS-PH) web site." There may be a possibility of billing these service costs to other entities and programs who use this information. Health: "Charging a fee instead of making the data publicly available could also jeopardize...federal grant funds. Loss of this funding would end the IBIS program and significantly damage the UDOH mandated public health services"	Maybe - new fees
12	\$ (190,000)	\$ (47,500)	\$ (410,000)	\$ 410,000	DOH - End State Funding for Multi-cultural Health Program - this would end the state funding going to the Office of Health Disparities effective April 1, 2018. "The Office of Health Disparities (OHD) is committed to a vision where all people have a fair opportunity to reach their highest health potential given that health is crucial for well-being, longevity, and economic and social mobility." For a recent report on the program's activities, please visit https://health.utah.gov/wp-content/uploads/OHDLegislativeReport-2017.pdf .	Yes - 26-7-2
13	\$ (80,000)	\$ -	\$ (80,000)	\$ 5,370,000	DOH - New Newborn Screening Fee Revenue for Indirect Costs - the Department of Health did not previously have newborn screening revenue help cover \$160,000 in Department-wide administrative costs. Beginning in FY 2017 the Department has \$160,000 from newborn screening revenues to help offset costs. This means that other sources were overpaying their share of these costs. This lets the Department keep 50% of the new revenue for indirect costs. Health: "It was determined that our Department-level operations would be facing ongoing budgetary shortfalls unless another source of funding could be found...Without this new funding source, our only recourse would be to seek a building block and increase our General Funds."	No

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14	\$ (450,000)	\$ -	\$ (450,000)	unknown	DOH - Combine Three Background Check Systems - the Department of Health has three separate background check groups with a total of 13 FTEs doing similar checks for child care, emergency medical services, and health care facility workers. The number of background checks processed annually per FTE by group for FY 2017 ranges from 800 to 6,200. If all staff could do 6,000 background checks, then the FTE need would be 6.1. The per FTE staffing costs per Office Specialist I and Health Program Specialist II across these three programs averages \$65,000. This reduction assumes that 6.1 FTEs could do the work previously done by 13 FTEs. Health: "The process for all three areas are different based on statutes."	No
15	\$ (100,000)	\$ -	\$ (100,000)	\$ 100,000	DOH - End Healthcare Associated Infection Reporting - this would stop the current annual reporting by the Department of Health on healthcare associated infections (HAI). Health: "This information is critical to informing programs to prevent HAIs in our population. Specifically, the legislation requires reporting on facility-specific rates of HAIs to inform the public."	Yes - UCA 26-6-31
16	\$ (25,000)	\$ (4,000)	\$ (25,000)	\$ 25,000	DOH - Redirect Sanctions on State-only Healthcare Facilities to General Fund - For Utah, the Department of Health currently deposits most background check fees into the General Fund and keeps sanctions. The proposed change would have the sanctions from state-only licensed healthcare facilities go into the General Fund starting May 8, 2018. The estimated revenue comes from the average of the last two years of sanctions collected on state-only healthcare facilities. When sanctions are used, they are used for projects that directly benefit the residents of healthcare facilities.	Yes - law change

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17	\$ (64,000)	\$ (9,000)	\$ (64,000)	\$ 20,000	<p>DOH - Redirect Sanctions on Child Care Providers to General Fund - The Department of Health currently deposits most background check fees into the General Fund and keeps sanctions. The proposed change would have the sanctions go into the General Fund. The legislative auditors in a November 2017 audit stated: "We recommend Child Care Licensing develop clear policies regarding use of sanctions to address patterns of noncompliance." The Department of Health responded: "Our program managers have...started developing clear policies regarding the use of consistent, higher, and effective sanctions...We have identified a list of noncompliance issues that, based on severity...will result in immediate, mandatory civil money penalties." The amounts are an average of the last three years of sanctions collected multiplied by five for increased collections based on improved policies. The Department of Health currently uses sanctions for training materials for providers and state staff's professional development. Health: "Redirecting the sanctions on child care providers to the general fund will be detrimental for our program's opportunity to provide quality materials and professional development training."</p>	Yes - law change (normal effective date would be May 8, 2018)
18	\$ -	\$ (400,000)	\$ (400,000)	\$ 800,000	<p>DOH - Six Months of No Services for Clinics for Children With Special Health Care Needs - The Department of Health contracted with the University of Utah to provide clinical services to children with special health care needs. The University ended its contracted July 1, 2017 and the Department will have services in place by January 2018. The reduction represents the value of the contract during the time when there was not a contractor in place and assumes some state function could qualify for the federal funds previously used by the clinics. Health: "Any savings will also be used for start up costs to the new clinics awarded based on RFP."</p>	No

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19	\$ (3,000,000)	\$ 3,000,000	\$ (3,000,000)	\$ 19,700,000	DOH - Bill Private Insurance for Baby Watch Program - Baby Watch serves children statewide under age three, who have developmental delays, with in-home therapy services. The Legislative auditors stated in their November 2017 audit: "Colorado reported generating \$3.2 million annually in the centralized trust from insurance companies that deposit a set rate per covered child receiving [early intervention] services." This reduction assumes that Utah could obtain similar collection levels beginning in FY 2020 as Colorado adjusted for Utah's lower FFY14 baby watch caseload and higher privately insured rate for children in 2016 as reported at www.kff.org State Health Facts. Health: "Any revenues collected should enhance the Baby Watch Early Intervention Program and increase caseloads as well as the number and better quality visits to children. Additional revenue should not replace state general fund currently appropriated to the program."	Yes - law change
20	\$ (2,600)	\$ -	\$ (2,600)	\$ 5,300	DOH - New Fee Revenue for Stroke Center Designation - The Department of Health proposes charging a new fee estimated to generate \$5,300 for providing 35 stroke center designations beginning in FY 2019. The Department of Health was previously doing this work with existing resources before the fee. This reduction lets the Department of Health keep 50% of the estimated new fee revenue ongoing. Health: "As the Bureau could no longer support this activity with existing resources, a new fee was proposed to generate funds."	No
21	\$ (95,000)	\$ -	\$ (190,000)	\$ 379,300	DOH - Sublease Unused Office Space - This reduction assumes that the Department of Health can sublease 1/2 of its state-owned Medical Triangle office space at the U that is currently not being used. The reduction assumes that the rent obtained could cover 1/2 of the current total costs. Health: "Over the past year CSHCN has been working with DFCM looking at options to sublease unused space in the 44 MC building. Until the time in which the space is leased, UDOH must pay the full cost, therefore until the space is leased, the budget should not be reduced."	No

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22	\$ (700,000)	\$ -	\$ (2,300,000)	\$ 4,220,000	DOH – Eliminate Operating Deficit in State-run Medical and Dental Clinics – Between FY 2015 and FY 2017 the state-run three medical and three dental clinics have run an average combined operating deficit of (\$2.3) million total funds. This reduction assumes that the Department of Health could reduce all of the operating deficit or close the clinics and have the clients receive services elsewhere. For example, the medical clinics, helped managed some of the 1,000 clients on the restricted program (one provider and one pharmacy for a client with potential to misuse services), but only received \$120 per month per accountable care organization client served. Since FY 2015 through FY 2017 the only year and clinic to not have an operating deficit was the mobile dental clinic in FY 2017.	No
23	\$ (25,000)	\$ (6,300)	\$ (25,000)	\$ 25,000	DOH - End Outreach Funding for Safe Haven - End outreach funding to increase awareness of Utah's Safe Haven Law, which establishes that mothers can drop off newborns anonymously at a hospital without criminal liability effective April 1, 2018. Health: "Loss of funding will decrease awareness and increase newborns left in unsafe places leading to preventable deaths."	No
24	\$ (70,000)	\$ (17,500)	\$ (70,000)	\$ 70,000	DOH - End Cytomegalovirus Public Awareness Campaign - The State currently pays to increase public awareness of cytomegalovirus (CMV), which can sometimes harm newborn babies if contracted by pregnant mothers. This would end that funding effective April 1, 2018. Health: "Even preventing one child affected by congenital CMV through our public health initiative represents great cost savings to our state, and is literally life-changing, for the child and his family."	No
25	\$ (23,000)	\$ -	\$ (23,000)	\$ 23,000	DOH - End Some Community Health Promotion Activities - Health: "This funding unit helps maintain Bureau of Health Promotion infrastructure and training to support community projects that promote healthy lifestyles across all programs. Staff that are funded through this unit support cross collaboration efforts to best maximize all state and federal resources."	No

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26	\$ (136,000)	\$ -	\$ (136,000)	\$ 160,000	DOH - End State Funding Anti-obesity in Schools and Childcare - State funds from tobacco settlement money fund 1.3 FTEs who work to reduce childhood obesity in schools and childcare centers. Health: "Research demonstrates that physically active students with good nutrition greatly improve overall academic scores and have less risk for developing obesity and related chronic conditions."	Yes - UCA 51-9-201
27	\$ (90,000)	\$ -	\$ (90,000)	\$ 84,900,000	DOH - Eliminate Spending on Vaccine Refrigerators - In FY 2017 the Department of Health spent about \$90,000 on vaccine refrigerators for private medical providers. Health: "Respond to new, stricter [Centers for Disease Control] standards and requirements for storage and temperature monitoring of vaccines on-site at medical providers that will be implemented in 2018. The use of pharmaceutical grade refrigerators with monitoring capability are required."	No
28	\$ (65,000)	\$ (16,300)	\$ (65,000)	\$ 6,000,000	DOH - Lower Than Expected Costs for Medical Examiners - The Legislature authorized \$1,077,600 total funds (\$794,100 General Fund) for 6.5 full-time equivalent (FTE) employees (including 2.5 FTE medical examiners) in the Department of Health Office of the Medical Examiner to improve turnaround times for autopsy reports. Of the \$283,500 anticipated from a \$45 increase in the cremation authorization fee, the Department collected \$294,400 in FY 2017. The office hired three new pathologists who will start in early FY 2018. They spent \$1,012,600 or 94% of the original appropriation in FY 2017. The Department anticipates spending 100% of the appropriation in FY 2018. This reduction assumes that future spending levels will be the same as FY 2017 beginning April 1, 2018.	No
29	\$ (341,800)	\$ -	\$ -	\$ 610,000	DOH - User Fees for Utah Statewide Immunization Information System - The State of Utah pays for a statewide immunization information system. Some of this information could be paid for with user fees from users such as health insurance plans. Health: "All states have an Immunization Information System similar to USIIS. The Utah Statewide Immunization Information System (USIIS) is one of the most useful systems we have in public health to track the immunization status of school aged children and other populations."	Yes

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30	\$ -	\$ (35,000)	\$ (35,000)	\$ 35,000	DOH - Sweep Unintended Nonlapsing Balances - The Department of Health received nonlapsing authority for the Disease Control and Prevention line item for two appropriations in case it did not spend all of the original funding. The nonlapsing authority source was not for the entire line item, but a smaller portion for select new funding items. For the following two FY 2017 appropriations the Department of Health spent all the original appropriation and retained the maximum nonlapsing amount permitted: (1) \$20,000 for Parkinson Disease Registry and (2) \$15,000 for drug overdose prevention. This would redirect the nonlapsed funds for other purposes. Health: "Parkinson Disease Registry and drug overdose prevention funds are fully budgeted and allocated."	Yes - undo prior intent language
31	\$ -	\$ (26,500)	\$ (26,500)	\$ 2,700,000	DOH - Federal Funds to Abstract Opioid Death Data - the funding for Opioid Abuse, Misuse, and Overdose Prevention included \$13,200 General Fund for manually extracting opioid death data from medical examiner records. There is now federal funds available to cover the cost of extracting medical examiner death data through the end of FY 2019. This removes the state funding one-time in FY 2018 and FY 2019.	No
32	\$ (230,000)	\$ (230,000)	\$ (460,000)	\$ 2,880,000	DOH - Nursing Facility Upper Payment Limit Increased Administrative Medicaid Seed Money - in FY 2016 the seeding for nursing facility upper payment limit totaled \$8,483,700. That number increased to \$24,466,100 in FY 2017. The FY 2017 seed included \$1,440,300 for administrative cost, which was an increase of \$771,000 over FY 2016. The Department of Health spent \$796,800 in FY 2017 to oversee this upper payment limit program and anticipates spending a total \$976,200 in FY 2018 for oversight. This reduction allows the agency to keep half of the projected increase that will not be spent by the Department on oversight. Health: "Although the Department has not determined where it will spend all of the administrative fees, given the recent legislative audit, we would request keeping any additional funds to increase oversight."	No

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33	\$ (27,400)	\$ (23,600)	\$ (54,800)	\$ 855,600	DOH - Increase in Medicaid Administrative Seed Money - the Department of Health projects increases in FY 2018 and FY 2019 in its Medicaid administrative seed money from other agencies of around \$50,000 over FY 2017. This reduction allows the agency to keep half of the projected increase. Health: "The Department is required to implement significant mandates from U.S. HHS regarding managed health care and home and community-based services but has not received any additional state appropriations to do so."	No
34	\$ (80,000)	\$ 80,000	\$ (280,000)	\$ 707,200	DOH - Reduced Mailing Costs via More Electronic Notifications - as of November 2017 40% of Medicaid clients had opted into electronic notification (eliminating associated paper mailings) for the eREP system. If the Department of Health were able to obtain a similar opt in for Medicaid providers and clients and access the eREP system list for notifications to clients, it might be able to reduce mailing costs by 60% in FY 2020 which were \$707,200 in FY 2017. The new Medicaid Management Information System (called PRISM) for the first time will give the Department of Health the functionality to generate electronic communications. This reduction would begin in FY 2020 when the PRISM system is anticipated to be fully operational. Health: "It is unclear at this time what cost savings and increases may occur as a result of the move to the new system. It is premature to begin cutting administrative budgets based on potential savings in FY 2020."	No

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35	\$ -	\$ (16,393,000)	\$ -	\$ 129,000,000	DOH - Children's Health Insurance Program 100% Federal Match - As part of federal health care reform the State of Utah is projected to receive a 100% federal match rate from October 2015 through September 2019. For FY 2019 there are one-time state appropriations of \$16.1 million. There are also \$260,200 of nonlapsing balances unlikely to be used during the same time period. This reduction takes the state appropriations from July 2018 through June 2019. This action also leaves \$400,000 in nonlapsing balance in FY 2018 to cover the state costs for prior adjustments through September 2019. The CHIP program at the federal level expired as of October 31, 2017, but Utah currently has federal funding through about March 2018. This reduction assumes that the federal government reauthorizes the program with the 100% federal match rate. Health: "We recommend leaving the [\$260,200] nonlapsing balances to ensure the program has sufficient General Fund to address a potential payback."	No
36	\$ -	\$ (328,300)	\$ (1,093,800)	\$ 35,020,500	DOH - Additional Savings from Mental Health Preferred Drug List - there have been \$328,200 savings higher than anticipated thus far for the mental health preferred drug list that has accumulate in the Medicaid Expansion Fund. The current Medicaid estimates assume appropriations as the best estimate for the cost of expansion. For FY 2019, this would remove General Fund one-time to match the additional savings deposited into the Medicaid Expansion Fund through FY 2017.	No
37	\$ -	\$ (1,800,000)	\$ (6,000,000)	\$ 25,500,000	DOH - Unused Primary Care Network Slots - the limited medical benefit packaged called Primary Care Network (PCN) ended FY 2017 with an average caseload of 14,800. As of November 2017, there were 13,300 clients on the program. The Department of Health estimated caseloads of 15,100 in FY 2018 and 16,000 in FY 2019. The proposed funding for Medicaid consensus caseload growth includes funding for 17,600 clients. This reduction removes the funding in both years one-time for the slots not projected to be used. Health: "The Department is working with [Workforce Services] to schedule the next PCN open enrollment. Through this open enrollment, the Department will increase the number of adults without dependent children on PCN. These adults cost 2.5x more than parents on average and will increase PCN expenditures."	No

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38	\$ (210,000)	\$ -	\$ (700,000)	\$ 700,000	DOH - End Utah Premium Partnership Program - Utah's Premium Partnership for Health Insurance for adults (UPP), which pays monthly up to \$150 per eligible adult to pay the premiums of qualifying employee- sponsored health insurance. Adults who qualify can make up to 150 percent of the Federal Poverty Level. UPP reimburses monthly up to \$120 per child to pay the premiums of qualifying employee-sponsored health insurance and up to \$20 monthly for qualifying employee-sponsored dental insurance. In FY 2017 the average monthly enrollment was 518 adults and 502 children. The program began in November 2006. Health: "Without this program, there will likely be an increase in uncompensated care in emergency rooms and hospitals. This program supports families using private coverage to address their health care needs."	Yes - UCA 26-18-3.8
39	\$ (1,140,000)	\$ (290,000)	\$ (3,790,000)	\$ 68,400,000	DOH - Remove 20% Rate Enhancements for Rural and Oral Surgeon Dentists - Since FY 1998, dentists in rural areas automatically receive a 20 percent increase in their Medicaid reimbursement. Oral surgeons can receive the 20 percent increase by agreeing to be on a Medicaid-provider referral list for dentists. Between FY 2015 and FY 2017 all dentists received total rate increases of over 19%. A prior issue brief available at https://le.utah.gov/interim/2013/pdf/00002603.pdf concluded that dentist participation in Medicaid increased between FY 2008 and FY 2012. The number of dentists licensed to practice in Utah has grown 26% from 2,431 in 2012 to 3,070 in 2017. The number of dentists licensed as Medicaid fee-for-service providers has decreased from 2012 to 2016 by (2%) or (19) providers from 781 to 762. This would end the 20% enhancement effective April 1, 2018. Health: "The Department opposes eliminating the 20% reimbursement enhancement for dentists in rural areas due to the potential impact on access to care...This rate reduction...would trigger an access to care evaluation by [Centers for Medicare and Medicaid Services]. Depending on the results...the [amendment] may or may not be approved."	Yes, federal approval via a Medicaid State Plan Amendment

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40	\$ (660,000)	\$ (170,000)	\$ (2,210,000)	\$ 51,500,000	DOH - Remove 12% Rate Enhancement for Rural Physicians - for many years rural physicians have received a 12% higher than the normal Medicaid reimbursement rate. All physicians received a 15% increase from FY 2015 to FY 2017. The report from Health available at https://medicaid.utah.gov/Documents/pdfs/Utah_Access_Monitoring_Review_Plan.pdf calculates service and provider penetration rates for all Medicaid eligibility groups from 2013 to 2014 and commercial clients and reports that Medicaid has higher service and provider penetration rates than commercial clients in both rural and frontier counties for all but one eligibility group. The only exception is for children on Medicaid living in frontier counties. This would end the 12% enhancement effective April 1, 2018. Health: "The Department opposes eliminating the 12% reimbursement enhancement for physicians in rural areas due to the potential impact on access to care...This rate reduction...would trigger an access to care evaluation by [Centers for Medicare and Medicaid Services]. Depending on the results...the [amendment] may or may not be approved."	Yes, federal approval via a Medicaid State Plan Amendment
41	\$ (1,300,000)	\$ (320,000)	\$ (4,300,000)	\$ 10,000,000	DOH - Medicaid - Reduce Eligibility for Breast and Cervical Cancer Group from 250% FPL to 100% FPL - End special Medicaid coverage for about 175 clients with breast and cervical cancer with incomes from 100% up to 250% of the Federal Poverty Limit (FPL). These higher income individuals would be immediately eligible for coverage via the federal health insurance exchange or employer-based coverage and both would have higher copays compared to Medicaid. This reduction would end this coverage effective April 1, 2018.	No
42	\$ (290,000)	\$ (70,000)	\$ (973,600)	\$ 76,900,000	DOH - Medicaid - No Pregnant Women Over 21 to Receive Dental and Vision Services in Medicaid - Utah Medicaid has opted to provide dental and vision services to about 2,700 pregnant women over 21. This is not a federal requirement and Utah does not provide this service to any other non-disabled optional population. The savings here represent the amount spent for these services in FY 2015. This reduction would end this service effective April 1, 2018. Health: "The division strongly feels that this would not be a good area to make a reduction."	No

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43	\$ -	\$ (1,117,300)	\$ (3,700,000)	\$ 9,900,000	DOH - Surplus Funds in Medically Complex Children's Waiver - The waiver has \$2,959,700 in beginning nonlapsing balances for FY 2018, but only spent \$1,342,400 in FY 2017. If the Department spent the same in FY 2018 as FY 2017 this would result in one-time savings of \$1.6 million. The Department estimates a \$500,000 unspent balance, which is proposed for reduction as item 3 on the sheet "Consensus Funding Reduction Items". This reduction would take the remaining \$1.1 million and assume FY 2018 expenditures will be the same as FY 2017. The federal authorization for the waiver ends in FY 2018. Health: "The Department estimates spending an increased amount in FY2018 over FY2017 primarily due to the increased enrollment in the program in FY2018."	Yes - undo prior intent language
44	\$ (470,000)	\$ -	\$ (3,760,000)	\$ 3,760,000	DOH & DWS - End Medicaid Non-emergency Medical Transportation – non-emergency medical transportation is an optional service for traditional Medicaid clients who do not have a working vehicle in the household and are unable to ride on UTA bus services. The Department of Health received a request for proposal to increase costs by \$0.6 million General Fund and \$1.5 federal funds on an annual basis beginning April 1, 2017 to replace the current contractor who opted to end its contract. Health: "Eliminating this service, resulting in members' inability to receive needed medical services, will likely result in higher cost ambulance transportation costs and emergency room use in a hospital setting."	Yes, federal waiver (other states have also requested a waiver)
45	\$ (200,000)	\$ -	\$ (200,000)	\$ 15,719,900	DHS - Use Social Services Block Grant Allocation Increase - Utah's Social Services Block Grant (SSBG) allocation is expected to increase by \$239,000 from federal FY 2017 to federal FY 2018 and by an additional \$127,000 from federal FY 2018 to federal FY 2019. This flexible funding source could be used instead of state funds. SSBG has no maintenance of effort or matching requirements.	No

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46	\$ -	\$ (3,000,000)	\$ (3,000,000)	\$ 15,719,900	DHS - Use Social Services Block Grant Reserve Spending Authority - Human Services requested \$15.4 million in Social Services Block Grant (SSBG) spending authority for FY 2017, but spent only \$12.3 million. The total reserve spending authority is \$8.7 million, or about 7 months at current spending. This flexible funding source could be used instead of state funds. SSBG has no maintenance of effort or matching requirements.	No
47	\$ (44,100)	\$ -	\$ (44,100)	\$ 6,556,800	DHS - Recover Costs from Building Leases Ending - The Division of Child and Family Services and the Office of Recovery Services each have building leases that they are not planning to renew after June 30, 2018. One building is in Panguitch and the other is in Richfield.	No
48	\$ (194,000)	\$ -	\$ (194,000)	\$ 6,556,800	DHS - Consolidate Buildings - Human Services has three building leases expiring June 30, 2018, for which the employees could be relocated to another building in the same city that has vacant offices.	No
49	\$ (16,000)	\$ -	\$ (16,000)	\$ 268,600	DHS - Reduce EDO Travel - Between FY 2013 and FY 2019, personnel expenditures in the Executive Director Operations (EDO) line item increased by 43%. In-state travel increased by 63% and out-of-state travel increased by 201% during the same period. This eliminates the General Fund portion of travel costs, equal to 6%.	No
50	\$ (45,000)	\$ -	\$ (90,000)	\$ 2,987,000	DHS - Reduce Health Claim Collections Staff - Health claim collections by the Office of Recovery Services (ORS) declined 14.5% from FY 2016 to FY 2017. Based on an ORS report, the decline equates to 1.05 FTE staff and 0.27 FTE managers, or 1.32 FTE total. ORS reports that the average staff salary is \$33,000 General Fund and \$33,000 Medicaid funds.	No
51	\$ (129,000)	\$ (129,000)	\$ (129,000)	\$ 22,871,600	DHS - Use Increased Child Support Collections Processing Fee - Beginning in FY 2017, the Legislature increased the processing fee for child support collections to "6 percent of payment disbursed up to a maximum of \$12 per month." The Office of Recovery Services collected more in dedicated credits than expected and lapsed \$129,000 General Fund in FY 2017 as a result. This reduction is for FY 2018 and ongoing in FY 2019.	No

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52	\$ -	\$ (58,400)	\$ (116,800)	\$ 322,800	DHS - Medical Treatment of Children in State Care - Recover Start-Up Costs - S.B. 82 (2016 General Session) required the Division of Child and Family Services to implement an oversight pilot program for children in foster care who are prescribed psychotropic medication. Due to a slower-than-expected start-up timeline, only about half the funding was spent in the first year.	No
53	\$ (161,400)	\$ 161,400	\$ (322,800)	\$ 322,800	DHS - Medical Treatment of Children in State Care - Adjust for Sunset - S.B. 82 (2016 General Session) required the Division of Child and Family Services to implement an oversight pilot program for children in foster care who are prescribed psychotropic medication. The pilot is planned to sunset July 1, 2019. This item removes the ongoing funding (\$161,400 General Fund and \$161,400 federal funds) and offsets the reduction one-time for FY 2019.	No
54	\$ (78,300)	\$ -	\$ -	\$ 5,551,400	DHS - Direct All Domestic Violence Restricted Funding to DCFS - The GFR - Domestic Violence fund is shared between the Division of Child and Family Services (DCFS) and the Office of the Attorney General (OAG). The OAG has indicated that they do not need this funding and would not object to it being reallocated. Funding could be directed completely to DCFS, with a commensurate reduction in General Fund.	Yes
55	\$ (4,163,300)	\$ -	\$ (5,478,000)	\$ 6,600,000	DHS - Recover Savings from Juvenile Justice Reform and DCFS Placements - Division of Child and Family Services (DCFS) community supervision costs 17% of what out-of-home placements do (up to \$7,500 compared to \$44,000 on average). If DCFS reduces out-of-home placements in line with juvenile justice reform efforts, with projected savings of \$33 million over 5 years (\$6.6 million per year) and redirects youth to community supervision, there would be a net savings of \$5.5 million. Other sources are available for mental health and substance use treatment, such as savings from elimination of residential Observation and Assessment programs (O&A previously cost \$6.6 million and unmet treatment need in the community is estimated at only \$3 million). Federal funds cover 24% of costs currently.	No

Ref#	Ongoing State Funds	One-time State Funds	Total Funds ¹	Base Funding/ Fund Balance	Budget Reduction Options ²	Requires Other Changes?
56	\$ -	\$ (200,000)	\$ (200,000)	\$ 974,800	DHS - Recover DCFS Nonlapsing Balance - During the 2017 General Session, Child and Family Services (DCFS) estimated \$0 in remaining balances at the end of FY 2017. The division then carried over \$974,800 from FY 2017 to FY 2018, with legislative nonlapsing authority. DCFS reports it will use the balance in FY 2018 for one-time security and building upgrades, office equipment, VOIP migration, and reinvestment in post-adopt and in-home services.	No
57	\$ (200,000)	\$ 100,000	\$ (400,000)	\$ 500,000	DHS - Recover Savings from End of U of U Evaluation of Title IV-E Waiver - The Division of Child and Family Services has contracted with the University of Utah (U of U) to evaluate a federal waiver program for the past few years. The waiver and evaluation end in September 2018. Evaluations are funded at the Title IV-E administrative match rate of 50%. This item leaves a half-year of funding to make the final contract payment.	No
58	\$ (220,400)	\$ -	\$ (220,400)	\$ 220,400	DHS - End Weber Behavioral Health Funding - The Legislature funded a pilot program for integrated physical and behavioral health care in Weber and Morgan Counties for individuals with a serious mental illness who also suffer from at least one chronic health condition. The funding was made ongoing in FY 2017. The program shows some positive outcomes but serves only a very small portion of the State.	No
59	\$ -	\$ (346,600)	\$ (346,600)	\$ 3,000,000	DHS - Jail-Based Forensic Competency Restoration - Recover Start-Up Costs - The Legislature funded this jail-based program with \$3 million ongoing beginning in FY 2018. The program was not operational until October 2017, although the State Hospital hired and trained staff and purchased equipment prior to October. This item reflects the resulting one-time savings.	No
60	\$ (2,787,500)	\$ -	\$ (2,787,500)	\$ 2,787,500	DHS - End Drug Offender Reform Act (DORA) - The DORA program has not shown strong measures of effectiveness, particularly in driving increases in employment and educational engagement. With Medicaid expansion and other funding for substance use disorder treatment for the justice-involved population, this program is not needed.	Yes

Ref#	Ongoing State Funds	One-time State Funds	Total Funds ¹	Base Funding/ Fund Balance	Budget Reduction Options ²	Requires Other Changes?
61	\$ (76,800)	\$ -	\$ (76,800)	\$ 460,000	DHS & DOH - Transfer Cost of In-Patient Acute Care to Local Authorities - The State Hospital provides acute in-patient psychiatric care for individuals from rural Local Mental Health Authorities (LMHAs); historically there have been limited private beds available, but current capacity could meet the need. By giving \$384,000 of \$460,000 to LMHAs instead of DOH (who then transfers it to DHS), and because LMHAs contribute a 20% match for state funds required by statute, there would be \$76,800 in General Fund savings.	Yes
62	\$ (3,900,000)	\$ -	\$ -	\$ 23,800,000	DHS - Transfer Funding for State Hospital Adult Civil Beds to Local Authorities - The Utah State Hospital (USH) expends approximately \$23.8 million General Fund on 152 adult civil commitment beds. By giving \$19.9 million to Local Mental Health Authorities (LMHAs), who would be billed by USH for services and contribute the 20% match for state funds required by statute, there would be \$3.9 million in General Fund savings and LMHAs could be further incentivized to maintain individuals in the community when possible and to quickly identify community supports to hasten discharge from USH.	Yes
63	\$ (50,000)		\$ (50,000)	\$ 551,000	DHS - Reduce Funding for Substance Abuse and Mental Health Conferences - This item would reduce the General Fund budget for conferences conducted across the State by the Division of Substance Abuse and Mental Health. This reduction could potentially be offset with registration fees. The division is already beginning to charge more registration fees, "to reduce no-shows and further spread the burden of the cost."	No
64	\$ (300,000)	\$ -	\$ (300,000)	\$ 300,000	DHS - End Positive Action Assistance Group Funding - PAAG is a non-profit entity that provides socialization opportunities for individuals with mental illness. The organization serves the Ogden area. PAAG states that funding is used to "Provide housing and support services for people with mental illness to help prevent homelessness and unnecessary acute psychiatric admissions. Implement a behavioral token program. The behavioral tokens are in form of script which is awarded for various duties performed in our drop-in center and housing program."	No

Ref#	Ongoing State Funds	One-time State Funds	Total Funds ¹	Base Funding/ Fund Balance	Budget Reduction Options ²	Requires Other Changes?
65	\$ (38,200)	\$ -	\$ 76,400	\$ 838,700	DHS - Institute Fee for Public Guardian Assessments - The Office of Public Guardian (OPG) conducts about 180 assessments of individuals annually. A fee of \$425 per assessment, charged to hospitals, government entities, and non-profits, would raise \$76,400 in dedicated credits annually. A General Fund savings of \$38,200 would still leave \$38,200 (plus another \$38,200 in federal Medicaid matching funds) to improve the timeliness of assessments. The fee would also spread the costs to other levels of government and private entities that often realize high service costs for these individuals while they await an assessment or cycle through various services.	Yes
66	\$ (390,000)	\$ -	\$ 390,000	\$ 3,261,300	DHS - Institute Fee to Initiate Adult Protective Services Investigations - Adult Protective Services (APS) conducts about 5,200 investigations annually. A fee of \$150 per assessment, charged to hospitals, government entities, and non-profits only, would raise \$780,000 in dedicated credits annually. A General Fund savings of \$390,000 would still leave \$390,000 to improve the timeliness of investigations. The fee would also spread the costs to other levels of government and private entities that often realize high service costs for these individuals while they await an investigation or cycle through various services.	Yes
67	\$ (121,000)	\$ -	\$ (121,000)	\$ 121,000	DHS - End Volunteer Support Program Funding - This program provides travel reimbursements to seniors participating in volunteer opportunities through the local Area Agencies on Aging. Reimbursements for the neediest seniors could be paid from the off-budget Out and About Homebound Transportation Assistance Fund, which collects about \$30,000 annually in revenue.	Yes
68	\$ (293,500)	\$ -	\$ (293,500)	\$ 3,985,100	DHS - Reduce Use of Fee Waivers for Aging Alternatives Services - A graduated fee assessment is completed with applicants to the Aging Alternatives program, but in practice most fees are waived at the discretion of the Area Agencies on Aging (AAAs). This item represents a 10% reduction in General Fund for the program, which could be equalized by the AAAs reducing the volume of fee waivers they grant.	No

Ref#	Ongoing State Funds	One-time State Funds	Total Funds ¹	Base Funding/ Fund Balance	Budget Reduction Options ²	Requires Other Changes?
69	\$ -	\$ (400,000)	\$ (400,000)	\$ 2,486,900	DHS - Recover DSPD Nonlapsing Balance - During the 2017 General Session, the Division of Services for People with Disabilities (DSPD) estimated \$0 in remaining balances at the end of FY 2017. The division then carried over \$2,486,900 from FY 2017 to FY 2018, with legislative nonlapsing authority. Statute limits the use of DSPD nonlapsing funds to: respite care, service brokering, family skill building and preservation classes, after school group services, and other professional services. DSPD received \$3,627,700 in one-time funding for ongoing needs in FY 2018.	No
70	\$ (1,200,000)	\$ -	\$ (1,200,000)	\$ 1,921,500	DHS - End Funding for Non-Waiver Services for Medicaid-Ineligible Individuals - Some individuals qualify for disability services in the community based on state eligibility standards, but do not qualify for Medicaid like individuals in waiver services. These services are paid for with federal Social Services Block Grant funds, but those funds are flexible and could be used elsewhere to cover a General Fund reduction.	
71	\$ (93,000)	\$ -	\$ (93,000)	\$ 93,000	DHS - End Utah Parent Center Funding - The Utah Parent Center is a non-profit entity that provides information, training, and support for parents of children with disabilities. The Division of Services for People with Disabilities (DSPD) states "Their familiarity with DSPD and other community resources plays a key role in helping families apply for services, choose a support coordinator, and obtain other critical supports from organizations outside of the Division."	No
72	\$ -	\$ (2,000,000)	-	\$ 80,211,000	DWS - Reduce State Match for Child Care Assistance - Monthly caseloads for child care subsidies have dropped 15% from 7,700 to 6,500 from FY 2012 to FY 2017. Actual federal funds going towards Child Care Assistance for the program during the same period have increased 52% from \$54.2 m to \$82.6 m 63% from \$35.7 m to \$58.2 m. During the 2016 GS, and again in the 2017 GS, the legislature approved a \$2.0 m one-time reduction in state match towards this program. DWS was able to continue to meet federal MOE requirements by using third party matches. This reduction continues the one-time reductions from a previous year, following an overall trend of fewer caseloads and increased federal funds.	No

Ref#	Ongoing State Funds	One-time State Funds	Total Funds ¹	Base Funding/ Fund Balance	Budget Reduction Options ²	Requires Other Changes?
73	\$ -	\$ (2,850,000)		\$ 11,856,600	DWS - for Special Administrative Expense Account (SAEA) (Fund 1281) divert funding one-time from job-related projects to other Legislatively-determined purposes. DWS estimates SAEA realistic collections (available for use) at \$3.8 million for FY 2018. Twenty-five percent of these funds, or \$950,000, will go towards collection costs associated with collecting the debts on this fund. Annual caseloads for job seekers served has declined 46% over the past five years, from 322,141 in FY13 to 176,246 in FY17, indicating a lower demand for job-related services.	No
74	\$ (864,700)	\$ -		\$ 4,965,700	DWS - Ongoing Reduction to General Assistance Program - Monthly household caseloads for general assistance have decreased 20% over 5 years from 2,600 in FY13 to 2,100 in FY17. This reduction represents a 20% decrease from FY13 funding levels. While the Legislature made a one-time decrease in both FY16 (\$0.3 m) and FY17 (\$0.8 m) to match the decreasing trend, this program still carried significant nonlapsing balances (\$0.9 m and \$1.2 m, respectively), indicating that a reduction would not negatively impact the general assistance program.	No
75	\$ -	\$ (952,400)		\$ 32,486,700	DWS - One-time Reduction to Information Technology program - The Information Technology program within the Operations and Policy line item for the past three years has consistently carried balances of over \$1.0 million, due mainly to nonlapsing authority granted in the 2015 General Session for the use of \$1.3 million towards a VoIP, a Department of Technology Services project. VoIP implementation at DWS has been consistently delayed, due to factors outside of DWS's control. This motion makes these funds available in FY18 for other legislative-directed purposes.	No

Ref#	Ongoing State Funds	One-time State Funds	Total Funds ¹	Base Funding/ Fund Balance	Budget Reduction Options ²	Requires Other Changes?
76	\$ -	\$ -	\$ (600,000)	\$ 1,000,000	DWS - One-time Reduction of TANF Funds to the Intergenerational Poverty School Readiness Scholarship This program provides scholarships to vulnerable children for enrollment in high-quality preschool programs. In FY17, only 110 scholarships, or 35% of scholarships offered, were actually used. This trend is consistent with performance measures from the first part of FY18, where only 143 scholarships, or 36% of scholarships offered, were used. This reduction proposes to decrease federal funds (TANF) by 60% to meet the demand for the scholarship and make TANF money available for Legislative-directed purposes.	No
77	\$ -	\$ (320,000)		\$ 500,000	DWS - Section 8 Landlord Incentive Program - DWS was awarded \$500,000 to develop a pilot program to insure landlords against potential losses from Section 8 voucher residents. Given the first six months of available data, with three claims totalling \$11,000, this grant is in excess of what is needed for a pilot program of this size. This proposal reduces funds to a level at which a three-year pilot program, at \$60,000 per year, could fund 12-30 claims/year ranging from \$2,000 to \$5,000 per claim. This reduction takes into account the fact that the first quarter of data reflects potentially slow uptake for the program (first quarter data only indicates a need for \$22,000 each year, which is almost tripled to \$60,000 per year in this proposed reduction)..	No
78	\$ (9,000)	\$ 2,200	\$ (21,000)	\$ 36,200	DWS - Relocation of Kanab Employment Center - DWS leased a space for the Kanab Employment Center at a cost higher than necessary for the current location (\$36,168/FTE), and expressed interest in switching to a more affordable lease when the contract expires 9/30/18. This reduction brings annual cost/FTE in line with comparable rural employment centers staffed by 1 FTE. This reduction reflects a 70/30 split between federal and state funds that both contribute toward the lease of this center, and also reflects initial pro-rated savings in FY18 as the contract currently goes until the end of the first quarter.	No

Ref#	Ongoing State Funds	One-time State Funds	Total Funds ¹	Base Funding/ Fund Balance	Budget Reduction Options ²	Requires Other Changes?
79	\$ (277,000)		\$ (277,000)	\$ 277,000	DWS - Elimination of Emergency Food Network - This program provides funding through a competitive grant process to help in one-time funding purposes to increase the access, availability, and distribution of food resources to low income individuals. Grant amounts in FY17 ranged from \$3K to \$50K, with an average grant award of \$14.5K. Grant awards in these amounts could potentially be funded by the local government or private donations.	No
80	\$ (915,200)		\$ (915,200)	\$ 915,200	DWS - Elimination of Qualified Food Agencies Fund - This Fund receives money from a designated sales tax (roughly \$900,000 annually) and is allocated to qualified emergency food agencies for the purchase of food for distribution to individuals. The fund is permitted to spend whatever is brought into the fund, without any additional legislative action. Prior to legislative action during G.S. 17, this fund had consistently spent less than its ongoing General Fund appropriation of \$915,000. SB 224 (GS 17) altered statute language calculating how benefits were distributed. This allowed DWS to allocate more and reverse the backlog of accumulated funds. However, decreased state assistance over a prolonged period of time did not appear to do significant harm to the food agencies.	Yes, 35A-8-1009
81	\$ (3,480,000)	\$ -	\$ -	\$ 196,000,000	State Endowment Fund (Ongoing Revenues) - The fund accrued \$3,480,000 in interest in FY 2017. The \$3,480,000 ongoing revenue from this fund could come from by a change in statute to deposit all interest earned by the account into the General Fund. If any balances were taken, then this would reduce the amount of ongoing revenues available. Article XXII, Section 4 of the Utah Constitution says the fund is "for the benefit of the people of the state in perpetuity."	Yes - 51-9-202
82	\$ -	\$ (196,000,000)	\$ -	\$ 196,000,000	State Endowment Fund (Sweep Balances) - Accessing the balance in this account requires a 3/4 vote and approval by the Governor (Article XXII, Section 4). This fund is not used unless accessed by the Legislature. The majority of the money came from tobacco settlement funds designated annually for this fund prior to FY 2012. Article XXII, Section 4 of the Utah Constitution says the fund is "for the benefit of the people of the state in perpetuity." For more information please see the brief at https://le.utah.gov/interim/2017/pdf/00001420.pdf .	3/4 vote and approval by the Governor

Ref#	Ongoing State Funds	One-time State Funds	Total Funds ¹	Base Funding/ Fund Balance	Budget Reduction Options ²	Requires Other Changes?
76	\$ (30,777,200)	\$ (224,263,400)	\$ (52,985,600)	\$ 1,195,463,100		
		\$ (255,040,600)			Grand Total - State Funds	

(1) Where there are numbers in both ongoing and one-time state funds columns, the total funds represents ongoing funds.

(2) DOH = Department of Health, DWS = Department of Workforce Services, DHS = Department of Human Services