

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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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	Other funds (Ongoing)	FTEs
2%	\$ -	\$ -	<u>\$ (37,409,500)</u>	\$ 74,818,900	DOH - Medicaid Reduction and Budget Stabilization Restricted Account – This item uses ½ or \$37,409,500 of the current fund balance of \$74.8 million to backfill the final reduction list from the 10% reduction going forward towards 5%. UCA 63J-1-315 limits the fund to the Medicaid program and only "if Medicaid program expenditures for the fiscal year for which the appropriation is made are estimated to be 108% or more of Medicaid program expenditures for the previous year."	<u>UCA 63J-1-315</u>	DWS		
2%	\$ (6,000,000)	\$ -	\$ (6,000,000)	\$ 6,000,000	DWS - Replace General Fund for School Readiness Awards and Grants to Preschools with CCDF Grants - 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)	NJD		0
2%	<u>\$ (5,559,000)</u>	<u>\$ 266,700</u>	<u>\$ (17,200,000)</u>	<u>\$ 1,290,000,000</u>	DOH - Keep Rates Constant 2% Rate Decrease for Accountable Care Organizations - This item does not give 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 scheduled to start on July 1, 2020. This could not provide that 2% future increase for FY 2021. <u>The impact has been updated for new enrollment consensus forecast from June 2020.</u>	UCA 26-18-405.5	<u>LIA</u>	\$ (11,641,000)	
2%	\$ (79,000)	<u>\$ (22,000)</u>	\$ (245,000)	\$ 29,500,000	DOH - Already Implemented Non-citizens on Medicaid to Receive Dialysis Services in Outpatient Settings - "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. <u>The impact has been updated for new enrollment consensus forecast from June 2020.</u>	No	<u>LIN</u>	\$ (166,000)	
2%	<u>\$ (1,930,000)</u>	<u>\$ (124,100)</u>	<u>\$ (5,980,000)</u>	<u>\$ 350,000,000</u>	DOH - Already Implemented Utah Maximum Allowable Cost for Medicaid Drugs - 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. <u>The ongoing impact has been updated for new enrollment consensus forecast from June 2020.</u>	No	<u>LIO</u>	\$ (4,050,000)	
2%	\$ (300,000)	\$ 75,000	\$ (920,000)	<u>\$ 350,000,000</u>	DOH - Scheduled Implementation of Utah Maximum Allowable Cost for Hemophilia Drugs - 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	<u>LIO</u>	\$ (620,000)	

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2%	\$ -	\$ (133,000)	\$ (133,000)	\$ 133,000	DHS - Fewer Substance Abuse and Mental Health Conferences - 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	DWS - Work is the Way Unspent Funds - 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		
2%	\$ -	\$ (15,000)		\$ 128,800	DWS - Apprenticeship Opportunity Awareness Unspent Funds - 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	DWS - Intergenerational Poverty Initiative Unspent Funds - 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	DWS - Homeless Health and Wellness Program Unspent Funds - 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		

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2%	\$ -	\$ (58,900)	\$ (58,900)	\$ 58,900	DWS - Operation Rio Grande Unspent Funds - 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		
2%	\$ -	\$ (100,000)	\$ (100,000)	\$ 500,000	DWS - Assistive Technology for Independent Living Unspent Funds - \$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%	\$ (850,000)	\$ 212,500	\$ (2,620,000)	\$ 5,880,000	DOH - Reduce Scope of Drug Testing Covered by Medicaid - 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. <u>The impact has been updated for new enrollment consensus forecast from June 2020.</u>	Federal approval	LIM	\$ (1,770,000)	
2%	\$ (76,300)	\$ (30,000)	\$ -	\$ 76,300	DOH - Cannabinoid Product Board Funded by Medical Cannabis Fees - 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	\$ 76,300	
2%	\$ -	\$ (190,000)	\$ (463,000)	\$ 1,430,000	DOH - Savings From Limited Travel for Six Months - 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	DHS - Eliminate Richfield Lease for Recovery Services - 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	\$ (7,300)	
2%	\$ (2,300)	\$ (2,300)	\$ (2,300)	\$ 2,300	DHS - Recover Funds No Longer Needed for State Hospital Private Insurance Collections - 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	DOH - Medicaid Funds for Utah Statewide Immunization Information System (USIIS) - 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	\$ 69,200	
2%	\$ (33,200)	\$ (33,200)	\$ -	\$ 850,000	DOH - Use Medicaid Match for Tobacco Cessation Efforts - The Department of Health targeted Medicaid clients with some public education materials about quitting smoking. The department reports that the 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	<u>LEJ</u>	\$ 33,200	
2%	\$ (104,000)	\$ -	\$ -	\$ 800,000	DHS - Increase Background Check Fee to Match Cost - 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%	\$ (287,000)	\$ -	\$ (448,500)	\$ 917,300	DHS - Eliminate Reduce Payments for Incentives, Service Awards, and Loan Reimbursements - 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	\$ (161,500)	
2%	\$ (2,600,000)	\$ -	\$ (2,600,000)	\$ 4,220,000	DOH - Reduce Operating Deficit or Close State-run Medical and Dental Clinics - 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	<u>LIM</u>	\$ -	<u>-22</u>
2%	\$ (217,600)	\$ -	\$ -	\$ 42,000,000	DOH - More Driver License Fee Revenue to Pay for Highway Death Investigations - 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 https://cobi.utah.gov/fund/2865 . The Department of Health estimates spending \$780,000 on highway death investigations, this item would take \$326,400 from driver license fees.	No	LEK	\$ 217,600	

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2%	\$ (166,100)	\$ -	\$ (488,600)	\$ 488,600	DHS - Close Recovery Services Lobbies to Walk-Ins - 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	\$ (322,500)	-10
2%	\$ (45,000)	\$ (35,000)	\$ 45,000	\$ 1,700,000	DOH - Medical Cannabis Indirect Cost Share - 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	\$ 90,000	
2%	\$ (3,500)	\$ -	\$ (3,500)	\$ 3,500	DOH - Administrative Efficiencies Preparing Air Ambulance Report - This item is a reduction in office expenses and a switch to virtual meetings for work related to annual report on air ambulance utilization.	<u>No</u>	<u>LFG</u>	\$ -	
2%	\$ (63,500)	\$ -	\$ (82,200)	\$ 211,700	DHS - Reduce Travel and Training in Executive Director Operations - 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	\$ (18,700)	
2%	\$ (25,700)	\$ -	\$ (25,700)	\$ 712,700	DHS - Limit Travel and Training in Child and Family Services - 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	DHS - Reduce Building Space Utilization - Two entities within the Executive Director Operations line item are able to reduce the amount of office space for which they pay.	No	KAL	\$ (5,700)	
2%	\$ (32,300)	\$ -	\$ (42,800)	\$ 2,221,700	DHS - Reduce Software Licensing and Maintenance - This item would reduce expenditures related to software development, licensing, and maintenance across entities within the Executive Director Operations line item.	No	KAA	\$ (10,500)	
2%	\$ (27,500)	\$ 13,800	\$ (275,000)	\$ 550,800	DOH - Savings from Ending Dan Jones Building Lease - 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	<u>LIQ</u>	\$ (247,500)	
2%	\$ (199,000)	\$ -	\$ (199,000)	\$ 878,900	DHS - End Transfer to the Division of Juvenile Justice Services for Residential Mental Health Services - 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	\$ -	

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2%	\$ (23,400)	\$ -	\$ (28,200)	\$ 95,700	<u>DHS - Reduce the Use of Temporary Employees</u> - 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." Note: The description for this item was inadvertently deleted during committee voting and has been replaced with the original description.	No	KAL	\$ (4,800)	
2%	\$ (1,601,600)	\$ -	\$ (1,601,600)	\$ 8,008,000	<u>DHS - Limit Youth Entering Foster Care for Reasons Other Than Abuse and Neglect</u> - 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%	\$ (100,000)	\$ -	\$ (100,000)	\$ 100,000	<u>DOH - Change Parkinson's Registry to Data Collected Via Disease Reporting Rule</u> - 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	\$ -	
2%	\$ (317,600)	\$ -	\$ (397,000)	\$ 76,230,400	<u>DHS - Limit Non-Core Activities at the Utah State Hospital</u> - 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	\$ (79,400)	
2%	\$ (113,800)	\$ -	\$ 227,600	\$ 40,578,100	<u>DHS - Reduce Staffing in Recovery Services</u> - 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	\$ 341,400	-5

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2%	\$ (9,700)	\$ -	\$ (9,700)	\$ 9,700	DOH - No Ongoing Staffing for Unfunded Primary Care Workforce Financial Assistance - 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	DOH - End All State Mailing Notifications to Providers Regarding Compliance With Anesthesia Events - 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	<u>LAE</u>	\$ -	
2%	\$ (570,000)	\$ -	\$ 1,430,000	\$ 8,200,000	DOH - State Tobacco Funding Swap and Increase Reduction - The State of Utah spends \$3,847,100 annually on tobacco prevention from tobacco settlement restricted account funds. This item would reduce \$570,000 in state tobacco funding and replace General Fund in Medicaid and give the department \$2.0 million from the new tax revenues on e-cigarettes in the Electronic Cigarette and Other Nicotine Product Tax Restricted Account. Utah has the lowest cigarette smoking rate for adults in the nation at 9% as per www.americashealthrankings.org . 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 https://tobaccofreeutah.org/wp-content/uploads/leg-rep-19-final.pdf .	UCA 51-9-201 & 59-14-807	LEJ	\$ 2,000,000	
2%	\$ (149,000)	\$ (25,000)	\$ (149,000)	\$ 1,552,000	DOH - Eliminate Vacant Bureau Director Position - 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
2%	\$ -	\$ (2,000,000)	\$ -	\$ 6,700,000	DHS - Use Social Services Block Grant Reserve - 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	DOH - One Fewer Division Finance Administrative Staff - This item reduces one division finance administrative staff and spreads that work over five other FTEs.	No	LFA	\$ -	-1

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2%	\$ (70,000)	\$ -	\$ (70,000)	\$ 70,000	DOH - End Cytomegalovirus Public Awareness Campaign - 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%	\$ <u>(1,263,800)</u>	\$ <u>316,000</u>	\$ <u>(3,910,000)</u>	\$ <u>80,000,000</u>	DOH - Decouple Medicaid Outpatient Hospital Rates from Medicare Increases 1 of 2 - <u>This item when taken with "DOH - Decouple Medicaid Outpatient Hospital Rates from Medicare Increases 2 of 2" has the following impact</u> - 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	<u>LIN</u>	\$ (2,646,200)	
5%	\$ <u>(346,200)</u>	\$ <u>87,000</u>	\$ <u>(1,070,000)</u>	\$ <u>80,000,000</u>	DOH - Decouple Medicaid Outpatient Hospital Rates from Medicare Increases 2 of 2 - <u>This item when taken with "DOH - Decouple Medicaid Outpatient Hospital Rates from Medicare Increases 1 of 2" has the following impact</u> - 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. The impact has been updated for new enrollment consensus forecast from June 2020.	(1) Intent Language & (2) federal approval	<u>LIN</u>	\$ (723,800)	
5%	\$ (1,500,000)	\$ -	\$ (1,500,000)	\$ 3,000,000	DWS - Replace General Fund Appropriation to the School Readiness Fund with CCDF Grants - 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	1409	\$ -	

		\$ (114,786,101)	\$ 1,658,300	-10.5%	\$ (4,975,200)					
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5%	\$ (593,200)	\$ -	\$ (593,200)	\$ 912,600	DHS - End Child and Family Services No-Access Perpetrator Investigations and Continue Database Documentation - 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	
5%	\$ (10,930,000)	\$ (5,465,000)	\$ 40,000,000	\$ 300,000,000	DOH - New Provider Assessment on Pharmacies in Medicaid - 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	<u>LIQ</u>	\$ 50,930,000		
5%	\$ (2,460,000)	\$ 615,000	\$ (7,600,000)	\$ 7,600,000	DOH - Shorten Retroactive Coverage of Medicaid Claims From 90 to 30 Days - 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 https://www.macpac.gov/wp-content/uploads/2019/08/Medicaid-Retroactive-Eligibility-Changes-under-Section-1115-Waivers.pdf . 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	<u>LIM</u>	\$ (5,140,000)		
5%	\$ (51,400)	\$ -	\$ (51,400)	\$ 1,552,000	DOH - Reduction of Executive Secretary - 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%	\$ (1,300,000)	\$ 325,000	\$ (3,900,000)	\$ 350,000,000	DOH - Implement a Statewide Preferred Drug List - "...(Medicaid), under the Department of Health, has access to protected federal rebate information. As a result, Medicaid can prioritize the least expensive treatment options. Utilizing this information and creating a statewide Preferred Drug List could result in significant savings to the Medicaid program. The amount of potential savings depends on several variables, but we believe it could be about \$3.4 million a year and potentially even higher." https://olag.utah.gov/olag-doc/2020-02.pdf This item assumes an October 1, 2020 start date for the statewide preferred drug list. <u>The impact has been updated for new enrollment consensus forecast from June 2020.</u>	No	LIA	\$ (2,600,000)		

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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5%	\$ (4,200,000)	\$ 4,200,000	\$ (12,900,000)	\$ 1,290,000,000	DOH - Allow the Office of Inspector General to Recover Abuse and Waste Among All Medicaid's Managed Care Organizations After One Year - 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 https://le.utah.gov/audit/18_03rpt.pdf : "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." <u>The impact has been updated for new enrollment consensus forecast from June 2020.</u>	No	LIC	\$ (8,700,000)	
5%	\$ (710,000)	\$ 710,000	\$ (2,210,000)	\$ 220,622,700	DHS - Allow the Office of Inspector General to Recover Abuse and Waste Among Medicaid's Prepaid Mental Health Plans After One Year - 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	\$ (1,500,000)	
5%	\$ (44,600)	\$ -	\$ (54,100)	\$ 2,221,700	DHS - Further Reduce Software Licensing and Maintenance - This item would further reduce expenditures related to software development, licensing, and maintenance across entities within the Executive Director Operations line item.	No	KAA	\$ (9,500)	
5%	\$ (53,100)	\$ -	\$ (53,100)	\$ 6,968,100	DHS - Reduce Information Technology Costs in Child and Family Services - This item would reduce Division of Child and Family Services expenditures on contracted information technology programming services.	No	KHS	\$ -	
5%	\$ (1,580,000)	\$ 395,000	\$ (4,880,000)	\$ 10,900,000	DOH - Reduce Eligibility for 130 Breast and Cervical Cancer Clients, Change Income Max 250% FPL to 138% FPL - 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	LIM	\$ (3,300,000)	

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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5%	\$ (235,200)	\$ -	\$ (235,200)	\$ 1,248,900	DHS - Reduce Drug Testing Frequency for Parents Involved with Child and Family Services - 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	\$ -	
5%	\$ (56,000)	\$ -	\$ (67,500)	\$ 95,700	DHS - Further Reduce the Use of Temporary Employees - 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	\$ (11,500)	
5%	\$ -	\$ (4,038,600)	\$ (4,038,600)	\$ 4,038,600	DOH - Hospital Provider Assessment Fund (Sweep Balance) - 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	\$ (4,038,600)	
5%	\$ -	\$ (250,600)	\$ (250,600)	\$ 250,600	DOH - Ambulance Service Provider Assessment Fund (Sweep Balance) - 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	\$ (250,600)	
5%	\$ (1,036,700)	\$ -	\$ (1,036,700)	\$ 8,008,000	DHS - Further Limit Youth Entering Foster Care for Reasons Other Than Abuse and Neglect - 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	\$ -	

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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5%	\$ (75,000)	\$ -	\$ <u>98,700</u>	\$ 2,130,400	DHS - Reduce Staffing in the Office of Quality and Design - 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 about 3 <u>1</u> FTE out of 40 total FTEs. Human Services reports that this item may lead to reduced contract monitoring.	No	KAK	\$ 173,700	<u>-1</u>
5%	\$ (55,000)	\$ -	\$ (55,000)	\$ 55,000	DOH - End State Grant to Dental Lifeline Network Serving 70 Clients - 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%	\$ (321,300)	\$ -	\$ (642,600)	\$ 10,040,700	DHS - Reduce Staffing in Services for People with Disabilities - 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	\$ (321,300)	-8
5%	\$ (48,000)	\$ -	\$ (63,400)	\$ 422,600	DHS - Streamline and Reduce the Number of Quality Case Reviews - 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	\$ (15,400)	-1
5%	\$ (654,500)	\$ -	\$ <u>(654,500)</u>	\$ 10,882,000	DHS - Reduce Child and Family Services Administrative Staff - This item would reduce administrative (non-case-carrying) staff at the state and region levels by 10% <u>6%</u> , for a total of 17 <u>10</u> 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	\$ -	<u>-10</u>
5%	\$ -	\$ (3,400)	\$ (3,400)	\$ 427,200	DOH - Reduction in Travel for Epidemiology and Conference Sponsorships - This item eliminates travel one-time for the epidemiology program and the sponsorship of the annual Utah Public Health Association conference. Update: change from ongoing to one-time reduction.	No	LEH		
5%	\$ (20,000)	\$ -	\$ (20,000)	\$ 151,500	DOH - Eliminate Intern Position for Cardiovascular Health - This item eliminates a 0.5 FTE vacant intern position working on improving cardiovascular health.	No	LEJ	\$ -	-0.5

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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5%	\$ (178,900)	\$ -	\$ (546,800)	\$ 27,581,000	DHS - Further Reduce Staffing in Recovery Services - 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	\$ (367,900)	-8
5%	\$ (18,000)	\$ -	\$ (18,000)	\$ 180,100	DOH - Emergency Medical Services Change to Virtual Conferences and No Retreats - This item changes Utah Critical Incident Stress Management trainings to online and eliminates retreats for state staff.	No	<u>LFG</u>	\$ -	
5%	\$ (130,700)	\$ -	\$ -	\$ 261,400	DHS - Change Funding Source for Opioid Abuse Prevention Services in Southeast Utah - This item would change the funding source from General Fund to revenues from taxes on e-cigarettes via the Electronic Cigarette and Other Nicotine Product Tax Restricted Account.	UCA 59-14-807	KCC	\$ 130,700	
5%	\$ (49,000)	\$ -	\$ (49,000)	\$ 98,000	DHS - Reduce Funding for Operation Rio Grande Assertive Community Outreach Team - 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%	\$ (1,096,200)	\$ 274,100	\$ (3,392,800)	\$ (27,140,000)	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.	Federal approval	<u>LIF</u>	\$ (2,296,600)	
5%	\$ (75,000)	\$ -	\$ -	\$ 680,000	DOH - \$2 Increase in Background Checks for 38,000 Workers - 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	<u>LFAA</u>	\$ 75,000	
5%	\$ (55,000)	\$ -	\$ (55,000)	\$ 220,000	DOH - 25% Reduction to Maternal Mental Health Support - 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	<u>LFD</u>	\$ -	
5%	\$ (200,000)	\$ -	\$ (650,000)	\$ 9,357,622	DHS - Fewer Youth Served with Residential Mental Health Services - 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	\$ (450,000)	

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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5%	\$ (884,900)	\$ -	\$ (884,900)	\$ 74,278,500	DHS - Use Increased Medicare and Private Insurance Collections - 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	\$ -	
5%	\$ (615,100)	\$ -	\$ (615,100)	\$ 1,230,100	DHS - Reduce Funding for the Intoxicated Driver Rehabilitation Program - 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)	\$ <u>1,500,000</u>	\$ (4,640,000)	\$ 1,120,000,000	DOH - Savings From End of Premium Taxes - 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. These taxes end starting in FY 2022 and this item captures those savings.	<u>No</u>	<u>LIA</u>	\$ (3,140,000)	
5%	\$ (183,800)	\$ -	\$ (183,800)	\$ 4,312,200	DHS - Reduce Aging Alternatives Program Funding - 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)	\$ <u>206,300</u>	\$ (165,000)	\$ 758,700	DHS - Reduce Local Ombudsman Services Funding - 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. Because the federal CARES Act provided funding to the Long-Term Care Ombudsman program, this item may create an issue of supplantation. The positive one-time offset would delay this reduction until October 1, 2021, after the spending period for CARES Act funding.	Maybe - Change Ombudsman duties	KKB	\$ -	

\$ (114,786,100) \$ 1,658,300 -10.5% \$ (4,975,200)									
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5%	\$ (313,200)	\$ -	\$ (313,200)	\$ 1,219,800	DHS - Reduce Medicaid Aging Waiver Funding - 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	\$ -	
5%	\$ (66,400)	\$ -	\$ -	\$ 10,650,000	DOH - More Programs Paying Indirect Costs - 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 being paying 1% of indirect costs in FY 2021. (See full report at https://le.utah.gov/interim/2019/pdf/00004197.pdf .)	No	LAF	\$ 66,400	
5%	\$ (13,000)	\$ -	\$ (13,000)	\$ 159,000	DOH - One Month or More Delay for Institutional Review Boards - This item changes the current research Institutional Review Board reviews from monthly to two or more months between meetings.	No	LAE	\$ -	-0.33
5%	\$ (100,000)	\$ -	\$ (100,000)	\$ 632,700	DOH - End Human Papillomavirus (HPV) Public Awareness Campaign - This reduction ends the \$100,000 ongoing funding for the HPV public awareness campaign which was working on increasing the usage of HPV vaccine.	No	LEH	\$ -	
10%	<u>\$ (1,638,900)</u>	<u>\$ 78,600</u>	<u>\$ (5,070,000)</u>	<u>\$ 1,290,000,000</u>	DOH - 3% Rate Reduction for Accountable Care Organizations 1 of 2 - <u>This item when combined with "DOH - 3% Rate Reduction for Accountable Care Organizations 2 of 2" had the following impact - 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. This item would backfill one-time with \$7.0 million from the Medicaid Reduction and Budget Stabilization Restricted Account to start this reduction July 2021 which would be available without a statutory change if future updated forecasted consensus costs for FY 2021 are 8% more than FY 2020. The impact has been updated for new enrollment consensus forecast from June 2020.</u>	UCA 26-18-405.5 & Maybe 63J-1-315 (7)	LIA	\$ (3,431,100)	
10%	<u>\$ (6,700,100)</u>	<u>\$ 321,400</u>	<u>\$ (20,740,000)</u>	<u>\$ 1,290,000,000</u>	DOH - 3% Rate Reduction for Accountable Care Organizations 2 of 2 - <u>This item when combined with "DOH - 3% Rate Reduction for Accountable Care Organizations 1 of 2" had the following impact - 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. This item would backfill one-time with \$7.0 million from the Medicaid Reduction and Budget Stabilization Restricted Account to start this reduction July 2021 which would be available without a statutory change if future updated forecasted consensus costs for FY 2021 are 8% more than FY 2020. The impact has been updated for new enrollment consensus forecast from June 2020. The impact has been updated for new enrollment consensus forecast from June 2020.</u>	UCA 26-18-405.5 & Maybe 63J-1-315 (7)	LIA	\$ (14,039,900)	

\$ (114,786,100) \$ 1,658,300 -10.5% \$ (4,975,200)									
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10%	\$ (16,000)	\$ -	\$ -	\$ 6,900,000	DOH - Use Revenue From Fishing Licenses For Mercury in Public Water Testing - 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	<u>LED</u>	\$ 16,000	
10%	\$ (294,000)	\$ -	\$ (294,000)	\$ 1,176,000	DHS - Reduce Funding for Operation Rio Grande Sober Living - This item removes one quarter of the funding for homeless individuals with mental illness who are involved with Operation Rio Grande. Approximately 75 fewer individuals would be provided with housing resources. This program serves individuals in Salt Lake County and is not a statewide service.	No	KCD	\$ -	
10%	\$ (275,000)	\$ -	\$ (275,000)	\$ 275,000	DHS - End Psychiatric Consultation Program - 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	DHS - End Survivors of Suicide Loss Program - 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	DHS - Reduce Staffing in Executive Director Operations - 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	\$ (183,500)	-8.5
10%	\$ (18,000)	\$ -	\$ (18,000)	\$ 18,000	DHS - Eliminate National Core Indicator Monitoring - 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	\$ -	

\$ (114,786,100) \$ 1,658,300 -10.5% \$ (4,975,200)									
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10%	\$ (1,836,000)	<u>\$ 88,100</u>	\$ (5,682,500)	\$ 5,682,500	DOH - Eliminate State Funding for Graduate Medical Education - 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. <u>The impact has been updated for new enrollment consensus forecast from June 2020.</u>	Federal approval	LIF	\$ (3,846,500)	
10%	\$ (150,000)	\$ -	\$ (150,000)	\$ 44,000,000	DOH - Stop Paying for Work Done by Deputy Director at Department of Technology Services - 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	\$ -	
10%	\$ (74,100)	\$ -	\$ (148,200)	\$ 148,200	DOH - Eliminate Staff Incentive Awards - 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	\$ (74,100)	
10%	\$ (816,600)	\$ -	\$ (2,527,400)	\$ 32,423,200	DHS - Reduce Staffing at the Utah State Developmental Center - 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	\$ (1,710,800)	-53.5
10%	\$ (27,900)	\$ -	\$ (57,000)	\$ 6,310,000	DOH - Eliminate Part-time Finance Position - 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	\$ (29,100)	-0.5

					\$ (114,786,10)	\$ 1,658,300	-10.5%	\$ (4,975,200)				
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10%	\$ (91,200)	\$ -	\$ (91,200)	\$ 1,745,100	DOH - Reduction of Services Provided by Health Care Statistics - 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	DOH - Delay Upgrades to Public Health Indicator Based Information (IBIS) System - The following improvements to https://ibis.health.utah.gov/ibisph-view/ 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	DOH - All Provider Assessments to Contribute 3% to Administrative Costs - 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	<u>LGB</u>	\$ (3,045,000)	
10%	\$ (43,000)	\$ -	\$ (43,000)	\$ 632,700	DOH - Reduce Vaccine Purchases - This item reduces \$43,000 for 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	DOH - Less Advertising for Safe Haven Newborn Laws - 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	<u>LFD</u>	\$ -	
10%	\$ (80,000)	\$ -	\$ (80,000)	\$ 3,425,200	DHS - Reduce Staffing for Adult Protective Services - 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

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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10%	\$ (60,000)	\$ -	\$ (60,000)	\$ 858,100	DHS - Reduce Staffing for Aging and Adult Services Administration - 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	DOH - 50% Reduction in Funding for Statewide Stroke and Cardiac Registry - 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	<u>LFG</u>	\$ -	-0.5
10%	\$ (30,600)	\$ -	\$ (90,000)	\$ 95,000	DHS - Eliminate Lease for St. George Recovery Services Office - 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	\$ (59,400)	
10%	\$ (320,700)	\$ -	\$ (320,700)	\$ 4,312,200	DHS - Further Reduce Aging Alternatives Program Funding - 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	DOH - 45 Fewer At-risk Families to Receive Home Visits - 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	<u>LFD</u>	\$ -	

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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10%	\$ (1,004,100)	\$ -	\$ (1,004,100)	\$ 28,703,400	DHS - Reduce Rate for Residential Treatment Providers in Child and Family Services - 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	\$ -	
10%	\$ (1,361,500)	\$ -	\$ (1,361,500)	\$ 28,703,400	DHS - Further Reduce Rate for Residential Treatment Providers in Child and Family Services - 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%	\$ (254,000)	\$ -	\$ (367,100)	\$ 611,800	DHS - Reduce Utah State Developmental Center Community Services - 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	\$ (113,100)	
10%	\$ (169,300)	\$ -	\$ (244,700)	\$ 611,800	DHS - End Utah State Developmental Center Community Services - 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	\$ (75,400)	
10%	\$ (75,000)	\$ -	\$ (75,000)	\$ 750,000	DOH - Background Check Increased Wait Time - 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
10%	\$ (446,700)	\$ -	\$ (893,400)	\$ 10,040,700	DHS - Further Reduce Staffing in Services for People with Disabilities - 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	\$ (446,700)	-11
10%	\$ (100,000)	\$ -	\$ (100,000)	\$ 291,600	DOH - 40 Fewer Children to Receive Hearing Aids - 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

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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10%	\$ (128,000)	\$ 6,100	\$ (397,000)	\$ 160,000,000	DOH - Expand Supply of Cheaper Drugs from 90 to 120 Days - 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 https://medicaid.utah.gov/wp-content/uploads/2019/11/SS-Report-90-Day-Supply-of-Prescription-Drugs.pdf . A 90-day fill is standard across most insurance companies. The impact has been updated for new enrollment consensus forecast from June 2020.	No	LIQ	\$ (269,000)	
10%	\$ (100,000)	\$ (366,500)	\$ (100,000)	\$ 200,000	DOH - Traumatic Brain Injury Fund Serve 100 Fewer Clients and Sweep Half of Fund Balance - 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	LEJ	\$ -	
10%	\$ -	\$ -	\$ -	\$ 42,000,000	DOH - Counties to Pay Normal Share of Mental Health for Medicaid Expansion - 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)	LIS		
10%	\$ (4,200,000)	\$ 1,100,000	\$ -	\$ 42,000,000	DHS - Counties to Pay Normal Share of Mental Health for Medicaid Expansion - 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	\$ 4,200,000	
10%	\$ -	\$ (150,000)	\$ (150,000)	\$ 612,200	DOH - Spinal Cord and Brain Injury Rehabilitation Fund Sweep Balance - 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 https://cobi.utah.gov/fund/2251 .	UCA 26-54	LEAA	\$ (150,000)	

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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10%	\$ (110,000)	\$ -	\$ (110,000)	\$ 653,500	DOH - Children with Special Health Care Needs - 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	LFF	\$ -	-1
10%	\$ (150,000)	\$ -	\$ (150,000)	\$ 8,931,100	DOH - 26 to 36 Months More Between Inspections for Assisted Living Facilities and Personal Care Agencies - 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%	<u>\$ (1,007,000)</u>	<u>\$ 252,000</u>	<u>\$ -</u>	<u>\$ 5,810,000</u>	DOH - Eliminate Blind/Disabled Dental Services or Have All Medicaid Disabled Dental Services Seeded by the University of Utah - The State is paying about \$946,000 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 would provide the additional \$946,000 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. The impact has been updated for new enrollment consensus forecast from June 2020.	Federal approval	LIB	\$ 1,007,000	
10%	\$ (322,200)	\$ 80,600	\$ (322,200)	\$ 2,378,600	DHS - Undo Home Health Provider Rate Increase From FY 2020 - 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 final subcommittee list.	Federal approval	KKE	\$ -	
10%	\$ (2,137,500)	\$ -	\$ (2,137,500)	\$ 2,137,500	DOH - Eliminate State Funding for Local Health Departments Compliance with State Performance Standards - 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	\$ -	
10%	\$ (130,700)	\$ -	\$ -	\$ 261,400	DHS - Change Funding Source for Remaining Opioid Abuse Prevention Services in Southeast Utah - This item would change the funding source from General Fund to revenues from taxes on e-cigarettes via the Electronic Cigarette and Other Nicotine Product Tax Restricted Account.	UCA 59-14-807	KCC	\$ 130,700	

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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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	Other funds (Ongoing)	FTEs
10%	\$ (49,000)	\$ -	\$ (49,000)	\$ 98,000	DHS - End Funding for Operation Rio Grande Assertive Community Outreach Team - 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	DHS - Reduce Funding for Juvenile Competency Attainment Services - 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	DOH - End Funding for Statewide Stroke and Cardiac Registry - 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	LFG	\$ -	-0.5
10%	\$ -	\$ (1,700,000)	\$ (1,700,000)	\$ 1,700,000	DHS - Utilize Proceeds from the Utah State Developmental Center Land Fund - 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		
10%	\$ (417,000)	\$ 20,000	\$ (1,844,000)	\$ 147,000,000	DOH - Keep Rates Constant 5% Rate Decrease for CHIP Managed Care Providers - This item <u>does not give</u> 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 scheduled to start on 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. <u>The impact has been updated for new enrollment consensus forecast from June 2020.</u>	No	LPA	\$ (1,427,000)	
10%	\$ (314,700)	\$ -	\$ (314,700)	\$ 314,700	DOH - Eliminate Rural Physicians Loan Repayment Assistance for Nine Physicians - 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

					\$ (114,786,10)	\$ 1,658,300	-10.5%	\$ (4,975,200)				
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10%	\$ (8,490,000)	\$ 2,123,000	\$ (26,290,000)	\$ 294,000,000	DOH - Reduce Inpatient Outlier Payments by 21% - 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." <u>The impact has been updated for new enrollment consensus forecast from June 2020.</u>				Federal approval	LIF	\$ (17,800,000)	
10%	\$ (177,600)	\$ -	\$ (177,600)	\$ 177,600	DOH - End Assistance to 25 Persons With Bleeding Disorders - 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%	\$ (121,000)	\$ -	\$ (121,000)	\$ 121,000	DHS - End Volunteer Support Program Funding - This program provides travel reimbursements to seniors participating in volunteer opportunities through the local Area Agencies on Aging. Reimbursements for the neediest seniors could be paid from the off-budget Out and About Homebound Transportation Assistance Fund, which collects about \$30,000 annually in revenue.				No for reduction option; Yes to access Out and About Fund (statute change)	KKC	\$ -	
10%	\$ (2,466,700)	\$ 1,233,300	\$ (2,721,400)	\$ 31,743,500	DHS - Close One Adult Bed Unit at the Utah State Hospital - 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	\$ (254,700)	-50
10%	\$ (45,000)	\$ -	\$ -	\$ 74,000	DOH - Increase Child Care Licensing Fee by \$38 for 1,200 Providers - 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	LFH	\$ 45,000	
10%	\$ (150,000)	\$ -	\$ (150,000)	\$ 300,000	DHS - Reduce Funding for Problems Anonymous Action Group - 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	\$ -	

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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10%	\$ (150,000)	\$ -	\$ (150,000)	\$ 300,000	DHS - End Funding for Problems Anonymous Action Group - 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%	\$ (423,000)	\$ -	\$ (423,000)	\$ 2,060,000	DOH - Primary Care Grants Serve 17,000 Fewer Individuals - 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%	\$ (31,800)	\$ -	\$ (31,800)	\$ 43,800	DOH - End Reporting on Adverse Anesthesia Events - 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 https://health.utah.gov/wp-content/uploads/AnesthesiaAmendment19.pdf . "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	DOH - End Traumatic Brain Injury Program Serving 100 Clients - 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.	No	LEAA	\$ -	
10%	\$ (181,900)	\$ 227,400	\$ (181,900)	\$ 6,761,700	DHS - Reduce Distribution to Domestic Violence Shelters - 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. The positive one-time offset would delay this reduction until October 1, 2021, after the spending period for CARES Act funding.	No	KHM	\$ -	

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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10%	\$ (181,800)	\$ 227,400	\$ (181,800)	\$ 6,761,700	DHS - Further Reduce Distribution to Domestic Violence Shelters - 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. The positive one-time offset would delay this reduction until October 1, 2021, after the spending period for CARES Act funding.	No	KHM	\$ -	
10%	\$ (110,200)	\$ -	\$ (110,200)	\$ 220,400	DHS - Reduce Funding for Weber Behavioral Health Home - 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	\$ -	
10%	\$ (110,200)	\$ -	\$ (110,200)	\$ 220,400	DHS - End Funding for Weber Behavioral Health Home - 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%	\$ (1,500,000)	\$ -	\$ (1,500,000)	\$ 4,752,200	DWS - Decrease General Assistance (GA) Program Funding to Match Current Caseload - 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."	35A-3-402	NKA	\$ -	0

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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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."	UCA 35A-3-402	NKA	\$ -	-7.25
10%	\$ (800,000)	\$ -	\$ (800,000)	\$ 4,752,200	DWS - Eliminate General Assistance (GA) Program - 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."	35A-3-402	NKA	\$ -	-12
10%	\$ (254,500)	\$ 64,000	\$ (952,900)	\$ 952,900	DOH - End \$20 to \$150 Monthly Health/Dental Insurance Subsidies for 1,200 Individuals - 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	<u>LIM</u>	\$ (698,400)	

\$ (114,786,100) \$ 1,658,300 -10.5% \$ (4,975,200)									
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10%	\$ (240,000)	\$ 60,000	\$ (743,000)	\$ 70,000,000	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 https://le.utah.gov/interim/2013/pdf/00002603.pdf concluded that dentist participation in Medicaid increased between FY 2008 and FY 2012. The number of dentists licensed to practice in Utah has grown 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. <u>The impact has been updated for new enrollment consensus forecast from June 2020.</u>	Federal approval	LIB	\$ (503,000)	
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	LEJ	\$ -	-1
10%	\$ (5,350,000)	\$ 1,300,000	\$ (16,600,000)	\$ 5,060,000,000	DOH - 2% Rate Reductions Across-the-Board Medicaid in Fee-for-Service - 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. <u>The impact has been updated for new enrollment consensus forecast from June 2020.</u>	Federal approval	LIM	\$ (11,250,000)	
10%	\$ (544,100)	\$ -	\$ (544,100)	\$ 4,621,500	DHS - Further Reduce Child and Family Services Administrative Staff - 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%	\$ (250,000)	\$ -	\$ (500,000)	\$ 25,962,200	DHS - Increase Maximum Child Support Collections Fee - 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	\$ (250,000)	

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
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10%	\$ (495,500)	\$ -	\$ (495,500)	\$ 6,233,700	DHS - Reduce Rate for Foster Families - 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%	\$ (2,168,900)	\$ <u>542,200</u>	\$ 6,631,700	\$ 324,958,400	DHS - Roll Back Disabilities Provider Rate Increases to FY 2019 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 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	\$ 8,800,600	
10%	\$ (3,253,500)	\$ <u>813,400</u>	\$ (9,947,900)	\$ 324,958,400	DHS - Roll Back Disabilities Provider Rate Increases to FY 2018 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 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	\$ (6,694,400)	
10%	\$ (2,234,100)	\$ <u>558,500</u>	\$ <u>(6,914,600)</u>	\$ 324,958,400	DHS - Roll Back Disabilities Provider Rate Increases Part-Way 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 <u>about 40%</u> of 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	\$ (4,680,500)	
10%	\$ -	\$ <u>(718,000)</u>	\$ <u>(2,280,000)</u>	\$ 3,280,000,000	DOH - Medical Services Decreased Demand One-time Savings - This reduction estimates one-time savings of <u>0.4%</u> 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%	\$ <u>(12,700)</u>	\$ -	\$ <u>(27,400)</u>	\$ 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. This has been adjusted to only account for savings above the 73 FTEs assumed to be taken in Social Services by DHRMs assumed reduction of 400 FTEs statewide.	No	<u>LAA</u>	\$ (14,700)	
10%	\$ <u>(114,200)</u>	\$ -	\$ <u>(152,300)</u>	\$ 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. This has been adjusted to only account for savings above the 73 FTEs assumed to be taken in Social Services by DHRMs assumed reduction of 400 FTEs statewide.	No	DHS	\$ (38,100)	
165	\$ (114,786,10)	\$ <u>1,658,300</u>	\$ (113,127,800)		Grand Total - Budget Reduction Options	45			
165	\$ (114,786,10)	\$ <u>1,658,300</u>	-10.5%	\$ 1,098,109,200	Proposed Reductions - General Fund				
80	\$ (70,147,000)	\$ <u>147,700</u>	-12.4%	\$ 567,562,000	Proposed Ongoing Reductions to the Department of Health				

LFA technical updates key: <u>Underline</u> represents something new and strikeout represents deletions since Subcommittee 5-29-20 version (reference "Subcommittee 5-29-20" tab).									
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	Other funds (Ongoing)	FTEs
	\$ (114,786,10)	\$ 1,658,300	-10.5%	\$ (4,975,200)					
72	\$ (32,589,100)	\$ 1,863,800	-7.8%	\$ 418,596,800	Proposed Ongoing Reductions to the Department of Human Services				
10	\$ (12,050,000)	\$ (619,900)	-10.8%	\$ 111,950,400	Proposed Ongoing Reductions to the Department of Workforce Services				
	\$ -	\$ 266,700	0.0%		Proposed Other Reductions				
	FY 21	FY 20							
	32.31%	31.43%	regular FMAP						
	22.62%	22.00%	enhanced FMAP						
			Ongoing %		Reduction Detail by Division in Health - Proposed General Fund Reductions/Funding Swaps				
	\$ (552,900)	\$ (65,000)	-8.5%	\$ 7,258,500	Executive Director's Operations				
	\$ (1,584,400)	\$ (553,100)	-12.3%	\$ 17,409,400	Disease Control and Prevention (including Traumatic Brain Injury)				
	\$ (2,137,500)	\$ -	-100.0%	\$ 2,137,500	Local Health Departments				
	\$ (1,935,500)	\$ (25,000)	-7.9%	\$ 24,796,800	Family Health and Preparedness (including Children's Hearing Aid Program Account)				
	\$ (314,700)	\$ -	-101.7%	\$ 309,300	Rural Physicians Loan Repayment Assistance				
	\$ (9,700)	\$ -	-101.0%	\$ 9,600	Primary Care Workforce Financial Assistance				
	\$ (1,455,000)	\$ (727,500)	-42.9%	\$ 5,091,900	Medicaid and Health Financing				
	\$ (56,107,200)	\$ 1,688,300	-11.1%	\$ 492,323,300	Medicaid Services				
	\$ (417,000)	\$ 20,000	-2.2%	\$ 18,225,700	Children's Health Insurance Program				
	\$ (5,633,100)	\$ (190,000)			Other Reductions (usually impacting more than one division)				
			Ongoing %		Reduction Detail by Division in Human Services - Proposed General Fund Reductions/Funding Swaps				
	\$ (1,565,900)	\$ 286,900	-10.0%	\$ 15,659,400	Aging and Adult Services				
	\$ (7,968,900)	\$ (1,545,200)	-6.5%	\$ 122,782,500	Child and Family Services				
	\$ (1,106,200)	\$ -	-8.8%	\$ 12,606,400	Executive Director Operations & Office of Public Guardian				
	\$ (745,400)	\$ (2,300)	-5.2%	\$ 14,296,600	Office of Recovery Services				
	\$ (9,664,400)	\$ 214,100	-7.6%	\$ 127,570,700	Services for People with Disabilities				
	\$ (11,137,100)	\$ 2,910,300	-8.9%	\$ 125,681,200	Substance Abuse and Mental Health				
	\$ (401,200)	\$ -			Other Reductions (usually impacting more than one division)				
					How to Interpret this List				
					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.				

\$ (114,786,10) \$ 1,658,300 -10.5% \$ (4,975,200)									
LFA technical updates key: <u>Underline</u> represents something new and strikeout represents deletions since Subcommittee 5-29-20 version (reference "Subcommittee 5-29-20" tab).									
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	Other funds (Ongoing)	FTEs
					Cells C1 and E1 show whether the one-time and ongoing totals on the list are above or below the 10% 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 173, 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 203, 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.				
					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).				