

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs
2%	\$ (79,000)	\$ (32,000)	\$ (245,000)	\$ 29,500,000	<b>DOH - Already Implemented Non-citizens on Medicaid to Receive Dialysis Services in Outpatient Settings</b> - "The Department submitted an amendment to the State Plan [SPA] to allow individuals enrolled in the Emergency Services Program for Non-Citizens, and diagnosed with end-stage renal disease, to receive dialysis service coverage in outpatient dialysis centers rather than in hospital emergency departments. The SPA also updates reimbursement for the initial emergency department visit to be the same as the reimbursement for outpatient dialysis services. The Department expects annual expenditures to decrease by \$245,000 as a result of this change. This amendment does not shift costs to more expensive services for Medicaid members and their families." This change started in February 2020.	No	LIAA	
2%	\$ (1,690,000)	\$ (270,000)	\$ (5,220,000)	\$ 300,000,000	<b>DOH - Already Implemented Utah Maximum Allowable Cost for Medicaid Drugs</b> - Effective May 1, 2020, Utah Medicaid is contracting with Myers & Stauffer to update the Utah Maximum Allowable Cost for Medicaid prescription drugs as one of a few maximum payment options for drugs, which should save the State money. Currently the lowest price of four different pricing calculations, plus a dispensing fee, for each drug determines reimbursement: (1) Estimated Acquisition Cost - Wholesale Acquisition Cost, (2) Federal Maximum Allowable Cost, (3) Utah Maximum Allowable Cost, and (4) usual and customary charges.	No	LIAA	
2%	\$ (300,000)	\$ 75,000	\$ (920,000)	\$ 300,000,000	<b>DOH - Scheduled Implementation of Utah Maximum Allowable Cost for Hemophilia Drugs</b> - Effective October 1, 2020, Utah Medicaid is already planning to implement a Utah Maximum Allowable Cost for hemophilia drugs, which should save the State money. Currently the lowest price of four different pricing calculations, plus a dispensing fee, for each drug determines reimbursement: (1) Estimated Acquisition Cost - Wholesale Acquisition Cost, (2) Federal Maximum Allowable Cost, (3) Utah Maximum Allowable Cost, and (4) usual and customary charges.	No	LIAA	
2%		\$ (133,000)	\$ (133,000)	\$ 133,000	<b>DHS - Fewer Substance Abuse and Mental Health Conferences</b> - The Division of Substance Abuse and Mental Health produces several conferences each year to share best practices with providers. They also invest in conference sponsorships. The division will likely not need one year's worth of this funding due to group gathering restrictions related to COVID-19.	No	KBC	
2%		\$ (54,700)	\$ (54,700)	\$ 54,700	<b>DWS - Work is the Way Unspent Funds</b> - Reduce approximately \$54,700 one-time in unspent FY2020 funds from Work is the Way. Work is the Way is a restaurant and food industry training program targeted to underserved populations, including the homeless, refugees, and veterans. DWS: "During the 2020 General Session, Work is the Way funding was reduced one-time for FY 2020 (\$55,000) and ongoing for FY 2021 (\$160,000), eliminating all of the ongoing funding for the program. \$54,700 in funding for the program was nonlapsed from FY 2019 into FY 2020 and is expected to be unspent at the end of FY 2020. This amount is in addition to the \$55,000 which was reduced from this program for FY 2020 during the 2020 General Session."	No	NSH	

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2%		\$ (15,000)		\$ 128,800	<b>DWS - Apprenticeship Opportunity Awareness Unspent Funds</b> - Reduce approximately \$15,000 one-time in projected unspent funds for apprenticeship opportunity awareness in FY 2020. The program promotes and educates the public, including high school guidance counselors and potential participants in apprenticeship programs, about apprenticeship programs offered in the state. DWS: "The Commissioner of Apprenticeship Programs was created within DWS during the 2019 General Session (H.B. 280, Utah Code §35A-6-105). Savings were achieved one-time in FY 2020 due to the time it took after the fiscal year began to recruit and hire for the newly created Commissioner of Apprenticeship Programs position."	No	NJD	
2%		\$ (91,300)	\$ (91,300)	\$ 91,300	<b>DWS - Intergenerational Poverty Initiative Unspent Funds</b> - Reduce approximately \$91,300 one-time in projected unspent FY2020 funds from the Intergenerational Poverty Initiative. DWS: "If the Intergenerational Poverty Initiative funds were not reduced, the funds would be nonlapsed and distributed among the 11 counties that have been participating in these grants for the past two years. The counties would be invited to receive additional funding to continue making progress on their county-based plans to reduce intergenerational poverty. Whether the counties seeking funding would be awarded additional funds would be based on outcomes achieved under the existing grants. Since each county is supporting different aspects of the Intergenerational Welfare Reform Commission's five- and ten-year goals, it is not possible to identify the number of families impacted by a reduction of this amount. The unspent funds are due to counties that ultimately requested less funding than they could have received so the funds were not fully obligated."	No	NJD	
2%		\$ (300,000)	\$ (300,000)	\$ 300,000	<b>DWS - Homeless Health and Wellness Program Unspent Funds</b> - Reduce \$300,000 in unspent FY 2020 funds from the homeless health and wellness program. \$493,500 was carried into FY2020. DWS: "Approximately 340 individuals are served monthly in the homeless health and wellness program. \$300,000 is allocated in contracts with six different agencies. The funds are underspent due to the fact that a Request for Proposal (RFP) process had to be developed in the first year of the funding before funds were subcontracted out to homeless health and wellness agencies. Spending began once the grants were awarded to the six funded agencies."	No	NSH	
2%		\$ (58,900)	\$ (58,900)	\$ 58,900	<b>DWS - Operation Rio Grande Unspent Funds</b> - Approximately \$58,900 is projected to be unspent at the end of FY 2020 and could be reduced one-time. These funds are the last of the remaining ORG funds. DWS: "This funding has not been committed to any current projects. The funding is underspent due to challenges in hiring individuals to work in ORG-funded programs."	No	NRA	

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2%		\$ (100,000)	\$ (100,000)	\$ 500,000	<b>DWS - Assistive Technology for Independent Living Unspent Funds</b> - \$500,000 was appropriated one-time in FY2020 for assistive technology. \$100,000 of the appropriated amount is currently unspent and could be reduced one-time. DWS: "Due to the COVID -19 pandemic, the DWS Assistive Technology (AT) program has seen a reduction in referrals, likely due to people's fears about in home visits and evaluations. There has also been a delay in the completion of many home projects due to staffing shortages and delays in shipping, etc. For these reasons, DWS anticipates that \$100,000 of the AT budget will remain unspent. The average cost of an AT service is around \$3,500; therefore, DWS would normally expect to serve about 28 consumers for each \$100,000 of funding. However, considering the current reduced demand and other restrictions, DWS believes it can fund all requests for assistive technology in the current fiscal year without the \$100,000. If referral volume increases and demand exceeds revenue, DWS will, as has been done in previous years, implement a waiting list and serve clients when additional funding becomes available in the next fiscal year."	No	NBC	
2%	\$ (740,000)	\$ 190,000	\$ (2,280,000)	\$ 5,120,000	<b>DOH - Reduce Scope of Drug Testing Covered by Medicaid</b> - Effective October 1, 2020 the Department of Health was already going to reduce the scope of drug testing from 12 monthly presumptive and 6 monthly definitive to 32 annual presumptive and 22 annual definitive tests. Presumptive tests check for drug classes being used, while definitive tests check for how much or if a particular drug is being used.	Federal approval	LIAA	
2%	\$ (76,300)	\$ (30,000)	\$ -	\$ 76,300	<b>DOH - Cannabinoid Product Board Funded by Medical Cannabis Fees</b> - This item switches the funding source for the Cannabinoid Product Board from General Fund to medical cannabis licensing and transaction fees. The Cannabinoid Product Board reviews available research on the impact to humans from cannabis consumption. This item should not result in any increased fees.	No	LAI	
2%		\$ (190,000)	\$ (463,000)	\$ 1,430,000	<b>DOH - Savings From Limited Travel for Six Months</b> - Because of the stay at home directive beginning in March 2020, there are 32% one-time savings between FY 2020 and FY 2021 compared to projected annual expenditures of \$1.4 million for in-state and out-of-state travel costs.	No	DOH	
2%	\$ (3,700)		\$ (11,000)	\$ 11,000	<b>DHS - Eliminate Richfield Lease for Recovery Services</b> - The Office of Recovery Services (ORS) pays for half a lease (the other half is paid by the Attorney General) that will expire June 30, 2021. After that time, Richfield employees can telework with the Provo office as their home office. ORS would manage through FY 2021 by delaying refilling vacant positions or implementing a hiring freeze when possible.	No	KGD	
2%	\$ (2,300)	\$ (2,300)	\$ (2,300)	\$ 2,300	<b>DHS - Recover Funds No Longer Needed for State Hospital Private Insurance Collections</b> - Effective FY 2020, the Utah State Hospital (USH) assumed responsibility from the Office of Recovery Services (ORS) for private insurance billings for youth in custody. This change reduces the workload for one ORS employee by about two weeks.	No	KGF	

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2%	\$ (34,600)		\$ 34,600	\$ 690,000	<b>DOH - Medicaid Funds for Utah Statewide Immunization Information System (USIIS)</b> - In 2011 Medicaid provided a \$69,200 in total funding at a General Fund cost of \$34,600. This reduction assumes that the program could get that same amount and reduce General Fund 1:1 for the increased federal funds received and allows the department to keep 50% of the projected increase. Health: "We have been reviewing other Medicaid matches that would assist USIIS. This funding would be minimal but is a possibility."	No	LEH	
2%	\$ (33,200)	\$ (33,200)	\$ -	\$ 850,000	<b>DOH - Use Medicaid Match for Tobacco Cessation Efforts</b> - The Department of Health targeted Medicaid clients with some public education materials about quitting smoking. The department reports that after the outreach efforts calls to the tobacco quitline doubled. Since the public outreach targets Medicaid, this charges part of the quitline costs to Medicaid to replace other funds that used to pay Medicaid's share ongoing beginning in FY 2020. This replaces General Fund in Medicaid with tobacco settlement restricted account funds to achieve General Fund savings.	No	LEAA	
2%	\$ (104,000)		\$ -	\$ 800,000	<b>DHS - Increase Background Check Fee to Match Cost</b> - The Office of Licensing currently charges \$5 for a background check to about 26,000 applicants who do not qualify to have the fee waived. The office estimates that the average cost to perform the checks, including those that require comprehensive reviews, is \$9. According to UCA 63J-1-504(2), fees should "reflect the cost of services provided." Increasing the fee to \$9 would align the fee with actual average costs. With the additional dedicated credit revenue, the office could receive less General Fund without impacting operations.	Fee change	KAL	
2%		\$ (1,700,000)	\$ (1,700,000)	\$ 1,700,000	<b>DHS - Utilize Proceeds from the Utah State Developmental Center Land Fund</b> - The Utah State Developmental Center (USDC) has large tracts of land in American Fork that it has begun selling or leasing. The proceeds of any leases or sales must, according to statute, be used to benefit residents of USDC or individuals receiving disability services in the community. These proceeds could offset a General Fund reduction but would require a statutory change. Human Services reports that there is a current balance of \$1.7 million. By November 30, they estimate an additional \$7 million. Over 5 years, the proceeds could total \$27 million.	UCA 62A-5-206.7	KFC	
2%	\$ (587,000)		\$ (917,300)	\$ 917,300	<b>DHS - Eliminate Payments for Incentives, Service Awards, and Loan Reimbursements</b> - Human Services currently provides incentive payments to certain employees. Payments are primarily made to harder-to-retain psychiatrists at the Utah State Hospital and Utah State Developmental Center. Ending these payments could lead to fewer FTEs being eliminated. The Utah State Hospital (USH) reports that this item "would harm the hospital's ability to recruit and retain critical below market positions." This item includes loan reimbursements for psychiatrists and USH reports that "this has been one of USH's main recruitment tools and losing this would most likely cause a decline in the hospital's hiring ability and the loss of current MDs."	No	DHS	

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2%	\$ (217,600)		\$ -	\$ 42,000,000	<b>DOH - More Driver License Fee Revenue to Pay for Highway Death Investigations</b> - The medical examiner currently receives \$108,800 ongoing from the Department of Public Safety Restricted Account to investigate highway deaths. Some of this account's revenue comes from driver license fees. This item would triple the amount coming from this fund and reduce General Fund an equal amount. This account's revenues exceed expenses by \$6.0 million in FY 2019 and ended with a balance of \$11.3 million. For more information about this fund please visit <a href="https://cobi.utah.gov/fund/2865">https://cobi.utah.gov/fund/2865</a> .	No	LEK	
2%	\$ (16,000)		\$ -	\$ 6,900,000	<b>DOH - Use Revenue From Fishing Licenses For Mercury in Public Water Testing</b> - This item uses 0.2% of \$6.9 million estimated revenue from fishing licenses to offset costs associated with testing for mercury in public water sources.	Maybe	LEAA	
2%	\$ (166,100)		\$ (488,600)	\$ 488,600	<b>DHS - Close Recovery Services Lobbies to Walk-Ins</b> - The Office of Recovery Services could permanently close their lobbies in Salt Lake, Ogden, and Provo to the public for walk-in services and meet with clients by appointment only. This change would eliminate 10 FTEs who work in the reception area.	No	KGD	-10
2%	\$ (45,000)	\$ (35,000)	\$ 45,000	\$ 1,700,000	<b>DOH - Medical Cannabis Indirect Cost Share</b> - The medical cannabis program will pay approximately \$90,000 for agency indirect costs in FY 2021 and \$70,000 in FY 2020. This item replaces one half of the General Fund with medical cannabis fee revenues for the Department of Health's indirect costs beginning in FY 2020. The other half is left with the department of the increased indirect costs (financial, legal, supervision). This should not result in any fee increases.	No	LAF	
2%	\$ (3,500)		\$ (3,500)	\$ 3,500	<b>DOH - Administrative Efficiencies Preparing Air Ambulance Report</b> - This item is a reduction in office expenses and a switch to virtual meetings for work related to annual report on air ambulance utilization.	Yes	LFA	
2%	\$ (63,500)		\$ (82,200)	\$ 211,700	<b>DHS - Reduce Travel and Training in Executive Director Operations</b> - This item would reduce expenditures related to travel, conferences, and trainings across entities within the Executive Director Operations line item. It also assumes use of electronic hearings when possible and increased use of paperless opportunities within the Office of Administrative Hearings.	No	KAA	
2%	\$ (25,700)		\$ (25,700)	\$ 712,700	<b>DHS - Limit Travel and Training in Child and Family Services</b> - This item would limit non-essential travel and reduce spending on employee training, professional development, and conferences.	No	KHA	
2%	\$ (29,000)		\$ (34,700)	\$ 82,300	<b>DHS - Reduce Building Space Utilization</b> - Two entities within the Executive Director Operations line item are able to reduce the amount of office space for which they pay.	No	KAL	
2%	\$ (32,300)		\$ (42,800)	\$ 2,221,700	<b>DHS - Reduce Software Licensing and Maintenance</b> - This item would reduce expenditures related to software development, licensing, and maintenance across entities within the Executive Director Operations line item.	No	KAA	

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2%	\$ (27,500)	\$ 13,800	\$ (275,000)	\$ 550,800	<b>DOH - Savings from Ending Dan Jones Building Lease</b> - The Department of Health currently pays \$550,800 annually to lease some of the Dan Jones (HK Towers) in Salt Lake City. This lease expires at the end of December 2020 and there may be space in other Health buildings for these staff. This reduction lets the department keep 50% of the savings and backfills the savings for the first half of fiscal year 2021 where the lease must still be paid. Health: "The contract ends December 31, 2020. The Department is currently working through a space analysis and results are yet to be determined. If a sufficient number of staff across all divisions in the Cannon Building begin teleworking in 2020, the Department is considering allowing the 'Dan Jones' lease to expire and moving the PRISM team into the Cannon Building. Although there may be savings with the lease, additional moving costs will be incurred to relocate staff."	No	LGA	
2%	\$ (199,000)		\$ (199,000)	\$ 878,900	<b>DHS - End Transfer to the Division of Juvenile Justice Services for Residential Mental Health Services</b> - This program provides community-based residential treatment and wrap-around services to youth in order to prevent or reduce inpatient hospitalizations. Twenty-four percent of this funding is transferred to the Division of Juvenile Justice Services (DJJS) to serve youth in the division's custody. Because youth in custody are "carved out" of the Local Mental Health Authority (LMHA) system, DJJS pays for services instead of the LMHAs. LMHAs pay for inpatient treatment for youth in custody only. DJJS has realized significant budget surpluses due to declining caseloads in recent years and could cover these costs from their existing budget without this transfer.	No	KBE	
2%	\$ (1,847,000)		\$ (1,847,000)	\$ 1,847,000	<b>DHS - End State Funding for Autism Preschools</b> - This program supports funding for four autism preschools serving approximately 100 children. The preschools are located in four urban counties and do not comprise a statewide service. The division reports that "both Medicaid and private insurance now pay for Autism related services for children. These services are outside of Division and Local Authority designated authority in statute and we have continued to provide these services despite all the changes that have happened in this area over the last 5 years."	No	KBC	
2%	\$ (23,400)		\$ (28,200)	\$ 95,700	<b>DHS - Reduce the Use of Temporary Employees</b> - The Offices of Licensing (OL) and of Fiscal Operations (OFO) hire temporary employees to assist with workload during busy times. This item would reduce funding for those temporary employees. OL reports that this item could cause delays with background checks and other functions. OFO reports that this item could cause "a decrease in responsiveness, accuracy, and support of divisions; delays in responses to inquiries from LFA, GOMB, and EDO; decreased number and frequency of management reports; fewer and less detailed financial reviews; increased risk of errors, audit findings, and fraud."	No	KAL	
2%	\$ (235,200)		\$ (235,200)	\$ 1,248,900	<b>DHS - Reduce Drug Testing Frequency for Parents Involved with Child and Family Services</b> - This item would limit maximum number of tests per client and also reduce one-time testing. Currently, the amount of drug testing varies by judge, from a small number of instances to daily. According to the Division of Child and Family Services (DCFS), this item "would require a statutory change that set a maximum per month per client rate (of possibly 4) and makes DCFS a payer of last resort for those in family dependency court or when covered in treatment."	Judicial support and/or statutory change	KHD	

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2%	\$ (4,862,000)		\$ (15,000,000)	\$ 1,120,000,000	<b>DOH - 2% Rate Decrease for Accountable Care Organizations</b> - This item reduces the rate paid to Medicaid's four accountable care organizations by 2%. One option to implement this is the Legislature approved funding for a 2% rate increase for Medicaid's four accountable care organizations serving 75% of all Medicaid clients effective July 1, 2020. This could not provide that 2% future increase for FY 2021.	UCA 26-18-405.5	LIAA	
2%	\$ (1,601,600)		\$ (1,601,600)	\$ 8,008,000	<b>DHS - Limit Youth Entering Foster Care for Reasons Other Than Abuse and Neglect</b> - Utah code provides that youth may come into Division of Child and Family Services (DCFS) custody for dependency, defined as "the condition of a child who is homeless or without proper care through no fault of the child's parent, guardian, or custodian." In FY 2020 as of May, 160 youth entered custody from dependency, but DCFS estimates that about 32 of these youth could alternatively be served in the community without coming into care. Limiting the number of youth who enter custody would reduce costs of care for DCFS. Community-based services could have costs to other agencies or divisions but they would be much lower than long-term residential care with DCFS. This item would reduce the number of dependency youth in DCFS care by about 20%.	Maybe - statutory change	KHF	
2%	\$ (593,200)		\$ (593,200)	\$ 912,600	<b>DHS - End Child and Family Services No-Access Perpetrator Investigations and Continue Database Documentation</b> - Currently, the Division of Child and Family Services (DCFS) works with law enforcement and Children's Justice Centers on investigating cases where a child has been abused but there is a protective parent or guardian and subsequent abuse is not likely. DCFS assists with the case and documents it in their SAFE database, which flags the perpetrator if he/she undergoes a background check for employment with a human services agency. Most state child welfare systems do not engage in this work, focusing only on individual child safety rather than community safety. By ending involvement in investigations for these cases, but still documenting them in SAFE, DCFS could reduce staff by 13 FTEs.	Statutory change (except for cases with a law enforcement interview documented in SAFE)	KHB	-13
2%	\$ (361,000)		\$ (1,597,900)	\$ 147,000,000	<b>DOH - 5% Rate Decrease for CHIP Managed Care Providers</b> - This item reduces by 5% the rates paid to CHIP's managed care plans. One way to implement this might be the annual CHIP consensus forecast included a 5% increase to the rates paid to managed care organizations starting July 1, 2020. This could not provide that future increase. These rates would likely still be approved as actuarially sound. The Children's Health Insurance Program (CHIP) provides health insurance coverage to about 17,400 uninsured children 18 years of age or younger whose gross family income is between 139 and 200 percent of the Federal Poverty Level.	No	LPA	
2%	\$ (100,000)		\$ (100,000)	\$ 100,000	<b>DOH - Change Parkinson's Registry to Data Collected Via Disease Reporting Rule</b> - Change the Parkinson Registry data to information collected statewide via a chronic disease reporting rule. Ongoing funding for the registry ran by the University of Utah began in 2017 and there has only been one request, which came from the University of Utah, since the registry started. Not all healthcare systems currently report information into the database.	No	LEJ	

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2%	\$ (317,600)		\$ (397,000)	\$ 76,230,400	<b>DHS - Limit Non-Core Activities at the Utah State Hospital</b> - This item would limit less-essential functions at the Utah State Hospital (USH). USH reports that this item "would entail reducing IT programmer costs by limiting time, reducing one-time expenditure budget limit for non-urgent requests, and reducing non-core activities by the various programs."	No	KBF	
2%	\$ (113,800)		\$ 227,600	\$ 40,578,100	<b>DHS - Reduce Staffing in Recovery Services</b> - This reduction to the Office of Recovery Services would amount to 1.2% or about 5 FTEs, potentially spread across the following functions: Administration (12 total FTEs), Electronic Technology (24 total FTEs), and Child Support Services (303 FTEs). The department does not know the exact impact of most staffing reductions at this time; they would manage reductions through attrition to the extent possible and reexamine processes to minimize the impact to core functions and services. Large FTE reductions could have significant impacts.	No	KGA	-5
2%	\$ (9,700)		\$ (9,700)	\$ 9,700	<b>DOH - No Ongoing Staffing for Unfunded Primary Care Workforce Financial Assistance</b> - This item eliminates the ongoing funding for staffing the Healthcare Workforce Financial Assistance Program. This program did not receive any funding for grants in FY 2021. The purpose of the Utah Health Care Workforce Financial Assistance Program is to increase the number of: (1) health care professionals (physicians, physician assistants, nurses, dentists, mental health therapists, or other health care professionals) to provide primary health care services in medically underserved areas and (2) geriatric professionals (health care professionals, social workers, occupational therapists, pharmacists, physical therapists, or psychologists). The program seeks to accomplish this through educational loan repayment grants and scholarships in return for providing health care services for two or more years.	No	LQA	-0.17
2%	\$ (12,000)		\$ (12,000)	\$ 43,800	<b>DOH - End All State Mailing Notifications to Providers Regarding Compliance With Anesthesia Events</b> - This item would eliminate annual state mailing to around 9,500 or 15% of medical providers without email addresses. The state mailing (and electronic notifications) are to remind 64,000 providers of what and how to report adverse anaesthesia events.	No	LAA	
2%	\$ (570,000)		\$ (570,000)	\$ 8,200,000	<b>DOH - State Tobacco Funding Reduction</b> - The State of Utah spends \$3,847,100 annually on tobacco prevention from tobacco settlement restricted account funds. This item would reduce \$470,000 in state tobacco funding and replace General Fund in Medicaid. Utah has the lowest cigarette smoking rate for adults in the nation at 9% as per <a href="http://www.americashealthrankings.org">www.americashealthrankings.org</a> . Currently \$285,000 of 7% goes for state administration with the rest going in contracts to local health department for outreach, targeted groups with high smoking rates, quitline, independent evaluation to determine if program is evidence-based, and media campaign. For more information about tobacco prevention efforts in Utah please visit <a href="https://tobaccofreeutah.org/wp-content/uploads/leg-rep-19-final.pdf">https://tobaccofreeutah.org/wp-content/uploads/leg-rep-19-final.pdf</a> .	UCA 51-9-201	LEJ	
2%	\$ (149,000)	\$ (25,000)	\$ (149,000)	\$ 1,552,000	<b>DOH - Eliminate Vacant Bureau Director Position</b> - A Bureau Director position was vacated May 1, 2020 due to retirement and will not be filled. This work done by this position will be taken on by four other bureau directors. Health: "This position was assigned as Strategic Planning, Division Performance Measures, GOMB SUCCESS Initiative..., Performance Measures, and SUCCESS."	No	LFA	-1

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
2%		\$ (2,000,000)	\$ -	\$ 6,700,000	<b>DHS - Use Social Services Block Grant Reserve</b> - The department estimates a reserve balance of \$6.7 million on June 30, 2020 and \$3.4 million on June 30, 2021. The balance on June 30, 2021 could be less if the federal award amount for 2021, which is not yet known, continues on a downward trend as with the 2020 award. This flexible funding source could cover various expenses one-time and leave a balance for planned projects and spending flexibility. This swap would most likely occur in the Division of Child and Family Services.	No	KHB	
2%	\$ (110,000)		\$ (110,000)	\$ 1,552,000	<b>DOH - One Fewer Division Finance Administrative Staff</b> - This item reduces one division finance administrative staff and spreads that work over five other FTEs.	No	LFA	-1
2%	\$ (70,000)		\$ (70,000)	\$ 70,000	<b>DOH - End Cytomegalovirus Public Awareness Campaign</b> - This item ends funding to increase public awareness of cytomegalovirus (CMV), which can sometimes harm newborn babies if contracted by pregnant mothers. Health: "One in 150 infants are born with congenital cytomegalovirus (CMV) every year in the United States - which is almost one child per day in Utah...CMV is a devastating illness and severely affects 1 in 5 infected infants. Congenital CMV is the greatest viral cause of developmental disabilities in children, prematurity and/or fetal/infant death. There is no vaccine for CMV...CMV testing for congenital infection must be done before an infant is 21 days of age or else is not accurate...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."	UCA 26-10-10	LFF	-1
2%	\$ (1,500,000)		\$ (1,500,000)	\$ 3,000,000	<b>DWS - Replace General Fund Appropriation to the School Readiness Fund with CCDF Grants</b> - Use Child Care and Development Funds to fund the account. The account funds the High Quality School Readiness Grant Program and results-based readiness contracts for eligible students to participate in a high quality preschool program described in statute. \$1.5m needs to be reserved to pay for results-based contracting. All General Fund money used for awards and grants for results-based contracting for preschool programs can be replaced with Child Care Development Fund monies. This is related to the reduction "Reduce General Fund appropriation for awards and grants to preschools."	No		
2%	\$ (1,630,000)	\$ 270,000	\$ (5,040,000)	\$ 44,800,000	<b>DOH - Shift Medicaid Managed Care Dental to State-run Fee-for-Service</b> - Effective October 1, 2020 end managed care for dental services in Medicaid. The saving are from the State no longer paying a 9% administrative payment for dental claims and rolling back a rate increase starting in FY 2020 to be actuarially certified. Costs to the State to run the program are included in this savings figure and are \$157,000 total funds (\$78,500 General Fund). There is also a one month one-time savings for the shift to delayed billing rather than prospective monthly payments. This change impacts approximately 199,000 Medicaid clients in FY 2021.	Federal approval	LIAA	1.5

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs
2%	\$ (2,460,000)	\$ 615,000	\$ (7,600,000)	\$ 7,600,000	<b>DOH - Shorten Retroactive Coverage of Medicaid Claims From 90 to 30 Days</b> - Medicaid currently covers retroactively up to 90 days of medical services received prior to the date of application for Medicaid services. This reduction changes that retroactive coverage period to 30 days effective October 1, 2020. "As of August 2019, 30 demonstrations in 27 states have been approved to make changes to the retroactive eligibility period as part of Section 1115 demonstration waivers." For more information please see <a href="https://www.macpac.gov/wp-content/uploads/2019/08/Medicaid-Retroactive-Eligibility-Changes-under-Section-1115-Waivers.pdf">https://www.macpac.gov/wp-content/uploads/2019/08/Medicaid-Retroactive-Eligibility-Changes-under-Section-1115-Waivers.pdf</a> . Health: "By reducing the retroactive coverage period, the state may experience initial savings as the new time frame will exclude some from coverage. Until they adapt to the policy, others may show up too late to cover services in past months. Once adapted to the policy, most will learn to act more quickly to apply for Medicaid."	Federal approval	LIAA	
2%	\$ (6,000,000)		\$ (6,000,000)	\$ 6,000,000	<b>DWS - Replace General Fund for School Readiness Awards and Grants to Preschools with CCDF Grants</b> - This item replaces all remaining General Fund used for awards and grants for results-based contracting for preschool programs with Child Care Development Fund monies. This item is related to the option "Replace GF appropriation to the School Readiness Fund with CCDF grants."	SB166 (GS19)		0
5%	\$ (51,400)		\$ (51,400)	\$ 1,552,000	<b>DOH - Reduction of Executive Secretary</b> - This item reduces one executive secretary position and distributes the current workload amongst other bureau secretaries. Health: "Current incumbent would be reassigned to a vacancy within the Division."	No	LFA	-1
5%	\$ (5,993,000)	\$ 1,500,000	\$ (18,627,000)	\$ 300,000,000	<b>DOH - Carve Pharmacy Out of Medicaid Accountable Care Organization Contracts</b> - Effective October 1, 2020 move the responsibility for all pharmacy drugs from Medicaid's four accountable care organizations to the State representing about 1.4 million pharmacy claims annually. This may result in total fund savings in three areas: (1) \$9.0 million from no longer paying the 9% administrative charge for all pharmacy claims. Costs to the State to run the program are included in this savings figure and are \$573,000 total funds (\$207,000 General Fund), (2) \$5.5 million from the State's fee schedule paying less than that of accountable care organizations, and (3) \$4.3 million from additional supplemental rebates from pharmaceutical companies now going to the State, which used to go to accountable care organizations. For more information please see <a href="https://olag.utah.gov/olag-doc/2020-02.pdf">https://olag.utah.gov/olag-doc/2020-02.pdf</a> .	Federal approval	LIA	5

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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5%	\$ (4,000,000)	\$ 4,000,000	\$ (11,000,000)	\$ 1,120,000,000	<b>DOH - Allow the Office of Inspector General to Recover Abuse and Waste Among All Medicaid's Managed Care Organizations After One Year</b> - Currently any recoveries made by all of Medicaid's managed care organizations (accountable care organizations, dental managed care, and prepaid mental health plans) is kept by those organizations. Medicaid allows up to three years to recover inappropriate payments. By allowing the Office of Inspector General to recover between years one and three and keep those payments, this may increase recoveries for the State. Legislative Auditors in see <a href="https://le.utah.gov/audit/18_03rpt.pdf">https://le.utah.gov/audit/18_03rpt.pdf</a> : "We spoke with CMS staff who suggested an ACO overpayment recovery rate of at least between 1 to 10 percent. Accordingly, for this analysis, we chose 1 percent as our analysis target, which was the most conservative rate based on CMS's estimated range...We recommend that the Office of the Inspector General establish annual recovery targets for Medicaid expenditures, including for Accountable Care Organizations." The \$11 million reduction assumes that the Office of Inspector General could obtain 1 percent in overpayment recoveries beginning on July 1, 2021. The reduction would be in the form of an increase in forecasted collections and not a reduction in rates paid. Health: "The CMS audit report was not specific to Utah ACOs nor did its data request cover all four ACOs. The CMS report did not take into consideration all ACO collections or offsets for provider overpayments. The Department agrees that improvements in ACO collections should be made and is working with the ACOs to get an accurate report of recoveries from each ACO."	No	LIA	
5%	\$ (710,000)	\$ 710,000	\$ (2,210,000)	\$ 220,622,700	<b>DHS - Allow the Office of Inspector General to Recover Abuse and Waste Among Medicaid's Prepaid Mental Health Plans After One Year</b> - This item expands the item "Allow the Office of Inspector General to Recover Abuse and Waste Among All Medicaid's Managed Care Organizations After One Year" to include Local Mental Health Authorities (LMHAs). LMHAs that currently collect on claims from contracted providers remit those funds to State Medicaid; they could save on the cost of labor to obtain those collections. LMHAs that act as direct service providers could be required to repay claims that have been identified by the Inspector General for repayment. This item would be reflected as a revenue change in the Medicaid Consensus process but not as a direct reduction to the Human Services budget.	No	KBD	
5%	\$ (44,600)		\$ (54,100)	\$ 2,221,700	<b>DHS - Further Reduce Software Licensing and Maintenance</b> - This item would further reduce expenditures related to software development, licensing, and maintenance across entities within the Executive Director Operations line item.	No	KAA	
5%	\$ (53,100)		\$ (53,100)	\$ 6,968,100	<b>DHS - Reduce Information Technology Costs in Child and Family Services</b> - This item would reduce Division of Child and Family Services expenditures on contracted information technology programming services.	No	KHS	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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5%	\$ (56,000)		\$ (67,500)	\$ 95,700	<b>DHS - Further Reduce the Use of Temporary Employees</b> - The Offices of Licensing and of Fiscal Operations hire temporary employees to assist with workload during busy times. This item would further reduce funding for those temporary employees. OL reports that this item could cause delays with background checks and other functions. OFO reports that this item could cause "a decrease in responsiveness, accuracy, and support of divisions; delays in responses to inquiries from LFA, GOMB, and EDO; decreased number and frequency of management reports; fewer and less detailed financial reviews; increased risk of errors, audit findings, and fraud."	No	KAL	
5%		\$ (4,038,600)	\$ (4,038,600)	\$ 4,038,600	<b>DOH - Hospital Provider Assessment Fund (Sweep Balance)</b> - The Hospital Provider Assessment Expendable Special Revenue Fund ended FY 2019 with a balance of \$4,038,600. This item sweeps all the fund balance. The fund receives revenue from a uniform assessment on private hospital discharges. Teaching hospitals pay 2.5 times the uniform rate. The fund pays for the required match so that hospitals receive a higher reimbursement rate through directed payments from accountable care organizations. The assessment also covers some of the costs of expansion. The Department of Health believes that this fund balance originally came from the General Fund.	UCA 26-36d	LIAA	
5%		\$ (250,600)	\$ (250,600)	\$ 250,600	<b>DOH - Ambulance Service Provider Assessment Fund (Sweep Balance)</b> - The Ambulance Service Provider Assessment Expendable Revenue Fund ended FY 2019 with a balance of \$250,600. This item sweeps all the fund balance. The fund receives revenue from a uniform assessment on ambulance service providers. The department calculates a uniform assessment per transport based on transports from the calendar year that ended 18 months prior to the current fiscal year. The fund pays for the required match so that ambulance providers receive a higher reimbursement rate from Medicaid. The Department of Health believes that this fund balance originally came from the General Fund.	UCA 26-37a	LIAA	
5%	\$ (319,400)		\$ (319,400)	\$ 912,600	<b>DHS - End Child and Family Services No-Access Perpetrator Investigations and End Database Documentation</b> - Currently, the Division of Child and Family Services (DCFS) works with law enforcement and Children's Justice Centers on investigating cases where a child has been abused but there is a protective parent or guardian and subsequent abuse is not likely. DCFS assists with the case and documents it in their SAFE database, which flags the perpetrator if he/she undergoes a background check for employment with a human services agency. Most state child welfare systems do not engage in this work, focusing only on individual child safety rather than community safety. By ending involvement in investigations for these cases and also not documenting them in SAFE, DCFS could reduce staff by an additional 7 FTEs.	Statutory change (except for cases with a law enforcement interview documented in SAFE)	KHB	-7

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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5%	\$ (1,036,700)		\$ (1,036,700)	\$ 8,008,000	<b>DHS - Further Limit Youth Entering Foster Care for Reasons Other Than Abuse and Neglect</b> - Utah code provides that youth may come into Division of Child and Family Services (DCFS) custody for dependency, defined as "the condition of a child who is homeless or without proper care through no fault of the child's parent, guardian, or custodian." In FY 2020 as of May, 160 youth entered custody from dependency, but DCFS estimates that an additional 18, or 50 total, of these youth could alternatively be served in the community without coming into care. Limiting the number of youth who enter custody would reduce costs of care for DCFS. Community-based services could have costs to other agencies or divisions but they would be much lower than long-term residential care with DCFS. This item would reduce the number of dependency youth in DCFS care by an additional 11% or about 31% total. These additional youth have more complex cases and would be more challenging to serve in the community.	Maybe - statutory change	KHF	
5%	\$ (229,500)		\$ (302,000)	\$ 2,130,400	<b>DHS - Reduce Staffing in the Office of Quality and Design</b> - Human Services recently consolidated contract and performance monitoring functions from various divisions in the Office of Quality and Design (OQD). The department has recently directed more resources there to improve performance monitoring. This purpose, though important, is not an essential service. This item would reduce staffing by 8%, or about 3 FTEs out of 40 total FTEs. Human Services reports that this item may lead to reduced contract monitoring.	No	KAK	-3
5%	\$ (254,000)		\$ (367,100)	\$ 611,800	<b>DHS - Reduce Utah State Developmental Center Community Services</b> - This item would reduce respite and dental services to 150 individuals with disabilities in the community who are served by the Utah State Developmental Center.	No	KFC	
5%	\$ (55,000)		\$ (55,000)	\$ 55,000	<b>DOH - End State Grant to Dental Lifeline Network Serving 70 Clients</b> - The Dental Lifeline Network received direct ongoing funding from the State of \$55,000 General Fund beginning in FY 2019. There is already a competitive state grant program for these types of service providers to apply for. The \$55,000 represents 0.2% of the Dental Lifeline Network's estimated \$25 million in 2017-2018 revenues and support. The Network reported the following as results in FY 2019: "70 patients served and \$230,139 in treatment donated. Recruited 38 new volunteer dentists." Health: "The State Primary Care Grant program is a competitive grant program that already has more applications each year than funding available."	No	LFE	
5%	\$ (121,000)		\$ (121,000)	\$ 121,000	<b>DHS - End Volunteer Support Program Funding</b> - 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.	No for reduction option; Yes to access Out and About Fund (statute change)	KKC	

		\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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5%	\$ (250,000)		\$ (500,000)	\$ 25,962,200	<b>DHS - Increase Maximum Child Support Collections Fee</b> - The Office of Recovery Services (ORS) charges a monthly fee of 6% up to a maximum of \$12 on child support payments made through the office. Sixty-four percent of individuals pay the maximum fee. By raising the maximum to \$15 monthly, which would be paid by the parents receiving child support, ORS could collect additional dedicated credit revenue and receive less from the General Fund. In FY 2019, 208,500 individuals paid the maximum fee; this items assumes that 20% of those individuals would not qualify to pay the fee if it was at \$15. Dedicated credit revenue cannot be used to draw down the 50/50 federal match.	Fee change	KGD		
5%	\$ (321,300)		\$ (642,600)	\$ 10,040,700	<b>DHS - Reduce Staffing in Services for People with Disabilities</b> - This item would reduce state employees in administration and service delivery for the Division of Services for People with Disabilities by 7%, or about 8 FTEs out of 113 total FTEs. The department does not know the exact impact of most staffing reductions at this time; they would manage reductions through attrition to the extent possible and reexamine processes to minimize the impact to core functions and services. Large FTE reductions could have significant impacts.	No	KFA	-8	
5%	\$ (48,000)		\$ (63,400)	\$ 422,600	<b>DHS - Streamline and Reduce the Number of Quality Case Reviews</b> - UCA 62A-4a-118 requires the department to review a random sample of child welfare cases in the Division of Child and Family Services each year. The department reports that they can meet this requirement in a more streamlined manner, saving on overtime and travel costs. This may result in reviewing two regions per year instead of all five, and therefore reviewing each region every three years, as well as one fewer FTE.	UCA 62A-4a-118	KAK	-1	
5%	\$ (1,088,200)		\$ (1,088,200)	\$ 10,882,000	<b>DHS - Reduce Child and Family Services Administrative Staff</b> - This item would reduce administrative (non-case-carrying) staff at the state and region levels by 10%, for a total of 17 FTEs. This may impact areas such as: foster and kinship family in-person support, contract provider support, GRAMA request response, and implementation of the federal Families First Prevention Services Act.	No	KHA	-17	
5%	\$ (3,400)		\$ (3,400)	\$ 427,200	<b>DOH - Reduction in Travel for Epidemiology and Conference Sponsorships</b> - This item eliminates travel for the epidemiology program and the sponsorship of the annual Utah Public Health Association conference.	No	LEH		
5%	\$ (20,000)		\$ (20,000)	\$ 170,900	<b>DOH - Eliminate Intern Position for Cardiovascular Health</b> - This item eliminates a 0.5 FTE vacant intern position working on improving cardiovascular health.	No	LEJ	-0.5	
5%	\$ (178,900)		\$ (546,800)	\$ 27,581,000	<b>DHS - Further Reduce Staffing in Recovery Services</b> - This reduction to the Office of Recovery Services would amount to an additional 2% or about 8 FTEs, potentially spread across the following functions: Financial Services (27 total FTES), Electronic Technology (24 total FTES), Child Support Services (303 total FTES), and Medicaid Recovery (40 total FTES). The department does not know the exact impact of most staffing reductions at this time; they would manage reductions through attrition to the extent possible and reexamine processes to minimize the impact to core functions and services. Large FTE reductions could have significant impacts.	No	KGB	-8	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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5%	\$ (18,000)		\$ (18,000)	\$ 180,100	<b>DOH - Emergency Medical Services Change to Virtual Conferences and No Retreats</b> - This item changes Utah Critical Incident Stress Management trainings to online and eliminates retreats for state staff.	No	LFA	
5%	\$ (150,000)		\$ (150,000)	\$ 300,000	<b>DHS - Reduce Funding for Problems Anonymous Action Group</b> - This item removes half of the funding for the Problems Anonymous Action Group (PAAG), which provides housing in Weber County for people with substance misuse and mental health issues. Most individuals are eligible for Medicaid and 68% matching funds. Approximately 75 fewer people would be served. This program is not a statewide service.	No	KBC	
5%	\$ (110,200)		\$ (110,200)	\$ 220,400	<b>DHS - Reduce Funding for Weber Behavioral Health Home</b> - This item removes half of the funding for the integrated care (physical and behavioral health) clinic at Weber Human Services. Most individuals are eligible for Medicaid and 68% matching funds. Approximately 100 fewer people would be served. This program is not a statewide service.	No	KBC	
5%	\$ (130,700)		\$ (130,700)	\$ 261,400	<b>DHS - Reduce Funding for Opioid Abuse Prevention Services in Southeast Utah</b> - This item removes half of the funding for opioid prevention services in Carbon, Grand and Emery counties. Approximately 75 fewer people would be served. This program is not a statewide service.	No	KCC	
5%	\$ (49,000)		\$ (49,000)	\$ 98,000	<b>DHS - Reduce Funding for Operation Rio Grande Assertive Community Outreach Team</b> - This item removes half of the funding for homeless individuals with mental illness who are involved with Operation Rio Grande. Approximately 20 fewer individuals would receive outreach and treatment services. This program serves individuals in Salt Lake County and is not a statewide service.	No	KBC	
5%	\$ (588,000)		\$ (588,000)	\$ 1,176,000	<b>DHS - Reduce Funding for Operation Rio Grande Sober Living</b> - This item removes half of the funding for homeless individuals with mental illness who are involved with Operation Rio Grande. Approximately 150 fewer individuals would be provided with housing resources. This program serves individuals in Salt Lake County and is not a statewide service.	No	KCD	
5%	\$ (1,836,000)		\$ (5,682,500)	\$ 5,682,500	<b>DOH - Eliminate State Funding for Graduate Medical Education</b> - Graduate Medical Education funds help offset some of the costs of residency programs such as stipends and costs of supervisory personnel. The funding goes to hospitals owned by the following groups (1) 75 % to University of Utah to support 51 residents, (2) 24% to Intermountain Healthcare, and (3) 1% to others. This would end state funding for this program. If the University of Utah's experience is similar to other recipients, then overall this funding supports around 70 medical residents. If the University of Utah wanted to annually provide \$1.4 million, then it could because it is government-owned and continue to receive \$4.3 million for this program. The other 25% of recipient hospitals would not have the option to provide match and continue the funding for their residency programs because they are not government-owned.	Federal approval	LIAA	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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5%	\$ (1,096,200)	\$ 274,100	\$ (3,392,800)	\$ (27,140,000)	<u>DOH - Eliminate State Funded Disproportionate Share Hospital Payments - Government-owned hospitals that serve a disproportionate share of Medicaid and uninsured patients receive Disproportionate Share Hospital Payments. The intent of the payments is to offset some of the hospitals' uncompensated costs in serving these individuals. Effective October 1, 2020 this would end all General Fund for this program, a 13% ongoing reduction to the program and have all remaining payments go to those facilities that provided the match (such as the University of Utah). Government owned hospitals could provide more match to receive payments. Any funding not claimed could go to the University of Utah teaching hospital if match was provided.</u>	Federal approval	LIAA	
5%	\$ (1,004,100)		\$ (1,004,100)	\$ 28,703,400	<b>DHS - Reduce Rate for Residential Treatment Providers in Child and Family Services</b> - This item would reduce the rate paid (or utilization, if possible) for Division of Child and Family Services (DCFS) clients by 6.5%. DCFS reports of providers: "Some may shut their doors, some may cut their administrative costs, some may cut pay or be unable to staff at the same levels. All of these would lead to a more strained system for our most acute youth, and could compromise safety in these settings, as well as deny youth the level of intervention they are appropriate for." Human Services has requested that rate changes in DCFS be mirrored in the Division of Juvenile Justice Services to maintain equity between divisions.	No	KHF	
5%	\$ (181,900)		\$ (181,900)	\$ 6,761,700	<b>DHS - Reduce Distribution to Domestic Violence Shelters</b> - This item would reduce the funding distribution to domestic violence shelters by 5%. The Division of Child and Family Services reports that this item "would impact their ability to provide victim services, especially those beyond basic sheltering. Things like counseling, housing support, legal assistance, case management, etc. How providers would adjust to the cuts would be determined individually across the various shelters. It is likely that safety services for DV victims would be less robust." Because the federal CARES Act provided funding to domestic violence service providers, this item may create an issue of supplantation.	No	KHM	
5%	\$ (55,000)		\$ (55,000)	\$ 220,000	<b>DOH - 25% Reduction to Maternal Mental Health Support</b> - The program would stop doing screening, referral, and outreach and focus exclusively on maintaining a Maternal and Mental Health Resource and Referral Website. The funding for this program began in FY 2020 with \$220,000.	No		
5%	\$ (200,000)		\$ (650,000)	\$ 9,357,622	<b>DHS - Fewer Youth Served with Residential Mental Health Services</b> - This item would remove slots for 40 adolescents with mental health issues to obtain a residential level of care. Most individuals are eligible for Medicaid and 68% matching funds.	No	KBC	
5%	\$ (884,900)		\$ (884,900)	\$ 74,278,500	<b>DHS - Use Increased Medicare and Private Insurance Collections</b> - Starting in FY 2018, the Utah State Hospital (USH) was authorized to bill Medicare for eligible individuals who are served in the forensic unit and has collected significant additional funds since then. USH requested additional dedicated credit authority of \$2 million for FY 2021. With this new revenue, General Fund could be reduced. USH had a number of one-time safety upgrades to make, but could accomplish this with the additional dedicated credit authority that they were authorized for in FY 2020.	No	KBF	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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5%	\$ (615,100)		\$ (615,100)	\$ 1,230,100	<b>DHS - Reduce Funding for the Intoxicated Driver Rehabilitation Program</b> - The Division of Substance Abuse and Mental Health distributes funds for this program to all counties based on population. Counties must use the funds only as follows: to compensate agencies that provide treatment to individuals convicted of Driving Under the Influence (DUI), to operate licensed alcohol or drug rehabilitation programs, and to provide education, assessment, and supervision to DUI offenders. In FY 2019, 29% of offenders who received DUI education were subsequently convicted of at least a second offense, suggesting that the program has limited effectiveness. This item would reduce the funding in half.	No	KCF	
5%	\$ (1,500,000)	\$ (750,000)	\$ (4,640,000)	\$ 1,120,000,000	<b>DOH - Have Medicaid Health Plans Pay Their Premium Taxes</b> - The federal Patient Protection and Affordable Care Act of 2010 created premium taxes on all health insurance plans including Medicaid plans beginning in FY 2015. Since FY 2015 the State has paid the state share of these costs. This item would shift this responsibility to the health plans beginning January 2020.	Yes	LIAA	
5%	\$ (183,800)		\$ (183,800)	\$ 4,312,200	<b>DHS - Reduce Aging Alternatives Program Funding</b> - The Division of Aging and Adult Services passes funding to local Area Agencies on Aging (AAAs) to help support their Aging Alternatives programs. These programs provide a variety of services to qualifying older adults to help them remain in their homes, including: in-home services, personal care, home health aides, respite care, daycare, and transportation. Clients must meet income and eligibility guidelines to receive services and fees are assessed based on ability to pay. Clients are generally those who have higher incomes or functional abilities than those receiving services through the Medicaid Aging Waiver. The division could continue to provide federal Social Services Block Grant funding and AAAs could provide additional local funding. Unlike most other local aging programs, Aging Alternatives is not funded by specific federal allocations. Other local aging programs have received CARES Act funding and reducing the General Fund to those programs could be considered supplantation, which is not allowed by the federal government. This item would cause 37 fewer clients to be served.	Yes	KKF	
5%	\$ (165,000)		\$ (229,200)	\$ 758,700	<b>DHS - Reduce Local Ombudsman Services Funding</b> - The Division of Aging and Adult Services passes funding to local Area Agencies on Aging to help support their Long-Term Care Ombudsman programs. Beginning in FY 2019, the Legislature increased ongoing funding for the program by \$165,000. Other local aging programs have received CARES Act funding and reducing the General Fund to those programs could be considered supplantation, which is not allowed by the federal government. Local Ombudsman programs did not receive CARES Act funding and therefore are one area that could be reduced.	Maybe - Change Ombudsman duties	KKB	
5%	\$ (313,200)		\$ (313,200)	\$ 1,219,800	<b>DHS - Reduce Medicaid Aging Waiver Funding</b> - The Medicaid Aging Waiver supports older adults who meet income and other eligibility criteria and would qualify for nursing home care under Medicaid. These in-home supportive services allow older adults to postpone institutional placement. With the COVID-19 pandemic, fewer clients have been assessed and are comfortable allowing service providers into their home. This item would cause 26 fewer clients to be served, on an ongoing basis.	No	KKE	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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5%	\$ (66,400)		\$ -	\$ 10,650,000	<b>DOH - More Programs Paying Indirect Costs</b> - The Department of Health provided a report showing which programs with revenue sources above \$100,000 that were not General Fund nor federal funds that were not paying part of the agency's indirect costs. This reduction takes another \$66,400 of current ongoing General Fund for indirect costs and replaces it with 4% of the full potential indirect cost charges identified by the Department of Health for programs currently scheduled to be paying 1% of indirect costs in FY 2021. (See full report at <a href="https://le.utah.gov/interim/2019/pdf/00004197.pdf">https://le.utah.gov/interim/2019/pdf/00004197.pdf</a> .)	No	LAF	
5%	\$ (13,000)		\$ (13,000)	\$ 159,000	<b>DOH - One Month or More Delay for Institutional Review Boards</b> - This item changes the current research Institutional Review Board reviews from monthly to two or more months between meetings.	No	LAE	-0.33
5%	\$ (112,000)		\$ (346,000)	\$ 140,000,000	<b>DOH - Expand Supply of Cheaper Drugs from 90 to 120 Days</b> - Medicaid currently provides a 90-day supply of many inexpensive drugs. A change to a 120-day supply might save the State save around \$346,000 total funds annually from fewer dispensing fees paid to pharmacies. For more information please see <a href="https://medicaid.utah.gov/wp-content/uploads/2019/11/SS-Report-90-Day-Supply-of-Prescription-Drugs.pdf">https://medicaid.utah.gov/wp-content/uploads/2019/11/SS-Report-90-Day-Supply-of-Prescription-Drugs.pdf</a> . A 90-day fill is standard across most insurance companies.	No	LIAA	
5%	\$ (7,000,000)		\$ (22,000,000)	\$ 1,120,000,000	<b>DOH - 3% Rate Reduction for Accountable Care Organizations</b> - Reduce the rates paid to Medicaid's four accountable care organizations by 3% effective July 1, 2020. There should be enough room in the range of actuarially certified rates to achieve this reduction and still receive federal approval. This item combined with "2% Rate Decrease for Accountable Care Organizations" provides a total 5% rate decrease.	UCA 26-18-405.5	LIAA	
10%	\$ (2,600,000)		\$ (2,600,000)	\$ 4,220,000	<b>DOH - Reduce Operating Deficit or Close State-run Medical and Dental Clinics</b> - Between FY 2015 and FY 2019 the state-run three medical and three dental clinics have run an average combined operating deficit of (\$2.5 million) General Fund. The only year and clinic to not have an operating deficit was the mobile dental clinic in FY 2017. This reduction assumes that with the 38% projected enrollment increase of new clients due to Medicaid expansion in FY 2021 or other measures that the operating deficit could be eliminated. If the clinics could not close the operating deficit, then they could be closed.	No	LFE	
10%	\$ (423,000)		\$ (423,000)	\$ 2,060,000	<b>DOH - Primary Care Grants Serve 17,000 Fewer Individuals</b> - This reduction has the following impacts: (1) Six less grants to non-profit entities providing primary health care services to approximately 17,000 medically underserved individuals and (2) fewer face-to-face visits with grant recipients to determine compliance and provide technical support.	No	LFE	
10%	\$ (2,168,900)	\$ 542,200	\$ 6,631,700	\$ 324,958,400	<b>DHS - Roll Back Disabilities Provider Rate Increases to FY 2019 Level</b> - In recent years the Legislature has provided incremental rate increases to different categories of providers involved in community-based services for individuals with disabilities, including: direct care staff, fiscal intermediaries, and for motor transportation. This item would undo rate increases that began in FY 2020. This change could be effective October 1, 2020. The Division of Services for People with Disabilities (DSPD) reports that rate decreases may impact provider turnover and service quality.	Federal approval	KFD	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs
10%	\$ (4,670,000)	\$ 1,200,000	\$ (14,500,000)	\$ 4,410,000,000	<b>DOH - 2% Rate Reductions Across-the-Board Medicaid in Fee-for-Service</b> - This item reduces the rates paid to all Medicaid providers by 2% starting October 1, 2020. In FY 2019 the Medicaid program served a monthly average of 315,000 lower income clients with medical services with about 25% served via fee-for-service (any willing, registered provider). Hospice rates cannot be reduced as per federal law.	Federal approval	LIAA	
10%	\$ (275,000)		\$ (275,000)	\$ 275,000	<b>DHS - End Psychiatric Consultation Program</b> - The Legislature created the Psychiatric Consultation Program beginning in FY 2020. The account is funded by the General Fund and administered by the Division of Substance Abuse and Mental Health. The division distributes grants to health care facilities to implement telehealth psychiatric consultation programs, with the aim of supporting primary care providers who provide mental health treatment, particularly in areas of the State with insufficient mental health professionals. The division awarded a contract for the full amount to the University Neuropsychiatric Institute beginning in January 2020. Because it is a relatively new program, it could be ended with less disruption than long-standing programs. Approximately 600 fewer people will have psychiatric consultation for behavioral health related concerns.	Statute change	KBC	
10%	\$ (40,000)		\$ (40,000)	\$ 40,000	<b>DHS - End Survivors of Suicide Loss Program</b> - The Legislature created the Survivors of Suicide Loss program beginning in FY 2020. The account is funded by the General Fund and administered by the Division of Substance Abuse and Mental Health. The division distributes grants to: 1) individuals who are impacted by suicide for the purpose of mental health treatment or 2) individuals who provide, for no or minimal cost, clean-up of property or bereavement services to individuals who are impacted by suicide. Because it is a relatively new program and consists of one-time grants, it could be discontinued without interrupting service to existing clients. As of May 7, 2020, 3 clients have been served, for a total cost of \$2,731. The division would continue to have about \$37,000 one-time remaining to meet these needs.	Statute change	KBC	
10%	\$ (612,400)		\$ (795,900)	\$ 16,423,000	<b>DHS - Reduce Staffing in Executive Director Operations</b> - This reduction to Executive Director Operations staffing would amount to 6%, or about 8.5 FTEs out of 136 total FTEs, potentially spread across the following functions: Executive Director's Office (49 total FTEs), Information Technology (2 total FTEs), Fiscal Operations (25 total FTEs), Child Protection Ombudsman (4 total FTEs), Office of Licensing (52 total FTEs), and Office of Administrative Hearings (4 FTEs). Alternatively, with a statute change, the department could end the Child Protection Ombudsman program at a savings of \$225,800 from the General Fund.	Maybe	KAA	-8.5
10%	\$ (18,000)		\$ (18,000)	\$ 18,000	<b>DHS - Eliminate National Core Indicator Monitoring</b> - Human Services participates in the National Core Indicators program, which allows for performance comparison for the Division of Services for People with Disabilities across states. Although useful information, participation is not essential. The department reports that some data points could be replicated through other means but others, such as for benchmarking to other states, would be lost. Some of this information is reported to the Legislature as quality metrics.	No	KAK	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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10%			\$ -	\$ 42,000,000	<b>DOH - Counties to Pay Normal Share of Mental Health for Medicaid Expansion</b> - UCA 17-43-201 and 17-43-301 indicate that counties are responsible to pay the match for Medicaid mental health and substance abuse services. UCA 26-18-3.9(7) designates the State to pay the normal county share for the costs of Medicaid expansion populations. This would change that responsibility back to the counties. Counties could receive an equal amount of funding from the Medicaid Expansion Fund, so state funding would remain at net \$0, but the services for which they have to pay would be expanded. This item would begin October 1, 2020.	UCA 26-18-3.9(7)	LIAA	
10%	\$ (4,200,000)	\$ 1,100,000	\$ -	\$ 42,000,000	<b>DHS - Counties to Pay Normal Share of Mental Health for Medicaid Expansion</b> - UCA 17-43-201 and 17-43-301 indicate that counties are responsible to pay the match for Medicaid mental health and substance abuse services. UCA 26-18-3.9(7) designates the State to pay the normal county share for the costs of Medicaid expansion populations. This would change that responsibility back to the counties. Counties could receive an equal amount of funding from the Medicaid Expansion Fund, so state funding would remain at net \$0, but the services for which they have to pay would be expanded. This item would begin October 1, 2020. The pre-recession Medicaid February 2020 consensus forecast estimated \$13.1 million more ongoing revenues than expenditures from the Medicaid Expansion Fund for FY 2021.	UCA 26-18-3.9(7)	KBD	
10%		\$ (150,000)	\$ (150,000)	\$ 612,200	<b>DOH - Spinal Cord and Brain Injury Rehabilitation Fund Sweep Balance</b> - The Spinal Cord and Brain Injury Rehabilitation Fund ended FY 2019 with a balance of \$612,200 with \$150,000 still available after recent service contract increases and equipment purchases. The fund receives funds from \$0.50 from the registration of each motorcycle and off-highway vehicle, and a portion of impound fees to assist charitable 501(c)(3) clinics providing rehabilitation services for the post-acute-care of people with traumatic spinal cord and brain injuries. The funding would have been used for expanded speech, occupational, and physical therapy services statewide. Revenues exceeded expenditures by \$163,000 in FY 2019. For more information please see <a href="https://cobi.utah.gov/fund/2251">https://cobi.utah.gov/fund/2251</a> .	UCA 26-54	LEAA	
10%	\$ (150,000)		\$ (150,000)	\$ 44,000,000	<b>DOH - Stop Paying for Work Done by Deputy Director at Department of Technology Services</b> - End funding for work being done by 1 FTE at the Department of Technology Services helping with consolidation efforts, servers, project managements, and the Health Information Technology Committee Chair. Health: "The DTS IT Director for Health is not able to handle all of the many responsibilities of IT services at Health without this additional support. This position was responsible for significant savings to the department by managing a server consolidation effort that essentially paid for the continued funding for this position...The responsibilities of this position will not be handled as effectively through a committee. Also, there will be no support for the DTS IT Director for project management and supervisory responsibilities related to computer programming contractors or DTS programming staff. The loss of this position will negatively impact the UDOH operations."	No	LAF	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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10%	\$ (684,300)		\$ (1,890,700)	\$ 25,834,600	<b>DHS - Even Further Reduce Staffing in Recovery Services</b> - This reduction to the Office of Recovery Services would amount to an additional 8% or about 28 FTEs, potentially spread across the following functions: Electronic Technology (24 total FTEs), Child Support Services (303 total FTEs), and Medicaid Recovery (40 total FTEs). The department does not know the exact impact of most staffing reductions at this time; they would manage reductions through attrition to the extent possible and reexamine processes to minimize the impact to core functions and services. Large FTE reductions could have significant impacts.	No	KGC	-28
10%	\$ (544,100)		\$ (544,100)	\$ 4,621,500	<b>DHS - Further Reduce Child and Family Services Administrative Staff</b> - This item would reduce administrative (non-case-carrying) staff at the state and region levels by an additional 5%, about 8 additional FTEs, or 15% total, about 25 FTEs total. This may impact areas such as: foster and kinship family in-person support, contract provider support, GRAMA request response, and implementation of the federal Families First Prevention Services Act.	No	KHA	-8
10%	\$ (74,100)		\$ (148,200)	\$ 148,200	<b>DOH - Eliminate Staff Incentive Awards</b> - In FY 2019 the Department of Health spent \$148,200 on incentive awards for staff for innovation, leadership, outstanding performance, and cost saving measures. This reduction assumes that a similar amount for incentive awards would have been spent in FY 2021 and removes that funding. Health: "We are asking employees to do more by assuming work as a result of reductions in staff and during times of crisis. The incentives are a way for the agency to retain employees with job skills that are critical to the Department or difficult to recruit in the market."	No	DOH	
10%	\$ (816,600)		\$ (2,527,400)	\$ 32,423,200	<b>DHS - Reduce Staffing at the Utah State Developmental Center</b> - This item could reduce state employees at the Utah State Developmental Center by 9% or about 53.5 FTEs, out of 570 total FTEs. The center reports that this item would have "a significant impact on our ability to provide even basic services."	No	KFC	-53.5
10%	\$ (27,900)		\$ (57,000)	\$ 6,310,000	<b>DOH - Eliminate Part-time Finance Position</b> - This reduction eliminates the funding for a 0.5 FTE of financial staff. This work will be replaced with an office change to electronic processes with the remaining work absorbed by other staff.	No	LAF	-0.5
10%	\$ (181,800)		\$ (181,800)	\$ 6,761,700	<b>DHS - Further Reduce Distribution to Domestic Violence Shelters</b> - This item would reduce the funding distribution to domestic violence shelters by an additional 5%, or 10% total. The Division of Child and Family Services reports that this item "would impact their ability to provide victim services, especially those beyond basic sheltering. Things like counseling, housing support, legal assistance, case management, etc. How providers would adjust to the cuts would be determined individually across the various shelters. It is likely that safety services for DV victims would be less robust." Because the federal CARES Act provided funding to domestic violence service providers, this item may create an issue of supplantation.	No	KHM	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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10%	\$ (1,361,500)		\$ (1,361,500)	\$ 28,703,400	<b>DHS - Further Reduce Rate for Residential Treatment Providers in Child and Family Services</b> - This item would reduce the rate paid (or utilization, if possible) for Division of Child and Family Services (DCFS) clients served by residential treatment or proctor care providers by an additional 3.5%, or 10% total. DCFS reports of providers: "Some may shut their doors, some may cut their administrative costs, some may cut pay or be unable to staff at the same levels. All of these would lead to a more strained system for our most acute youth, and could compromise safety in these settings, as well as deny youth the level of intervention they are appropriate for." Human Services has requested that rate changes in DCFS be mirrored in the Division of Juvenile Justice Services to maintain equity between divisions.	No	KHF	
10%	\$ (495,500)		\$ (495,500)	\$ 6,233,700	<b>DHS - Reduce Rate for Foster Families</b> - This item would reduce the rate paid (or utilization, if possible) to in-home foster families for Division of Child and Family Services clients by 10%. The rate reduction could reduce the number of available foster families.	No	KHE	
10%	\$ (91,200)		\$ (91,200)	\$ 1,745,100	<b>DOH - Reduction of Services Provided by Health Care Statistics</b> - Utah's All Payer Claims Databases (APCD) contains medical, pharmacy, and dental claims from from insurance carriers and providers. This information can be used to determine diagnoses, treatment, and costs of diseases in Utah. Health: "Our best guess descriptions of services that might not be offered, are most readily at risk for being lost if there are cuts to Milliman include: (1) Potential loss of MARA grouping system. The Milliman Advanced Risk Adjustment (MARA) grouping system assigns disease and condition categories to each person in the APCD, allowing researchers to understand underlying drivers of a person's healthcare outcomes and costs. (2) Potential loss of HCGs. The Healthcare Cost Guidelines (HCG) grouping system categorizes healthcare claims into discrete groups, allowing researchers to understand trends in healthcare utilization and costs. (3) Potential loss of MedInsight portal. The MedInsight portal allows users to access core APCD data in a secure, intuitive user interface via web browser."	No	LAE	-0.5
10%	\$ (26,600)		\$ (26,600)	\$ 1,244,400	<b>DOH - Delay Upgrades to Public Health Indicator Based Information (IBIS) System</b> - The following improvements to <a href="https://ibis.health.utah.gov/ibisph-view/">https://ibis.health.utah.gov/ibisph-view/</a> will be delayed: (1) ability to query data from multiple data sources, (2) more options for users to define and save dataset comparisons, (3) more user-friendly appearance, (4) automation of IBIS reports, and (5) greater capacity for data visualizations.	No	LAE	
10%	\$ (1,455,000)	\$ (727,500)	\$ (4,500,000)	\$ 59,300,000	<b>DOH - All Provider Assessments to Contribute 3% to Administrative Costs</b> - This item requires all Medicaid provider assessments to contribute 3% revenue for administrative costs retroactive to January 1, 2020. The nursing assessment pays 3% while the hospital provider assessment paid 0% in FY 2019 and the ambulance service provider assessment paid \$20,000 or 0.5% in FY 2019. By allowing 3% administration for all assessments this could replace \$1,455,000 in General Fund for Medicaid administration based on revenue forecasts for FY 2021. The total funds reduction of \$4.5 million represents a 2.5% decrease in rates paid to hospital and ambulance service providers. This loss could partially be offset by increasing the assessment collected rather than redirecting current assessment dollars.	UCA 26-37a & 26-36d, federal approval	LGD	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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10%	\$ (143,000)		\$ (143,000)	\$ 632,700	<b>DOH - End Human Papillomavirus (HPV) Public Awareness Campaign and Reduce Vaccine Purchases</b> - This reduction ends the ongoing funding for the HPV public awareness campaign which was working on increasing the usage of HPV vaccine. This item also reduces other vaccine purchases such as flu vaccines for populations not eligible for federal vaccines, such as adults, the homeless, or incarcerated individuals.	No	LEH	
10%	\$ (25,000)		\$ (25,000)	\$ 172,000	<b>DOH - Less Advertising for Safe Haven Newborn Laws</b> - This reduction removes \$25,000 ongoing that began in FY 2019 which was used to increase outreach marketing campaign advertising by 10%. Safe Haven refers to Utah's newborn abandonment laws. Health: "Loss of funding will decrease awareness and increase newborns left in unsafe places leading to preventable deaths."	No	LEJ	
10%	\$ (80,000)		\$ (80,000)	\$ 3,425,200	<b>DHS - Reduce Staffing for Adult Protective Services</b> - Most reduction options related to the Division of Aging and Adult Services (DAAS) are reductions to the pass-through funding to local Area Agencies on Aging. To spread the impact to the state level as well, this item would reduce staff by 2%, or about 1 FTE out of 41 total FTEs in Adult Protective Services (APS). APS is responsible for investigations of reports of abuse, neglect and exploitation regarding vulnerable adults. Staffing reductions could impact the number of investigations performed or increase caseloads for caseworkers.	No	KKD	-1
10%	\$ (60,000)		\$ (60,000)	\$ 858,100	<b>DHS - Reduce Staffing for Aging and Adult Services Administration</b> - Most reduction options related to the Division of Aging and Adult Services (DAAS) are reductions to the pass-through funding to local Area Agencies on Aging. To spread the impact to the state level as well, this item would reduce staff by 7%, or about 1 FTE out of 14 total FTEs in DAAS administration. The department does not know the exact impact of most staffing reductions at this time; they would manage reductions through attrition to the extent possible and reexamine processes to minimize the impact to core functions and services. Large FTE reductions could have significant impacts.	No	KKA	-1
10%	\$ (49,000)		\$ (49,000)	\$ 98,000	<b>DOH - 50% Reduction in Funding for Statewide Stroke and Cardiac Registry</b> - This reduction would likely delay the implementation of rules and databases to collect stroke and cardiac information. This information might be collected via a new reporting rule. The department currently collects stroke data from every hospital and puts it into a central database. A statewide task force reviews the data to try and identify performance improvements.	No		-0.5
10%	\$ (125,000)		\$ (125,000)	\$ 250,000	<b>DOH - 50% Reduction in Funding for Pediatric Trauma and Quality Improvement Network</b> - This item reduces the pass through to Primary Children's Hospital which may result in a delay or loss of statewide trauma treatment guidelines for youth in non-pediatric designated hospitals. Funding began in FY 2019. As of the August 2019, the network was in process to establish "guidelines for pediatric traumatic brain injury and pain management guidelines" and "state and regional benchmarks and triage guidelines for pediatric trauma and emergency care."	No		-0.5

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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10%	\$ (30,600)		\$ (90,000)	\$ 95,000	<b>DHS - Eliminate Lease for St. George Recovery Services Office</b> - The Office of Recovery Services (ORS) has a lease for their St. George office that expires on June 30, 2021. After closure, St. George employees could telework with Provo as their home office. ORS would still expend \$5,000 annually to maintain a payment kiosk at the St. George location. ORS would manage the cut through FY 2021 by delaying refilling vacant positions or implementing a hiring freeze when possible.	No	KGC	
10%	\$ (320,700)		\$ (320,700)	\$ 4,312,200	<b>DHS - Further Reduce Aging Alternatives Program Funding</b> - The Division of Aging and Adult Services passes funding to local Area Agencies on Aging (AAAs) to help support their Aging Alternatives programs. These programs provide a variety of services to qualifying older adults to help them remain in their homes, including: in-home services, personal care, home health aides, respite care, daycare, and transportation. Clients must meet income and eligibility guidelines to receive services and fees are assessed based on ability to pay. Clients are generally those who have higher incomes or functional abilities than those receiving services through the Medicaid Aging Waiver. The division could continue to provide federal Social Services Block Grant funding and AAAs could provide additional local funding. Unlike most other local aging programs, Aging Alternatives is not funded by specific federal allocations. Other local aging programs have received CARES Act funding and reducing the General Fund to those programs could be considered supplantation, which is not allowed by the federal government. This item would cause 64 fewer clients to be served, or 101 total.	Yes	KKF	
10%	\$ (145,000)		\$ (145,000)	\$ 3,736,000	<b>DOH - 45 Fewer At-risk Families to Receive Home Visits</b> - This item would reduce state funding by 28% for home visitation resulting in about 45 fewer families served. There would still be approximately \$3,216,000 in federal funds for this purpose in FY 2021. Home visiting provides and supports voluntary home visits to at-risk expectant or new parents. Home visiting is an evidence-based prevention strategy intended to improve the health and well-being of at-risk women, children and families. Trained home visitors, nurses, or social workers, provide regular home visits to provide information about prenatal care, infant care, child development and parenting skills, and connect parents to important resources in their community.	No	LFJ	
10%	\$ (169,300)		\$ (244,700)	\$ 611,800	<b>DHS - End Utah State Developmental Center Community Services</b> - This item would end respite and dental services to 100 additional individuals (250 total) in the community who are served by the Utah State Developmental Center.	No	KFC	
10%	\$ (75,000)		\$ (75,000)	\$ 750,000	<b>DOH - Background Check Increased Wait Time</b> - Currently some clients getting background checks to work in child care, health facilities, or emergency medical services have to wait up to an hour before getting their fingerprints taken. Health: "10% reduction equivalent to 1 FTE in the Office of Background Check Processing. This reduction will slow down processing time."	No	LFA	-1

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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10%	\$ (446,700)		\$ (893,400)	\$ 10,040,700	<b>DHS - Further Reduce Staffing in Services for People with Disabilities</b> - This item would reduce state employees in administration and service delivery for the Division of Services for People with Disabilities by an additional 10% or about 11 FTEs, or 19 FTEs total, out of 113 total FTEs. The department does not know the exact impact of most staffing reductions at this time; they would manage reductions through attrition to the extent possible and reexamine processes to minimize the impact to core functions and services. Large FTE reductions could have significant impacts.	No	KFA	-11
10%	\$ (3,253,500)	\$ 813,400	\$ (9,947,900)	\$ 324,958,400	<b>DHS - Roll Back Disabilities Provider Rate Increases to FY 2018 Level</b> - In recent years the Legislature has provided incremental rate increases to different categories of providers involved in community-based services for individuals with disabilities, including: direct care staff, fiscal intermediaries, and for motor transportation. This item would undo rate increases that began in FY 2019. This change could be effective October 1, 2020. The Division of Services for People with Disabilities (DSPD) reports that rate decreases may impact provider turnover and service quality.	Federal approval	KFD	
10%	\$ (100,000)		\$ (100,000)	\$ 291,600	<b>DOH - 40 Fewer Children to Receive Hearing Aids</b> - The program provides hearing aids to qualifying children under 6 years old who are not eligible for 100 percent reimbursement from Medicaid or the Children's Health Insurance Program. The Legislature expanded this program by \$191,600 beginning in FY 2020. Health: "There is an estimated savings of \$350,000 during K-12th grades to a school system for each child who does not need special education services. Lifetime costs for a child with profound hearing loss can total \$1,000,000."	No	LFF	-0.1
10%	\$ (75,000)		\$ -	\$ 680,000	<b>DOH - \$2 Increase in Background Checks for 38,000 Workers</b> - This item raises the background check fees from \$18 to \$20 for around 38,000 workers in health care facilities, emergency medical services, and child care to generate revenue to pay \$75,000 of their \$84,000 full share of agency indirect costs. Based on current statute most of this revenue from workers in child care and health care facilities goes into the General Fund.	Fee Changes	LAF	
10%	\$ (100,000)	\$ (366,500)	\$ (100,000)	\$ 200,000	<b>DOH - Traumatic Brain Injury Fund Serve 100 Fewer Clients and Sweep Half of Fund Balance</b> - The Traumatic Brain Injury Fund ended FY 2019 with a balance of \$732,900. The fund receives funds from appropriations from the Legislature, grants, and donations from private sources. The State currently provides \$200,000 ongoing for this fund. The Department of Health uses the fund to educate the public, coordinate short-term care, and support an information and referral system for persons with a traumatic brain injury. The fund is the payor of last resort. The primary expenses for the fund are (1) neuropsychological evaluation, (2) resource facilitation, (3) public education, and (4) ongoing case management of clients with traumatic brain injuries. The plans to use the fund balance include: (1) the program recently changed to reimburse hourly and longer term for services, (2) RFP for community health workers for rural community outreach, and (3) contract for person centered planning.	UCA 26-50 to sweep balance	LEAA	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs
10%	\$ (110,000)		\$ (110,000)	\$ 653,500	<b>DOH - Children with Special Health Care Needs</b> - The State funds developmental screening and clinical services at sites statewide for children with special health care needs. This reduction would likely eliminate some data contracts with the University of Utah for help accessing medical data, which would shift the work to access medical data to clinical staff. Additionally, one office specialist at the State would likely be eliminated.	No	LFA	-1
10%	\$ (150,000)		\$ (150,000)	\$ 8,931,100	<b>DOH - 26 to 36 Months More Between Inspections for Assisted Living Facilities and Personal Care Agencies</b> - This reduction will likely increase the time between inspections of assisted living facilities from 24 to around 50 months and personal care agencies from 36 to around 72 months. This item removes \$150,000 ongoing that began in FY 2019.	No	LFH	-1.5
10%	\$ (922,000)	\$ 231,000	\$ (2,853,300)	\$ 5,460,000	<b>DOH - Eliminate Blind/Disabled Dental Services or Have All Services Seeded by the University of Utah</b> - The State is paying about \$922,000 General Fund annually together with about \$900,000 from the University of Utah to provide dental services to blind and disabled clients statewide. This reduction would end the state contribution effective October 1, 2020. The University of Utah now has a statewide network and if it chose, then it could provide the additional \$922,000 seed for all of the services to continue the services. About 7,500 Medicaid clients with disabilities are projected to receive dental services in FY 2021. If not fully funded by the University of Utah, then this would change these dental services to emergency-only dental services.	Federal approval	LIAA	
10%	\$ (322,200)	\$ 80,600	\$ (322,200)	\$ 2,378,600	<b>DHS - Undo Home Health Provider Rate Increase From FY 2020</b> - Local aging home health providers received new funding for a rate increase during the 2019 General Session for Medicaid Aging Waiver services. The rate increase was approved in January 2020, so minimal time has passed with this change and rates could be rolled back to the previous level. Providers are currently able to submit reimbursement requests back to July 2019; therefore no one-time savings in FY 2020 are available. This rate change could be effective October 1, 2020. There is a related item for other home health providers titled "Rollback 20% Rate Increase for Home Health Care Services That Began July 2019" that is not on the initial Co-Chairs Proposal.	Federal approval	KKE	
10%	\$ (2,137,500)		\$ (2,137,500)	\$ 2,137,500	<b>DOH - Eliminate State Funding for Local Health Departments Compliance with State Performance Standards</b> - Thirteen local health departments (LHDs) cover all areas of the State and provide local public health services. The State utilizes the local health departments to administer many of the services required by state law. While this reduction is for the General Fund block grant funding only, the Utah Department of Health contracts with the LHDs for over 45 other services from a variety of funding sources. Health: "This is crucial to support LHD's especially in times of pandemic." Alternately, counties may tax property to support local health departments. 15 counties do and the lowest rate is \$4.70 per \$100,000. If the other 16 counties taxed at that rate, then it would generate \$4.5 million for those 16 counties' local health departments.	No	LLA	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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10%	\$ (150,000)		\$ (150,000)	\$ 300,000	<b>DHS - End Funding for Problems Anonymous Action Group</b> - This item removes the remaining half of the funding for the Problems Anonymous Action Group (PAAG), which provides housing in Weber County for people with substance misuse and mental health issues. Most individuals are eligible for Medicaid and 68% matching funds. Approximately 75 fewer people would be served, or 150 total. This program is not a statewide service.	No	KBC	
10%	\$ (110,200)		\$ (110,200)	\$ 220,400	<b>DHS - End Funding for Weber Behavioral Health Home</b> - This item removes the remaining half of the funding for the integrated care (physical and behavioral health) clinic at Weber Human Services. Most individuals are eligible for Medicaid and 68% matching funds. Approximately 100 fewer people would be served, or 200 total. This program is not a statewide service.	No	KBC	
10%	\$ (130,700)		\$ (130,700)	\$ 261,400	<b>DHS - End Funding for Opioid Abuse Prevention Services in Southeast Utah</b> - This item removes the remaining half of the funding for opioid prevention services in Carbon, Grand and Emery counties. Approximately 75 fewer people would be served, or 150 total. This program is not a statewide service.	No	KCC	
10%	\$ (49,000)		\$ (49,000)	\$ 98,000	<b>DHS - End Funding for Operation Rio Grande Assertive Community Outreach Team</b> - This item removes the remaining half of the funding for homeless individuals with mental illness who are involved with Operation Rio Grande. Approximately 20 fewer individuals would receive outreach and treatment services, or 40 total. This program serves individuals in Salt Lake County and is not a statewide service.	No	KBC	
10%	\$ (55,000)		\$ (55,000)	\$ 531,100	<b>DHS - Reduce Funding for Juvenile Competency Attainment Services</b> - In FY 2019, Human Services spent \$160,700 less on juvenile competency attainment services than the amount that the Legislature appropriated for this purpose. Human Services expects spending \$55,000 less in FY 2020.	No	KBC	
10%	\$ (49,000)		\$ (49,000)	\$ 98,000	<b>DOH - End Funding for Statewide Stroke and Cardiac Registry</b> - This item removes all ongoing funding provided for the creation and maintenance of the statewide stroke and cardiac registries. Funding began in in FY 2019 as part of S.B. 150, <i>Utah Statewide Stroke and Cardiac Registry Act</i> , from the 2019 General Session. A statewide task force reviews the data to try and identify performance improvements. This item assumes that "50% Reduction in Funding for Statewide Stroke and Cardiac Registry" is taken first.	UCA 26-8d	LFAA	-0.5
10%	\$ (125,000)		\$ (125,000)	\$ 250,000	<b>DOH - End Funding for Pediatric Trauma and Quality Improvement Network</b> - This item removes all remaining ongoing funding used to establish a trauma network for youth with the goal of improving trauma care. Funding began in FY 2019. As of the August 2019, the network was in process to establish "guidelines for pediatric traumatic brain injury and pain management guidelines" and "state and regional benchmarks and triage guidelines for pediatric trauma and emergency care." This item assumes that "50% Reduction in Funding for Pediatric Trauma and Quality Improvement Network" is taken first.	No	LFAA	-0.5

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs
10%	\$ (314,700)		\$ (314,700)	\$ 314,700	<b>DOH - Eliminate Rural Physicians Loan Repayment Assistance for Nine Physicians</b> - This item ends the Rural Physician Loan Repayment Program which provides loan repayment assistance to physicians for practicing for at least two years in rural counties with less than 50,000 people. The loan repayment assistance is 50 percent from the State and 50 percent from rural hospitals. This should not impact any current recipients, but would close the program to new recipients.	UCA 26-46a	LCB	-0.42
10%	\$ (7,420,000)	\$ 1,855,000	\$(22,980,000)	\$ 257,000,000	<b>DOH - Reduce Inpatient Outlier Payments by 21%</b> - Beginning October 1, 2020 modify the inpatient hospital outlier payment factor methodology to achieve 21% savings. As a reduction of all \$257 million inpatient hospital payments this represents a reduction of 9% in payments for inpatient hospital Medicaid services. What are inpatient hospital outlier payments? Medicaid State Plan: "In cases where a provider's charges significantly exceed the base [Diagnostic Related Group] payment rate, an outlier enhancement may be included in the payment of a claim to the provider."	Federal approval	LIAA	
10%	\$ (177,600)		\$ (177,600)	\$ 177,600	<b>DOH - End Assistance to 25 Persons With Bleeding Disorders</b> - This reduction ends all ongoing funding for the Assistance to Persons with Bleeding Disorders Program which makes grants available to assist persons with bleeding disorders with the cost of obtaining services for hemophilia or the cost of insurance premiums for coverage of services. The program served 25 individuals in FY 2019. With the expansion of Medicaid to more low income adults in Utah, some of these individuals may now qualify for Medicaid.	UCA 26-47-103	LFE	
10%	\$ (2,466,700)	\$ 1,233,300	\$ (2,721,400)	\$ 31,743,500	<b>DHS - Close One Adult Bed Unit at the Utah State Hospital</b> - The Utah State Hospital (USH) could close one adult bed unit but retain some staff for other purposes. A unit consists of 30 beds. USH reports that the unit closure would reduce staffing by 6% or about 50 FTEs, out of 893 total FTEs, and that it would take 6-9 months to transition patients to community settings. The unit closure could reduce the number of civil commitment or forensic beds available.	No	KBF	-50
10%	\$ (45,000)		\$ -	\$ 74,000	<b>DOH - Increase Child Care Licensing Fee by \$38 for 1,200 Providers</b> - The base fee for child care annual licensing is \$62. This item would increase the fee to \$100. The fee would need to be raised to around \$800 in order for the fee to cover all \$1,040,000 in inspection costs. Other states' similar fees in Colorado, Washington, and Wyoming have fees ranging from \$30 to \$225 (fees vary depending on the number of children among other variables). This fee revenue goes into the General Fund.	Fee Change	LFAA	
10%	\$ (1,400,000)	\$ 400,000	\$ (4,340,000)	\$ 70,000,000	<b>DOH - Decouple Medicaid Outpatient Rates from Medicare Increases</b> - Currently Utah pays 100% of Medicare outpatient hospital rates. Medicare had a 2.7% increase that began on January 1, 2020. This reduction would remove the 2.7% increase and tell the Department of Health to decouple Utah Medicaid outpatient hospital rates from Medicare for fee-for-service and accountable care organizations starting on October 1, 2020. The Department of Health is concerned that this would create a separate reimbursement system and generate questions from providers.	(1) Intent Language & (2) federal approval	LIAA	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs
10%	\$ (31,800)		\$ (31,800)	\$ 43,800	<b>DOH - End Reporting on Adverse Anesthesia Events</b> - This item ends all ongoing funding for staff to administer the program and to annually notify medical providers of requirements to report adverse anesthesia events in outpatient settings. This ongoing funding began in FY 2020 (it was funded one-time in FY 2018 and FY 2019). The recently report produced can be found here <a href="https://health.utah.gov/wp-content/uploads/AnesthesiaAmendment19.pdf">https://health.utah.gov/wp-content/uploads/AnesthesiaAmendment19.pdf</a> . "One death and one adverse event have been reported from July 1, 2018 through June 11, 2019." This item assumes that "End All State Mailing Notifications to Providers Regarding Compliance With Anesthesia Events" is taken first.	UCA 26-1-40	LAE	
10%	\$ (100,000)		\$ (100,000)	\$ 200,000	<b>DOH - End Traumatic Brain Injury Program Serving 100 Clients</b> - End all services to around 100 clients with traumatic brain injury. The Department of Health uses the fund to educate the public, coordinate short-term care, and support an information and referral system for persons with a traumatic brain injury. The fund is the payor of last resort. The primary expenses for the fund are (1) neuropsychological evaluation, (2) resource facilitation, (3) public education, and (4) ongoing case management of clients with traumatic brain injuries. This item assumes that "Traumatic Brain Injury Fund Serve 100 Fewer Clients and Sweep Half of Fund Balance" is taken first.	No	LEAA	
10%	\$ (1,500,000)		\$ (1,500,000)	\$ 4,752,200	<b>DOH - End Traumatic Brain Injury Program Serving 100 Clients</b> - This reduction ends all ongoing funding to provide services to around 100 clients with traumatic brain injury. The Department of Health uses the fund to educate the public, coordinate short-term care, and support an information and referral system for persons with a traumatic brain injury. The fund is the payor of last resort. The primary expenses for the fund are (1) neuropsychological evaluation, (2) resource facilitation, (3) public education, and (4) ongoing case management of clients with traumatic brain injuries. This item assumes that "Traumatic Brain Injury Fund Serve 100 Fewer Clients and Sweep Half of Fund Balance" is taken first.	<u>35A-3-402</u>		
10%	\$ (1,500,000)		\$ (1,500,000)	\$ 4,752,200	<b>DWS - Decrease General Assistance (GA) Program Funding to Match Current Caseload</b> - This item reduces funding to match current caseload for the GA Program, which provides time limited cash assistance and case management services to low-income single adults and married couples who provide evidence of a physical or mental health impairment that prevents basic work activities in any occupation and have no dependent children residing with them 50% or more of the time. This reduction would not affect services unless caseloads increase. This combined with the reduction below would reduce General Assistance by \$3,750,000 ongoing. DWS: "The General Assistance program has experienced declining caseloads over the past few years as the economy has been strong. In FY 2020, we anticipate that the reduced caseloads will result in approximately \$1.5 million in one-time savings. Assuming that caseloads do not increase, DWS would be able to maintain current service levels with the proposed ongoing reduction. During the Great Recession, however, caseloads exceeded available funding and we had to close enrollment as a result. We anticipate that caseloads will again grow to unsustainable levels if the current economic situation persists. Any ongoing reduction in funding coupled with any caseload growth would require DWS to again create a waiting list for the program."	<u>35A-3-402</u>		0

		\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs	
10%	\$ (2,250,000)		\$ (2,250,000)	\$ 4,752,200	DWS - Further Reduce General Assistance (GA) Program - This item further reduces funding for the GA Program which provides time limited cash assistance and case management services to low-income single adults and married couples who provide evidence of a physical or mental health impairment that prevents basic work activities in any occupation and have no dependent children residing with them 50% or more of the time. This combined with the reduction "Decrease General Assistance (GA) Program Funding to Match Current Caseload" would reduce General Assistance by \$3,750,000 ongoing, leaving \$1,002,200. Approximately \$200,000 is needed for SSI Supplemental payments to small subset of Medicaid recipients. DWS: "During FY 2019, the average number of clients served monthly in the General Assistance program was 671. This proposed ongoing reduction would reduce the average number of clients that could be served each month to 110. This proposed reduction would also necessitate the reduction in the number of case managers for the General Assistance program from 8.0 FTEs to 1.5 FTEs and associated supervision from 1.0 FTEs to 0.25 FTEs, an overall reduction of 7.25 FTEs. Savings generated from the reduction in FTEs are included in the proposed \$2.25 million ongoing reduction."	<u>UCA 35A-3-402</u>		-7.25	
10%	\$ (254,500)	\$ 64,000	\$ (952,900)	\$ 952,900	<b>DOH - End \$20 to \$150 Monthly Health/Dental Insurance Subsidies for 1,200 Individuals</b> - 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 2019 the average monthly enrollment was 618 adults and 552 children. The program began in November 2006. This reduction would end the program on October 1 2020. 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."	UCA 26-18-3.8	DOH		

		\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs	
10%	\$ (210,000)	\$ 53,000	\$ (650,000)	\$ 61,000,000	DOH - Remove 20% Rate Enhancements for Urban Oral Surgeon and Dentists - Since FY 1998, urban oral surgeons and dentists can receive a 20% increase by being willing to see more than 100 distinct Medicaid members annually. This item ends that 20% rate enhancement effective October 1, 2020. Between FY 2015 and FY 2020 all dentists received total rate increases of over 21%. A prior issue brief available at <a href="https://le.utah.gov/interim/2013/pdf/00002603.pdf">https://le.utah.gov/interim/2013/pdf/00002603.pdf</a> concluded that dentist participation in Medicaid increased between FY 2008 and FY 2012. The number of dentists licensed to practice in Utah has grown 40% from 2,431 in 2012 to 3,402 in 2020. The number of dentists licensed as Medicaid fee-for-service providers has increased from 2012 to 2019 by 11% or 85 providers from 781 to 866. This would end the 20% enhancement effective October 1, 2020. Health: "This rate reduction...would trigger an access to care evaluation by CMS [Centers for Medicare and Medicaid Services]...It is unlikely that CMS would approve such a cut given where Medicaid dental rates are so much lower than commercial rates." This item is dependent upon "DOH - Shift Medicaid Managed Care Dental to State-run Fee-for-Service" being taken first.	Federal approval	LIA		
10%	\$ (5,422,300)	\$ 1,355,600	\$ (16,579,400)	\$ 324,958,400	DHS - Roll Back Disabilities Provider Rate Increases to FY 2017 Level - In recent years the Legislature has provided incremental rate increases to different categories of providers involved in community-based services for individuals with disabilities including: direct care staff, fiscal intermediaries, and for motor transportation. This item would undo rate increases that began in FY 2018. This change could be effective October 1, 2020. The Division of Services for People with Disabilities (DSPD) reports that rate decreases may impact provider turnover and service quality.	Federal approval	KFD		
10%	\$ (250,000)		\$ (250,000)	\$ 250,000	DOH - End Alzheimer's State Plan Funding - This reduction ends all ongoing funding for community outreach and public awareness that began in FY 2020. As of December 2019 there are two contracted providers to provide community care consultations, expansion of public awareness is in progress, and a full time staff has been hired. Health: "The Alzheimer's and Related Dementias Program is currently in the process of applying for federal funds, using these state funds as a required match. Utah is in a great position to be funded because of the infrastructure and support that have been built with state funding."	No	LEAA	-1	
10%		\$ (5,250,000)	\$ (16,700,000)	\$ 3,280,000,000	DOH - Medical Services Decreased Demand One-time Savings - This reduction estimates one-time savings of 3% for a decrease in demand in all Medicaid fee-for-services from March through May 2020 that will show up in FY 2021. There is a delay in when the savings will be seen because providers have up to 12 months to bill for a service provided.	No	LIA		
10%	\$ (2,400)		\$ (5,300)	\$ 768,200	DOH - Per FTE Charge Associated with Staff Reductions for Department of Human Resources Management - Health will not have to pay \$806 per FTE that is reduced. The actual amount of this reduction will be calculated once final reductions are taken.	No	DOH		
10%	\$ (140,900)		\$ (187,800)	\$ 2,725,100	DHS - Per FTE Charge Associated with Staff Reductions for Department of Human Resources Management Reduction of DHRM - Human Services will not have to pay \$806 per FTE that is reduced. The actual amount of this reduction will be calculated once final reductions are taken, and will depend on the mix of funding sources for the relevant appropriation units.	No	DHS		

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
10%	\$ (2,900)	\$ -	\$ (5,800)		DWS - Per FTE Charge Associated with Staff Reductions for Department of Human Resources Management Reduction of DHRM - Workforce Services will not have to pay \$806 per FTE that is reduced. The actual amount of this reduction will be calculated once final reductions are taken.	No	DWS	
166	\$ (112,059,900)	\$ (27,600)	\$ (112,087,500)		Grand Total - Budget Reduction Options	42		
166	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ 1,098,109,200	Proposed Reductions - General Fund			
	\$ (60,970,100)	\$ (1,407,500)	-10.7%	\$ 567,562,000	Proposed Ongoing Reductions to the Department of Health			
	\$ (39,836,900)	\$ 1,999,800	-9.5%	\$ 418,596,800	Proposed Ongoing Reductions to the Department of Human Services			
	\$ (11,252,900)	\$ (619,900)	-10.1%	\$ 111,950,400	Proposed Ongoing Reductions to the Department of Workforce Services			
	\$ -	\$ -	0.0%		Proposed Other Reductions			
					<b>Reduction Detail by Division in Health - Proposed General Fund Reductions/Funding Swaps</b>			
LA	\$ (2,752,700)	\$ (65,000)	-38.8%	\$ 7,258,500	Executive Director's Operations			
LE	\$ (1,612,800)	\$ (549,700)	-12.4%	\$ 17,409,400	Disease Control and Prevention (including Traumatic Brain Injury)			
LL	\$ (2,137,500)	\$ -	-100.0%	\$ 2,137,500	Local Health Departments			
LF	\$ (4,456,500)	\$ (25,000)	-18.1%	\$ 24,796,800	Family Health and Preparedness (including Children's Hearing Aid Program Account)			
LC	\$ (314,700)	\$ -	-101.7%	\$ 309,300	Rural Physicians Loan Repayment Assistance			
LQ	\$ (9,700)	\$ -	-101.0%	\$ 9,600	Primary Care Workforce Financial Assistance			
LG	\$ (1,482,500)	\$ (713,700)	-43.1%	\$ 5,091,900	Medicaid and Health Financing			
LI	\$ (47,920,200)	\$ 71,900	-9.7%	\$ 492,323,300	Medicaid Services			
LP	\$ (361,000)	\$ -	-2.0%	\$ 18,225,700	Children's Health Insurance Program			
			Ongoing %		<b>Reduction Detail by Division in Human Services - Proposed General Fund Reductions/Funding Swaps</b>			
KK	\$ (1,565,900)	\$ 80,600	-10.0%	\$ 15,659,400	Aging and Adult Services			
KH	\$ (8,722,000)	\$ (2,000,000)	-7.1%	\$ 122,782,500	Child and Family Services			
KA, KE	\$ (1,320,700)	\$ -	-10.5%	\$ 12,606,400	Executive Director Operations & Office of Public Guardian			
KG	\$ (1,429,700)	\$ (2,300)	-10.0%	\$ 14,296,600	Office of Recovery Services			
KF	\$ (13,357,100)	\$ 1,011,200	-10.5%	\$ 127,570,700	Services for People with Disabilities			
KB, KC	\$ (13,564,100)	\$ 2,910,300	-10.8%	\$ 125,681,200	Substance Abuse and Mental Health			
					Other Budget Reduction Options - Sorted by Size			

Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs
	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (10,930,000)	\$ (5,465,000)	\$ 40,000,000	\$ 300,000,000	<b>DOH - New Provider Assessment on Pharmacies in Medicaid</b> - When provider assessments have nearly all providers participating in Medicaid, it is more likely that the assessment will provide an increase in overall revenue for the majority of providers. There are 788 licensed pharmacies as Class A and/or Class B Businesses in Utah as of May 6, 2020 compared to 587 enrolled Medicaid providers as of FY 2019. This reduction implements a pharmacy assessment retroactively effective to January 1, 2020 of \$20 million, reduces General Fund by \$10 million and increases pharmacy net revenue from Medicaid overall by 13% or \$40 million ongoing. This allows 3% of the total funds from the new assessment for administrative costs and reduces administrative General Fund for 1/2 of the new administrative assessment funds.	New Law	LIAA	
	\$ (4,100,000)	\$ 1,030,000	\$ (12,700,000)	\$ 88,000,000	<b>DOH - Rollback 20% Rate Increase for Dental Providers That Started July 2019</b> - This reduction rolls back starting October 1, 2020 the \$4.0 million General Fund and \$8.7 million federal funds used to raise Medicaid dental reimbursement rates by 20% beginning July 1, 2019 for 441 active providers. During the Great Recession Utah tried to rollback a 27.5% dental rate increase provided in FY 2008, but was only authorized to reduce rates 4.5%. This item is much more feasible if "DOH - Shift Medicaid Managed Care Dental to State-run Fee-for-Service" is taken first.	Federal approval	LIAA	
	\$ (3,423,300)		\$ (3,423,300)	\$ 41,580,000	<b>DHS - Reduce Child and Family Services Caseworkers</b> - This item would reduce case-carrying staff in the Division of Child and Family Services (DCFS) by 74 FTEs. DCFS reports that "the average caseworker carries 12-15 cases. The loss of 74 would affect about 888-1110 cases. 161 of the 520 workers have been with us just under a year and are just working towards a full caseload, still have minimal understanding of the system, and could not effectively work a very high caseload. Thus, the remaining 359 of the workers would largely be the ones bearing the brunt of the additional cases. These cases are not distributed across the state in a way that allows for even distribution. With higher caseloads we would then expect to see two things 1) longer cases with lower quality work and 2) increased turnover in the workforce, which would additionally lead to longer cases and higher caseloads. If each foster case increased by only two months, the cost would approach \$6 million in extended case costs."	No	KHB	-74

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (2,757,300)		\$ (2,757,300)	\$ 4,312,200	<b>DHS - End Aging Alternatives Program Funding</b> - The Division of Aging and Adult Services passes funding to local Area Agencies on Aging (AAAs) to help support their Aging Alternatives programs. These programs provide a variety of services to qualifying older adults to help them remain in their homes, including: in-home services, personal care, home health aides, respite care, daycare, and transportation. Clients must meet income and eligibility guidelines to receive services and fees are assessed based on ability to pay. Clients are generally those who have higher incomes or functional abilities than those receiving services through the Medicaid Aging Waiver. The division could continue to provide federal Social Services Block Grant funding and AAAs could provide additional local funding. Unlike most local aging programs, Aging Alternatives is not funded by specific federal allocations. Other local aging programs have received CARES Act funding and reducing the General Fund to those programs could be considered supplantation, which is not allowed by the federal government. This item, if combined with the other Aging Alternatives items on this list, would end the program.	Yes	KKF	
	\$ (2,570,000)		\$ (2,570,000)	\$ 12,850,000	<b>DWS - Reduce General Fund appropriation to the Homeless to Housing Reform Restricted Account by 20%</b> - The State Homeless Coordinating Committee awards one-time and ongoing grants or contracts from this account to help at-risk or homeless populations after considering recommendations of the Executive Appropriations Committee. DWS: "Approximately 7,300 individuals were served with funds from the Homeless to Housing Reform Restricted Account in the first three quarters of FY 2020. Quarter four data for FY 2020 is not yet finalized. If there had been a 20% reduction in funding in FY 2020, it would have had an impact on services to approximately 1,500 individuals in the first three quarters of FY 2020. Reductions in funding to the Homeless to Housing Reform Restricted Account would have the greatest impact on our ability to fund resource center/shelter operations, emergency shelter, domestic violence shelters, diversion from homelessness, permanent supportive housing, and other projects due to restrictions with applicable federal funding sources."	No		0
	\$ (2,466,600)	\$ 1,233,300	\$ (2,721,400)	\$ 31,743,500	<b>DHS - Close One Fully Staffed Adult Bed Unit at the Utah State Hospital</b> - Combined with the item "Close One Adult Bed Unit at the Utah State Hospital," this item would close one fully staffed adult bed unit, costing \$5.25 million total. A unit consists of 30 beds. The Utah State Hospital reports that it would take 6-9 months to transition patients to community settings.	No	KBF	-50
	\$ (2,264,500)		\$ (2,264,500)	\$ 36,175,900	<b>DHS - Reduce Allocation to Local Mental Health Authorities</b> - The Local Mental Health Authorities (LMHAs) receive pass-through funding from the State to provide prevention and treatment services and contribute at least an additional 20% from county funds. With this item, counties may choose to reduce their contribution to programs commensurately. Many individuals receiving these services are eligible for Medicaid and 68% matching funds. The Division of Substance Abuse and Mental Health states that this item could be divided as: (\$1,628,800) for adult mental health services, (\$587,600) for youth services, and (\$48,100) for justice-involved services. Approximately 520 fewer individuals would receive treatment services.	No	KBD	

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (1,922,400)		\$ (1,922,400)	\$ 2,965,500	<b>DHS - End Non-Waiver Services for Non-Medicaid Expenditures</b> - Non-waiver services include housing assistance, psychological assessments, background checks for contract providers, and services for individuals on the waiting list, such as supported employment and respite. This item would end funding for these purposes.	No	KFG	
	\$ (1,650,000)	\$ 413,000	\$ (5,100,000)	\$ 5,100,000	<b>DOH - End Medicaid Non-emergency Medical Transportation</b> – 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. This reduction ends these services effective October 1, 2020. 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."	Federal approval	LIA	
	\$ 2,800		\$ 28,000		<b>DWS - End Medicaid Non-emergency Medical Transportation</b> - Non-emergency medical transportation is an options service for traditional Medicaid clients who do not have a working vehicle in the household and are unable to ride on UTA bus services. This reduction ends these services effective October 1, 2020. DWS: "System programming to discontinue Medicaid non-emergency medical transportation would cost approximately \$28,000 at a 90/10 match rate (\$25,200 Federal funds / \$2,800 General Fund)."	No	NJY	
	\$ (1,637,000)		\$ (1,637,000)	\$ 2,060,000	<b>DOH - End Primary Care Grants Program Serving 40,000 Individuals</b> - This reduction ends state funding for grants to public and non-profit entities for the cost of providing primary health care services to medically underserved populations. This program served 56,600 people in FY 2018, which is the last year with comparable funding levels. The Legislature increased funding for this program \$750,000 beginning in FY 2020. Full Medicaid expansion may reduce the number of uninsured in Utah in FY 2021 by 17% from 55,300 newly eligible or currently eligible clients signing up for services vs a current estimate of uninsured individuals of 331,900. This item assumes that "Primary Care Grants Serve 17,000 Fewer Individuals" is taken first.	UCA 26-10b	LFE	-6
	\$ (1,580,000)	\$ 395,000	\$ (4,880,000)	\$ 10,900,000	<b>DOH - Reduce Eligibility for 130 Breast and Cervical Cancer Clients, Change Income Max 250% FPL to 138% FPL</b> - This reduction ends special Medicaid coverage for about 130 clients with breast and cervical cancer with incomes from 138% up to 250% of the Federal Poverty Limit (FPL) effective October 1, 2020. 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.	Federal approval	LIAA	

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (1,500,000)	\$ 1,500,000	\$ 1,500,000	\$ 30,700,000	<b>DOH - Create Private Insurance Mandate Coverage for Baby Watch Program</b> - 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 by adding an insurance mandate 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 <a href="http://www.kff.org">www.kff.org</a> 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." This lets the Department of Health keep 1/2 of the projected increase. Please see <a href="https://le.utah.gov/audit/17_13rpt.pdf">https://le.utah.gov/audit/17_13rpt.pdf</a> for more information.	Law Change	LFF	
	\$ (1,329,200)	\$ 332,000	\$ (4,113,800)	\$ 24,000,000	<b>DOH - Rollback 20% Rate Increase for Home Health Care Services That Began July 2019</b> - Effective October 1, 2020 this reduction rolls back the \$1,329,200 General Fund and \$2.7 million federal funds used to increase Medicaid home health care reimbursement rates by 20 percent beginning July 1, 2019. As of December 2019 the first quarter of FY 2020 vs FY 2019 saw an increase in participating providers of 9% with a total of 383 participating home health providers. During the Great Recession, Utah tried to rollback a 27.5% dental rate increase given in FY 2008, but the federal government only approved a 4.5% decrease. This item is similar in concept to "DHS - Rollback 20% Rate Increase for Home Health Care Services That Began July 2019."	Federal approval	LIA	
	\$ (1,140,700)		\$ (1,140,700)	\$ 1,140,700	<b>DHS - End Social Services Block Grant Pass-Through to Locals and Use for State Needs</b> - Human Services annually passes funds to local governments for flexible uses, such as aging services, counseling, day care, foster care services, employment services, and many others. Instead, the department could use these flexible federal funds for state services, facilitating a corresponding General Fund reduction elsewhere.	Admin rule change	KAG	
	\$ (1,043,100)		\$ (1,043,100)	\$ 2,965,500	<b>DHS - End Non-Waiver Services for Medicaid-Ineligible Individuals</b> - 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. This program services about 85 individuals.	No	KFG	
	\$ (1,009,000)	\$ 252,000	\$ (3,124,000)	\$ 3,124,000	<b>DOH - Eliminate Physical Therapy/Occupational Therapy Services for 3,600 Non-pregnant Adults in Medicaid</b> - Effective October 1, 2020 stop providing physical and occupational therapy services to about 3,600 non-pregnant adults annually on Medicaid and eliminate the requirement to provide this service for managed care organizations. This reduction would take 1/4 from fee-for-service and 3/4 from accountable care organization rates since those organizations serve 75% of Medicaid clients.	Federal approval	LIAA	

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (1,000,000)	\$ 250,000	\$ (3,100,000)	\$ 61,000,000	DOH - Remove 20% Rate Enhancements for Rural Dentists - Since FY 1998, dentists in rural areas automatically receive a 20% increase in their Medicaid reimbursement. This item ends that 20% rate enhancement effective October 1, 2020. Between FY 2015 and FY 2020 all dentists received total rate increases of over 21%. A prior issue brief available at <a href="https://le.utah.gov/interim/2013/pdf/00002603.pdf">https://le.utah.gov/interim/2013/pdf/00002603.pdf</a> concluded that dentist participation in Medicaid increased between FY 2008 and FY 2012. The number of dentists licensed to practice in Utah has grown 40% from 2,431 in 2012 to 3,402 in 2020. The number of dentists licensed as Medicaid fee-for-service providers has increased from 2012 to 2019 by 11% or 85 providers from 781 to 866. This would end the 20% enhancement effective October 1, 2020. 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 CMS [Centers for Medicare and Medicaid Services]...It is unlikely that CMS would approve such a cut given where Medicaid dental rates are so much lower than commercial rates." This item is dependent upon "DOH - Shift Medicaid Managed Care Dental to State-run Fee-for-Service" being taken first.	Federal approval	LIA	
	\$ (970,000)	\$ 243,000	\$ (4,276,000)	\$ 4,276,000	DOH - End CHIP Dental Coverage - This reduction would end all dental coverage effective October 1, 2020. The Children's Health Insurance Program (CHIP) provides health insurance coverage to about 17,400 uninsured children 18 years of age or younger whose gross family income is between 139 and 200 percent of the Federal Poverty Level.	UCA 26-40-106 & federal approval	LPA	
	\$ (950,000)		\$ (950,000)	\$ 12,252,700	DHS - Reduce Allocation to Local Substance Abuse Authorities - The Local Substance Abuse Authorities (LSAAs) receive pass-through funding from the State to provide prevention and treatment services and contribute at least an additional 20% from county funds. With this item, counties may choose to reduce their contribution to programs commensurately. Many individuals receiving these services are eligible for Medicaid and 68% matching funds. The Division of Substance Abuse and Mental Health states that this item could be divided as: (\$14,800) for substance use disorder prevention services, (\$594,100) for adult treatment services, (\$100,500) for women's treatment services, and (\$240,700) for justice-involved services. Approximately 450 fewer individuals would receive treatment services.	No	KCD, KCC	
	\$ (920,000)	\$ 230,000	\$ (2,840,000)	\$ 5,120,000	DOH - Eliminate Drug Testing Services for Medicaid - Effective October 1, 2020 Medicaid would no longer cover drug testing. The Department of Health feels that there may be an inflated demand for these services costing millions, when have SUD diagnosis and medical professional, lots of entities creating a need for testing for DUIs. Health: "The Department...does not support elimination of these tests entirely. Both presumptive and definitive urine drug tests play a role in the management of opioid use disorder treatment programs." This item assumes that "Reduce Scope of Drug Testing Covered by Medicaid" is taken before this reduction.	Federal approval	LIAA	

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		\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
		\$ (900,000)		\$ (900,000)	\$ 900,000	<p><b>DWS - Elimination of Qualified Food Agencies Fund</b> - 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 the 2017 General Session, 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. DWS: "The Qualified Emergency Food Agencies Fund (QEFAF) is authorized by Utah Code §35A-8-1009. Funds are distributed to qualified emergency food agencies within Utah. Distributions received from QEFAF must be expended by the qualified emergency food agency only for a purpose related to (1) warehousing and distributing food and food ingredients to other agencies and organizations providing food and food ingredients to low-income persons, or (2) providing food and food ingredients directly to low-income persons. In FY 2019, QEFAF provided emergency food services to more than 50,000 households in Utah. Elimination of QEFAF would affect communities across the state and may cause smaller food pantries in rural areas of Utah to discontinue operations. This would cause hardships for many families as many of these rural areas have the highest percentages of poverty in the state.</p> <p>With COVID-19, there is an increased need for emergency food assistance in the state. Utahns Against Hunger surveyed emergency food pantries across the state to identify concerns/needs related to COVID-19 and found the following –</p> <ul style="list-style-type: none"> <li>- Many pantries have seen an increase in demand.</li> <li>- Pantries are meeting the need, but there is a concern for long-term sustainability.</li> <li>- 8 food pantries in Salt Lake County have temporarily closed as a result of the quarantine or out of concern for safety.</li> <li>- 34 percent of pantries reported a need for volunteers, however, many pantries have reduced or eliminated their volunteer operations out of concern for safety.</li> <li>- The resource needs of pantries vary from pantry to pantry. In addition to food, they reported the need for -</li> <li>- Funding/grants for maintaining their operations (staff, utilities, storage, etc.)</li> <li>- Personal protective equipment and cleaning supplies</li> <li>- Providing additional services like SNAP/WIC enrollment"</li> </ul>	<u>35A-8-1009</u>		0

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (872,600)	\$ 218,000	\$ (2,700,800)	\$ 58,300,000	<b>DOH - Remove 12% Rate Enhancement for Rural Physicians</b> - 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 <a href="https://medicaid.utah.gov/Documents/pdfs/Utah_Access_Monitoring_Review_Plan.pdf">https://medicaid.utah.gov/Documents/pdfs/Utah_Access_Monitoring_Review_Plan.pdf</a> 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 reduction would end the 12% enhancement effective October 1, 2020. 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 CMS [Centers for Medicare and Medicaid Services]. It is unlikely that CMS would approve such a cut."	Federal approval	LIA	
	\$ (800,000)		\$ (800,000)	\$ 4,752,200	<b>DWS - Eliminate General Assistance (GA) Program</b> - This item would eliminate funding for the GA Program which provides time limited cash assistance and case management services to low-income single adults and married couples who provide evidence of a physical or mental health impairment that prevents basic work activities in any occupation and have no dependent children residing with them 50% or more of the time. This combined with the reductions above would reduce General Assistance by \$4,550,000 ongoing, leaving \$202,200. Approximately \$200,000 is needed for SSI Supplemental payments to a small subset of Medicaid recipients. DWS: "During FY 2019, the average number of clients served monthly in the General Assistance program was 671."	<u>35A-3-402</u>		-12
	\$ (650,000)		\$ (650,000)	\$ 650,000	<b>DHS - End Referral Network Funding</b> - Human Services contracts with United Way 2-1-1 for an up-to-date provider directory and referral services. This item would eliminate all contracted funding.	No	CAA	
	\$ (500,000)		\$ (500,000)	\$ 2,267,900	<b>DHS - Reduce Special Needs Funding for Youth in Care</b> - The Division of Child and Family Services (DCFS) provides funding for certain special needs for child in care when payments to the foster parents are insufficient, such as for behaviorist services, transportation, clothing, music lessons, recreation, school yearbooks, and infant needs. DCFS uses some of the funding for youth in independent living situations. This item would reduce funding for these purposes but funding would remain in the program for court-ordered costs, such as interpreter services. About 2,300 youth received these services in FY 2020.	No	KHL	

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (478,000)	\$ 120,000	\$ (1,480,000)	\$ 1,480,000	<b>DOH - Eliminate Podiatry Services for 4,400 Non-pregnant Adults in Medicaid</b> - In FY 2019 4,400 non-pregnant adult Medicaid clients received 13,000 podiatry services (number of claims). This reduction would eliminate these services effective October 1, 2020 Health: and eliminate the requirement to provide this service for managed care organizations. "Elimination of these services may result in recipients seeking similar services from physicians and may not result in estimated savings. The change could also result in recipients with complications from diabetes not being able to receive needed care in long-term care facilities." This reduction would take 1/4 from fee-for-service and 3/4 from accountable care organization rates since those organizations serve 75% of Medicaid clients.	Federal approval	LIAA	
	\$ (400,000)		\$ (2,800,000)	\$ 400,000	<b>DOH - End Utah Produce Incentives/Double Up Food Bucks</b> - This reduction ends \$400,000 to match up to \$10 Supplemental Nutrition Assistance Program (SNAP) benefits daily for purchasing fruits and vegetables at retail grocery outlets that began in FY 2020. As of December 2019 one contract established with Urban Food Connections of Utah and anticipated spending all funding during the 2020 farmer market season. The funding also pays for 1.5 FTEs.	No	LEAA	-1.5
	\$ (375,000)		\$ (375,000)	\$ 520,000	<b>DOH - Eliminate State Home Visitation Funding for 120 At-risk Families</b> - This item would eliminate all state funding for home visitation. There would still be approximately \$3,216,000 in federal funds for this purpose in FY 2021. The funding reduced would fund about 120 visits in FY 2021. Home visiting provides and supports voluntary home visits to at-risk expectant or new parents. Home visiting is an evidence-based prevention strategy intended to improve the health and well-being of at-risk women, children and families. Trained home visitors, nurses, or social workers, provide regular home visits to provide information about prenatal care, infant care, child development and parenting skills, and connect parents to important resources in their community. This item assumes that "45 Fewer At-risk Families to Receive Home Visits" is taken first.	No	LFJ	-2
	\$ (363,480)		\$ (363,480)	\$ 1,895,700	<b>DWS - Reduce General Fund appropriation to the Homeless Account by 20%</b> - The funds provide a competitive grant program for services such as shelter, transitional housing, day centers, case management, and outreach for homeless individuals. DWS: "Approximately 6,500 individuals were served with funds from the Pamela Atkinson Homeless Account in the first three quarters of FY 2020. Quarter four data for FY 2020 is not yet finalized. If there had been a 20% reduction in funding in FY 2020, it would have had an impact on services to approximately 1,300 individuals in the first three quarters of FY 2020. Reductions in funding to PAHTF would have the greatest impact on our ability to fund domestic violence shelters, diversion from homelessness, permanent supportive housing, and other projects due to restrictions with applicable federal funding sources."	No		0

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (341,800)		\$ -	\$ 690,000	<b>DOH - User Fees for Utah Statewide Immunization Information System (USIIS)</b> - 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 as part of regular licensing fees. USIIS received about \$210,000 in donations from providers in FY 2020. Health: "Currently health plans contribute for data exports used for HEDIS measures. If we created user fees for access to USIIS, data health plans wouldn't contribute private donations. There is not a process to charge user fees."	Yes	LEH	
	\$ (320,000)	\$ 80,000	\$ (980,000)	\$ 25,000,000	<b>DOH - 10% Payment Reduction for Medicaid Rural Inpatient Hospital Claims</b> - Rural inpatient hospitals are paid 89% of billed charges for covered services. Urban inpatient hospitals are paid based on Medicare's methodology which has set fees primarily based on diagnosis codes. If rural hospitals were paid like urban hospitals, then the payments would be \$9.8 million total funds less. This reduction reduces that disparity by 10% or \$980,000 ongoing total funds beginning October 1, 2020. Health: "This decrease would very negatively impact some of the rural hospitals having a high cost to charge ratio."	Federal approval	LIF	
	\$ (308,000)	\$ 77,000	\$ (1,360,000)	\$ 1,360,000	<b>DOH - End CHIP Coverage for Lawfully Present Children</b> - Effective October 1, 2020 this reduction ends CHIP coverage for about 500 children who have been legally present in the United States for less than five years. The Children's Health Insurance Program (CHIP) provides health insurance coverage to about 17,400 uninsured children 18 years of age or younger whose gross family income is between 139 and 200 percent of the Federal Poverty Level.	No	LPA	
	\$ (216,600)		\$ (216,600)	\$ 291,600	<b>DOH - End Children's Hearing Aid Program Serving 80 Clients</b> - The program provides hearing aids to qualifying children under 6 years old who are not eligible for 100 percent reimbursement from Medicaid or the Children's Health Insurance Program and in FY 2019 served 43 children. The Legislature expanded this program by \$191,600 beginning in FY 2020. This item ends all ongoing state funding for this program. Health: "There is an estimated savings of \$350,000 during K-12th grades to a school system for each child who does not need special education services. Lifetime costs for a child with profound hearing loss can total \$1,000,000." This item assumes that "40 Fewer Children to Receive Hearing Aids" is taken first.	UCA 26-10-11	LFF	-0.2
	\$ (252,100)		\$ 700,300	\$ 25,834,600	<b>DHS - Additional Staffing Reductions in Recovery Services</b> - This item would reduce staffing at the Office of Recovery Services beyond the reductions from three other items titled "Reduce Staffing in Recovery Services." The amount could range from about \$20,000 to \$252,100 from the General Fund. The full reduction could amount to an additional 4% or about 10 FTEs. This reduction would potentially be spread across the following functions: Electronic Technology (24 total FTEs), Child Support Services (303 total FTEs), and Medicaid Recovery (40 total FTEs).	No	KGA	-10

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (240,000)		\$ (240,000)	\$ 3,425,200	<b>DHS - Further Reduce Staffing for Adult Protective Services</b> - Most reduction options related to the Division of Aging and Adult Services (DAAS) are reductions to the pass-through funding to local Area Agencies on Aging. To spread the impact to the state level as well, this item would reduce staff by an additional 7%, or about 3 FTEs out of 41 total FTEs in Adult Protective Services (APS). APS is responsible for investigations of reports of abuse, neglect, and exploitation regarding vulnerable adults. Staffing reductions could impact the number of investigations performed or increase caseloads for caseworkers.	No	KKD	-3
	\$ (226,800)	\$ 57,000	\$ (702,000)	\$ 702,000	<b>DOH - Eliminate Dental Benefits for Medicaid Spenddown Population</b> - Medicaid would provide ongoing \$702,000 total funds (\$226,800 General Fund) for around 27,300 dental benefit claims for Medicaid clients who spent down their income on qualifying health expenditures to become eligible for Medicaid. This reduction would eliminate these services effective October 1, 2020. This item could be taken before the item "Eliminate Blind/Disabled Dental Services or Have All Services Seeded by the University of Utah" and should be taken if the University of Utah does not pay to seed the services statewide.	Federal approval	LIAA	
	\$ (200,000)		\$ (200,000)	\$ 690,000	<b>DOH - \$250 Fee on Pharmacies for the Utah Statewide Immunization Information System (USIIS)</b> - This item adds a \$250 annual fee to brick and mortar pharmacy licenses to pay for benefits received from USIIS and reduce an equal amount of General Fund. There are 788 licensed pharmacies as Class A and/or Class B Businesses in Utah as of May 6, 2020. Health: "The USIIS Executive Committee indicated that pharmaceutical companies were approached when USIIS was first developed to see if they were willing to donate as well. At that time they were only willing to provide 'in-kind support' such as advertising (see disposition regarding advertising above). Since the USIIS system has grown, however, and more pharmaceutical activities (such and inventory tracking and vaccine ordering) have been integrated into the system, pharmaceutical companies are now a key beneficiary of the system...Currently only health plans have contributed financially to USIIS in order for USIIS to provide patient matching used to calculate HEDIS quality improvement measures. The Utah Statewide Immunization Information System received about \$210,000 in donations from all other providers in FY 2020.	New Fee	LEH	

Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs
	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (200,000)		\$ (200,000)	\$ 200,000	<b>DWS - Refugee Capacity Building</b> - Funds are granted to refugee-led organizations to provide programming that supports the organization's efforts toward building its capacity and ability to assist refugee community members with integration in the United States. DWS: "Funding goes directly to small, refugee-led non-profit organizations. These organizations are a critical component in reaching and providing education and services to the most vulnerable members of the refugee community in Utah. In 2018, the 16 organizations that received capacity building funds hosted classes that were attended by approximately 1,500 individuals, most of which are not served by any other providers. The majority of these organizations are in their infancy and have minimal access to, or ability to obtain, other funding. Reduction in this funding will likely result in many of these organizations ceasing to function. These organizations also play a vital role for the DWS Refugee Education and Training Center (RETC) in engaging and connecting with the broader refugee community. Programs led by these organizations account for over 1/3 of the programs offered at the RETC. As the need in these communities deepen due to the impacts of the pandemic, it is important to keep these individuals and organizations updated on current information and resources. This funding allows us to maintain this vital link."	No	Emergency Food Assistance (Fund 2151)	0
	\$ (175,000)		\$ (175,000)	\$ 402,000	<b>DOH - End State Funding for Office of Health Disparities</b> - This reduction would end the state funding going to the Office of Health Disparities and funding for 2.75 FTEs, which reported collaborating on seven projects, providing nine programs with technical assistance, and participating in 10 groups for FY 2019. The program would continue to receive about \$227,000 federal funds. "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 <a href="http://health.utah.gov/disparities/data/legislative-reports/OHDLegislativeReport2019.pdf">http://health.utah.gov/disparities/data/legislative-reports/OHDLegislativeReport2019.pdf</a> .	UCA 26-7-2	LFE	-2.75
	\$ (168,000)	\$ 42,000	\$ (520,000)	\$ 5,000,000	<b>DOH - Change Routine Eye Exams From Annual to Biennial For Non-Pregnant Adult Over 21</b> - Beginning October 1, 2020 Medicaid would only cover a regular eye exam every two years rather than annually for non-pregnant adults over age 21. This reduction would take 1/4 from fee-for-service and 3/4 from accountable care organization rates since those organizations serve 75% of Medicaid clients.	Federal approval	LIAA	

Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs
	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (166,000)	\$ 42,000	\$ (332,000)	\$ 332,000	<b>DOH - Eliminate Medicaid Interpreter Services As Separate Reimbursement</b> - Medicaid has currently opted to pay for translation services as a separate service with a medical visit. Other private providers and Medicare do not separately reimburse for translation and federal law requires the medical providers to serve all regardless of language ability. This reduction would end this service on October 1, 2020. The Department states: "If we end this service, it will force the cost of covering translation services onto the providers. Forcing this may cause an access to care issue, since many providers cannot absorb the cost of providing translation services into their existing rates." and eliminate the requirement to provide this service for managed care organizations. This reduction would take 1/4 from fee-for-service and 3/4 from accountable care organization rates since those organizations serve 75% of Medicaid clients.	Federal approval	LIAA	
	\$ (165,000)		\$ (165,000)	\$ 220,000	<b>DOH - End Maternal Mental Health Support</b> - This reduction ends all ongoing funding that began in FY 2020 to support programs helping women suffering from prenatal and postpartum depression. As of December 2019 the program had added 115 providers trained in perinatal mental health to a referral database and recruited four clinical sites to implement screening and treatment protocols. The original request at <a href="https://le.utah.gov/interim/2019/pdf/00001324.pdf">https://le.utah.gov/interim/2019/pdf/00001324.pdf</a> indicated that funding would not be needed starting in FY 2023. This item assumes that "Reduction to Maternal Mental Health Support" is taken first.	No	LFE	-1
	\$ (150,000)		\$ (150,000)	\$ 150,000	<b>DOH - End Funding to Inspect Food and Pools to Local Health Departments</b> - This reduction ends the \$11,500 going to each of Utah's 13 local health departments to inspect food and pools. Statute requires the local health departments to enforce rules for food and pools.	No	LEAA	
	\$ (140,000)		\$ (140,000)		<b>DWS - End Earned Income Tax Credit Education Program</b> - This is a State appropriation to assist with the coordination and development of broad partnerships which are able to successfully recruit households which qualify for the federal Earned Income Credit and prepare tax returned for those households. Eligible applicants are generally associations of government or non-profit organizations. Funds are used to establish Volunteer Income Tax Assistance (VITA) sites at the local level. DWS: "In FY 2019, two entities provided VITA services using Earned Income Tax Credit (EITC) education funding: - CAP Utah set up 68 sites across the state assisted in 21,682 total returns including 5,050 EITC returns. - Southeastern Utah Association of Local Government had five sites in rural parts of the state, assisted in 818 returns including 237 EITC returns. This funding assists many low-income families to file their taxes and maximize their returns if they qualify for the earned income tax credit. Reduction in funding would affect statewide reach of these services and would limit the number of families the program could serve."	Maybe UCA 35A-8		0

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs
	\$ (140,000)	\$ 70,000		\$ 140,000	<b>DHS - Utilize Interest from Sale of State Developmental Center Land</b> - The Utah State Developmental Center (USDC) has large tracts of land in American Fork that it has begun selling. The proceeds of any leases or sales must, according to statute, be used to benefit residents of USDC or individuals receiving disability services in the community. These proceeds could offset a General Fund reduction but would require a statutory change. The anticipated interest from the sale that is currently pending is estimated to be \$140,000 and available close to the end of calendar year 2020.	UCA 62A-5-206.7	KFC	
	\$ (120,000)		\$ (120,000)	\$ 858,100	<b>DHS - Further Reduce Staffing for Aging and Adult Services Administration</b> - Most reduction options related to the Division of Aging and Adult Services (DAAS) are reductions to the pass-through funding to local Area Agencies on Aging. To spread the impact to the state level as well, this item would reduce staff by an additional 14%, or about 2 FTEs out of 14 total FTEs in DAAS administration. The department does not know the exact impact of most staffing reductions at this time; they would manage reductions through attrition to the extent possible and reexamine processes to minimize the impact to core functions and services. Large FTE reductions could have significant impacts.	No	KKA	-2
	\$ (105,800)		\$ (105,800)	\$ 1,640,000	<b>DOH - 92% Rather than 95% of Tests Completed Within 45 Days for Drug-facilitated Sexual Assault</b> - This reduction removes the \$105,800 used to hire 1/2 full-time employee to test 750 more blood and urines samples connected with cases with suspected drug facilitated sexual assault that began in March 2019. The department originally believed that this funding would take the percent of law enforcement tests completed within 45 days from 92% to 95% by July 2020.	No	LEAA	-0.5
	\$ (102,500)		\$ (102,500)	\$ 102,500	<b>DOH - Fund Statewide Enforcement of Food Sanitation Rules With Local Fees</b> - This item implements a \$5 fee on all food serving permits statewide to continue providing technical assistance, statewide standardization, and ensuring each of the State's 13 local health department's enforcement of the minimum rules of sanitation for restaurants meets or exceeds minimum statewide enforcement standards. The fee would be collected by local health departments and remitted to the State from approximately 12,000 restaurants, 5,000 temporary events, 1,000 food trucks, and 3,200 pool permits.	UCA 26-15-8	LEAA	-1

Percent	Ongoing State Funds	One-time State Funds	Total Funds	Base Total Funding/ Fund Balance	Budget Reduction Options - Unless Otherwise Noted, Reductions Would Start on July 1, 2020 Percent Key: Two (Green), Five (Blue), Ten (Yellow)	Requires Other Changes?	Appropriation Unit	FTEs
	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (102,000)		\$ (102,000)	\$ 102,000	<b>DOH - End Child Health Advanced Records Management (CHARM)</b> - This reduction ends all ongoing state funding for the CHARM Project which is a coordinated, department-wide effort to create an electronic virtual health profile for every child in Utah that allows real-time digital access and data sharing among appropriate health care programs and partners. The CHARM mission is to maintain a secure repository of child specific, integrated public health information that is accessible by health professionals having a specific need for this information. Health: "CHARM acts as an electronic broker (middle-ware); It does not replace existing UDOH databases. The participating programs are fitted with their own front-end "agent" that plugs into the CHARM infrastructure. CHARM is taking a modular approach to integrating systems, beginning with a core of programs and leveraging funding and incremental successes to achieve a long-term vision for a statewide integrated system. This program is currently budgeted in Maternal and Child Health Block Grants. Reduction of this program would free up block grant funds to fund other Children with Special Health Care Needs high priority services resulting in a cut to general fund."	No	LFA	-1
	\$ (100,000)		\$ (100,000)	\$ 100,000	<b>DOH - End Healthcare Associated Infection Reporting</b> - This reduction 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...During the COVID-19 outbreak, this position is critical for supporting the response in long-term care facility outbreaks. "	UCA 26-6-31	LFAA	-1
	\$ (100,000)		\$ (100,000)	\$ 100,000	<b>DWS - Eliminate State Funding for The INN Between</b> - The INN Between is a medical housing program for adults experiencing homelessness. This amount was originally appropriated in the 2018 General Session for ongoing operating expenses. DWS: "\$100,000 is the total amount funded by the State. The INN Between's total operating budget has not been provided to DWS. The INN Between is a 501(c)(3) organization and utilizes multiple funding sources for its operations."	No	NSH	
	\$ (89,500)		\$ (89,500)	\$ 89,500	<b>DWS - Stop Funding Individual Development Accounts</b> - This is a State appropriation to encourage low-to-moderate income individuals to meet savings goals by matching funds for economic development and housing. Eligible applicants must live in Utah, have an income and limited assets. Individuals must apply through the non-profit Utah Individual Development Account network. Individuals may not apply directly to the State for funding. Total enrollments for Individual Development Accounts is 79.	Maybe UCA 35A-8	NKA	
	\$ (87,000)		\$ (87,000)	\$ 1,040,000	<b>DOH - Two FTE Reduction for Child Care Inspectors</b> - This reduction ends ongoing funding for two child care facility inspectors. Health: "The average recommended caseload for licensors is 70 providers per licensor and caseloads in Utah exceed 100...There will be a caseloads increase across the board for all licensors. This would create excess work and potential burnout for existing employees, as well as a decrease in availability of staff to provide technical assistance to child care providers."	No	LFAA	

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
	\$ (135,000)		\$ (135,000)	\$ 650,000	<b>DOH - Shift up to \$450 Return Trip Home Cost to Families for 550 Corpses</b> - The Medical Examiner investigates deaths under suspicious circumstances statewide. This reduction would transfer the \$75 to \$450 (i.e. - St. George) cost of the trip home from Salt Lake County for about 550 cases annually to the family of the deceased.	No	LEK	
	\$ (58,000)		\$ (97,000)	\$ 194,000	<b>DHS - Reduce Recent Funding for Public Guardian Staffing</b> - During the 2019 General Session, the Office of Public Guardian received funding for three new FTEs, two of which were related to individuals transitioning out of Intermediate Care Facilities. During the 2020 General Session, the Legislature temporarily reduced funding for one FTE in FY 2020 and FY 2021 due to the slow rate of individuals transitioning. This item would reduce funding by 9%, or about one FTE out of 11 total FTEs, on an ongoing, permanent basis.	Yes	KEA	-1
	\$ (50,000)		\$ (50,000)	\$ 165,000	<b>DHS - Reduce Frequency of Local Authority Monitoring Visits</b> - The Division of Substance Abuse and Mental Health visits each local authority each year to review and suggest improvements to their service delivery. The division could spend half as much if they moved the visits to every other year.	UCA 62A-15-103(2)(f)	KBA	
	\$ (42,500)		\$ (90,400)	\$ 90,400	<b>DOH - Elimination of Performance Improvement Staff</b> - The Department of Health has staff coordinating the Governor's Office of Management and Budget SUCCESS initiative for the Department, improving processes, and working on ongoing health department accreditation projects. This reduction ends the ongoing funding for this FTE.	No	LAAA	-1
	\$ (29,100)		\$ (85,600)	\$ 256,800	<b>DHS - End Criminal Nonsupport Enforcement Program</b> - The Office of Recovery Services' (ORS) criminal nonsupport program refers unpaid child support cases to the Attorney General's Office for enforcement. The Executive Offices and Criminal Justice Appropriations Subcommittee is considering ending the program. If they do, ORS could reduce one of three FTEs that devote a portion of their time to criminal nonsupport purposes.	No	KGG	-1
	\$ (23,400)	\$ 5,900	\$ (75,100)	\$ 88,000,000	<b>DOH - Eliminate Emergency-only Dental Services for 40,000 Clients With Disabilities</b> - This item would remove the emergency only dental services available to about 40,000 clients with disabilities. This reduction assumes that the item "Eliminate Blind/Disabled Dental Services or Have All Services Seeded by the University of Utah" is taken first.	Federal approval	LIAA	
	\$ (21,500)		\$ (85,800)	\$ 23,800,000	<b>DOH - Do Not Fund Additional Administration for Medicaid Autism</b> - Current forecast of new autism costs assumes 7.5% administration is needed for all the new services. This reduction assumes that current administrative staff could handle the increase. The agency estimates an increase in service costs that would more than offset these savings without this additional staff funding.	No	LIAA	-1
	\$ (20,000)	\$ 20,000	\$ (40,000)	\$ 40,000	<b>DOH - Eliminate State Subsidy of Director of Utah Local Health Association In FY 2022</b> - The State currently pays \$40,000 total funds to partially fund the Director of Utah Local Health Association, which represents the State's 13 local health departments. This reduction would not renew the contract when it ends in June 2021.	No	LAA	

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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	\$ (13,200)		\$ (13,200)		<b>DWS - Homeless Shelter Funding Amendments General Fund</b> - In the 2018 General Session, the Legislature appropriated \$2.5 million ongoing from the Homeless Shelter Cities Mitigation Restricted Account and \$13,200 from the General Fund. Funds are used to provide grants to municipalities or the Department of Public Safety to mitigate the public safety impact of the homeless resource center. This reduction would eliminate the General Fund portion. These funds are for administrative costs.	S.B. 235 (GS 2018)		
	\$ (4,800)		\$ (4,800)		<b>DWS - Eliminate the Homeless Identification Documents Program</b> - This appropriation provides funding for the department to verify homeless status of individuals seeking to waive fees to obtain certain types of identification documents and covers administrative costs. This item would eliminate the program.	S.B. 196 (GS 2018)		
		\$ (7,427,000)	\$ -	\$ 98,100,000	<b>DOH - State Receive Benefit From Higher Match Rate for Provider Assessments</b> - Currently the federal government will be paying 6.2% more of Medicaid costs from January 2020 through at least September 2020. For the hospital, nursing home, and ambulance provider assessments this item takes 6.2% for each quarter with a higher match rate from January 2020 through September 2020 and deposits one-time these revenues into the General Fund. All three provider groups would continue to receive the same total fund benefit for their assessments as in prior years. Health: "The owners of the [non-state government-owned nursing facilities] were contacted about allowing 100% of the 6.2% enhancement to be available for the [nursing facilities] for their increased costs of staffing and [personal protective equipment]."	New Law	LIAA	
		\$ (697,500)	\$ 2,158,800	\$ 26,768,800	<b>DHS - Recover Unspent Funds for Intermediate Care Facility Transition to Community Services</b> - In FY 2020, the Legislature appropriated \$8.6 million ongoing, minus (\$4.2 million) one-time, from the General Fund to the Division of Services for People with Disabilities (DSPD) to transition 250 residents of intermediate care facilities to community-based services by FY 2024. For FY 2021, the Legislature reduced ongoing funding by (\$2.6 million) due to the slow rate of individuals transitioning. If fewer than 175 individuals are in community services during FY 2021, additional one-time savings may be available; this item estimates that only 150 individuals will transition in FY 2021.	No	KFD	

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	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
		\$ (366,400)	\$ (366,400)	\$ 200,000	<b>DOH - Traumatic Brain Injury Fund Sweep Remaining Balance</b> - The Traumatic Brain Injury Fund ended FY 2019 with a balance of \$732,900. This reduction sweeps the remaining balance. The fund receives funds from appropriations from the Legislature, grants, and donations from private sources. The Department of Health uses the fund to educate the public, coordinate short-term care, and support an information and referral system for persons with a traumatic brain injury. The fund is the payor of last resort. The primary expenses for the fund are (1) neuropsychological evaluation, (2) resource facilitation, (3) public education, and (4) ongoing case management of clients with traumatic brain injuries. The plans to use the fund balance include: (1) the program recently changed to reimburse hourly and longer term for services, (2) RFP for community health workers for rural community outreach, and (3) contract for person centered planning. This item when combined with "Traumatic Brain Injury Fund Serve 100 Fewer Clients and Sweep Half of Fund Balance" sweeps the fund balance.	UCA 26-50	LEAA	
					<b>How to Interpret this List</b>			
					All items funded during the 2020 General Session will be handled centrally by the Executive Appropriations Committee and cannot be used by subcommittees to meet their 10% targets. No 2020 General Session items are on this list.			
					Items are in a rough priority order, with items at the top being easier to take and harder items toward the bottom.			
					The first column on the left indicates whether an item falls into the 2%, 5%, or 10% bucket. If something is identified as 2%, for example, it would also be considered part of the 5% and 10% lists.			
					All items added together equal about 10%. The exact percentage is in cell D1.			
					Cells C1 and E1 show whether the one-time and ongoing totals on the list are above or below the 10% target.			
					In most cases, the last item identified as 2% and the last item identified as 5% will only need to be partially taken to meet that percentage target.			
					When committee members make motions to move things around on the list, the other items will move around accordingly. For example, if a 2% item is moved down to 10%, all the items in between that item's original and new location will slide up, and some items may effectively be moved to a new 2%, 5%, or 10% bucket.			
					Beginning on row 182, the percent reductions are shown by agency. Below those totals, the percent reductions for each division of the Department of Health and the Department of Human Services are shown.			
					Beginning on row 216, there are additional reduction options. These items are not currently included in the 10% list but are options that could be moved onto the list in order to move other items off.			

	\$ (112,059,900)	\$ (27,600)	-10.2%	\$ (2,249,000)	(Over)/Under 10% Ongoing			
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					As always, members can propose to add anything new to the list (which will be added to the list if approved by committee vote).			
					This list is intended to identify ongoing reductions. One-time items are included to balance ongoing reductions that cannot begin on July 1, 2020.			
					Items are in a rough priority order, with items at the top being easier to take and harder items toward the bottom (except for the "Other Budget Reduction Options" below the 10% list, which are sorted from largest ongoing General Fund to smallest).			