	nan Services - FY21 Bu pward Pressures and	dget Reductions - General Fund Impact		
Upward Pressu	ures: Department	Pressure	Gov Rec Position GF	Description
Revenue Press	<del></del>		10,619,163	·
	GC Secretary's Office -	Childless New Adult Caseload & Utilization Change	5,596,986	which, increases the General fund need.  CHIP qualifying claims estimated to be lower than base budgeted earnings due to decrease in CHIF
3	GC DMH	CHIP Qualifying Claims Shortfall CHIP FMAP		Decrease in CHIP FMAP.
Salary Pressure	DCF es: AHS	Special Fund Revenue Loss - SSI Collected for Children in Custody	5,497,788	Decrease in revenue.  Annualization of salary & fringe increases.
6	AHS AHS	AHS Salary & Fringe Increases  AHS Retirement  AHS Salary & Fringe - New Positions	684,918	Annualization of Salary & Iringe Increases.  Retirement rate increase  DCF - 1 - Juvenile Justice Director, 2 - Woodside Alternative Positions.
8	AHS DCF	AHS Salary & Fringe - New Fostions AHS Salary & Fringe Capped Federal Funds Class Reclassifications	769,272	General fund need created by capped federal funding sources at DCF and DAIL.  Class RFRs from 2018.
Forecasted Pre	essures (Caseload):	Buy-in	15,443,988	This change incorporates a rate increase and trend in member months.
11	DVHA	Clawback		Increases amount clawed back by Medicare for prescriptions for dually eligible individuals.
	DMH	Kids Residential Cost & Caseload increase		DMH is experiencing pressure in PNMI (private non-medical institutions) – residential treatment for children).
14	DCF DCF	GA - Personal Needs Income (PNI) Caseload GA - Emergency Housing	1,954,185	Trend based on actual experience.  Trend based on actual experience.  Increases in both CPC and caseload.
16	DCF DAIL DAIL	FSD - Sub Care Caseload  Developmental Services (DS) Caseload  Statutory Nursing home Inflation	3,513,627	Caseload increases as calculated per the DS System of Care plan.  Increase calculated per statute by Rate Setting.
18	DAIL	Nursing Home - Case Mix Pressure Home & Community Based Caseload pressure	1,322,690	Increased case mix scores at some nursing homes.  Based on projected caseload increase of 64 X \$33,468.
	DOC	OOS Caseload from 225 to 275 beds	1,632,488 <b>16,917,380</b>	Based on projected caseload increase from 225 to 275 beds.
22	AHS AHS	Internal Service Funds ADS - Allocation & SLA	1,298,600	Adjustments related to FFS, DHR, VISION, etc. Adjustments related to ADS costs.
24	AHS VDH	Single Audit Misc Adjustments	527,421	Increased costs from the State Auditor's Office related to Single Audit. Includes various personal service, operating and grant adjustments.
26	DVHA DMH DMH	Brattleboro Retreat Inpatient Rate Increase Level 1 Cost Increase for Brattleboro Retreat	171,537	DVHA portion of rate increase.  Level 1 bed cost increase at Brattleboro Retreat.  DMH portion of rate increase.
28	DMH DMH	Brattleboro Retreat CRT Inpatient Increases Forensic Doctor Contract Increases Rutland Regional Medical Center Level 1 Cost Increase	25,086	Negotiated increase.  Level 1 bed cost increase at Rutland Regional.
	DMH	Annualized Cost of 12 new Level 1 Beds at Brattleboro Retreat	·	12 new Level 1 beds will be on-line in Spring of 2020. This increase is on top of amount in base of \$1.1M gross.
31 32	DMH DCF	Room & Board Investment Phasedown Woodside - Mothballing Costs	612,717	Continuation of CMS required investment phasedown.  Maintains funding of FFS while Woodside closes.
34	DCF DCF	Woodside - Alternative Placements Woodside - Family Group Conferencing	74,301	Alternative placements needed as a result of the Woodside closure.  Additional supports needed for Woodside alternative placements.
36	DCF DCF	Balanced & Restorative Justice (BARJ) Contract Expansion Room & Board Investment Phasedown	1,719,330	Aligns with "raise the age" initiative. Continuation of CMS required investment phasedown.
38	DCF DCF	CDD - CIS Bundled Services for Non-Medicaid CDD - CIS Bundled Services for Non-Medicaid/Non Early Intervention	204,847	Early Intervention population that is currently being served.  Discretionary population that is currently being served.
40	DAIL DOC DOC	Annualization of Personal Needs Allowance Medically Assisted Treatment (MAT) Expense Hepatitis C Virus (HCV) Treatment	1,485,064	6 months of funding provided by Legislature, required funding to annualize increase.  Provides base funding for MAT per Act 176.  Provides base funding for treating HCV.
	DOC	Operating Increases		Including Offender Management System (OMS), energy & utilities, food, water & sewer.
	VDH	Sustained Home Visiting		Vermont will implement a voluntary home visiting program available to families who are pregnant or newly parenting and facing barriers to optimal health and child development.
44	DMH	Suicide Prevention	575,000	Vermont will implement several strategies to address this serious public health problem.
45	DCF	Early Care & Learning Initiative		These funds, combined with \$2M in revenue from the Education fund, will continue critical investments in Vermont's Early Care and Learning system.
Dadwatian Dua		TOTAL UPWARD PRESSURES	51,053,319	
Reduction Pro Reduction # Revenue Savin	Department	Reduction	Gov Rec Position GF (9,063,718)	'
nevenue suvin				
1	Secretary's Office - GC	Base FMAP Change (including childless new adults)		
		Base FMAP Change (including childless new adults)  State Health Care Resource Fund (SHCRF) Premiums	(3,195,660)	Base FMAP change from 53.87% to 54.39%. Updated revenue estimates.
2 3 4	GC Secretary's Office - GC VDH VDH	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP)	(3,195,660) (163,000) (100,126) (889,406)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates. Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.
2 3 4 5	GC Secretary's Office - GC VDH VDH DMH DOC	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.
2 3 4 5 6 7 8	GC Secretary's Office - GC VDH VDH DMH DDC DOC DCF	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.
2 3 4 5 6 7 7 8 8 9	GC Secretary's Office - GC VDH VDH DMH DDCC DOC DCF DCF	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.
2 3 4 5 6 7 8 9 10 Expense Reduce	GC Secretary's Office - GC VDH VDH DMH DOC DOC DCC DCF	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.
2 3 4 5 6 7 8 9 10 Expense Reduct 11 12	GC Secretary's Office - GC VDH VDH DMH DOC DOC DCF DCF DCF DCF Ctions - Caseload Savis Secretary's Office - GC DVHA DOC	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  195:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds)	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.
2 3 4 5 6 7 8 9 10 <b>Expense Reduc</b> 11 12 13	GC Secretary's Office - GC VDH VDH DMH DOC DOC DCF DCF DCF Ctions - Caseload Savir Secretary's Office - GC DVHA DOC DCF DCF DCF DCF DCF DCF DCF DCF DCF DC	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.
2 3 4 5 6 7 8 9 10 Expense Reduce 11 12 13 14 15 16	GC Secretary's Office - GC VDH VDH DMH DOC DOC DCF DCF DCF DCF Secretary's Office - GC DVHA DOC DCF DCF DCF DCF DCF DCF DCF DCF DCF DC	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E 195:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.  Continued underutilization trend.
2 3 4 5 6 7 8 9 10 Expense Reduction 11 12 13 14 15 16 17	GC Secretary's Office - GC VDH VDH DMH DOC DOC DCF DCF DCF Ctions - Caseload Savir Secretary's Office - GC DVHA DOC DCF DCF DCF DCF DCF DCF DCF DCF DCF DC	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E 185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.
2 3 4 5 6 7 8 9 10 Expense Reduct 11 12 13 14 15 16 17 18 19	GC Secretary's Office - GC VDH VDH DMH DMH DOC DOC DCF DCF DCF DCF DCF DCF DCF DCF DCF DC	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E 195:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.  Continued underutilization trend.
2 3 4 5 6 7 8 9 10 Expense Reduce 11 12 13 14 15 16 17 18 19 20 21 Expense Reduce	GC Secretary's Office - GC VODH VDH VDH DMH DOC DOC DOC DCF DCF DCF DCF DCF DCF DCF DCF DCF DC	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E 195:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.  Continued underutilization trend.
2 3 4 5 6 7 8 9 10 Expense Reduct 11 12 13 14 15 16 17 18 19 20 21 Expense Reduct 22 23	GC Secretary's Office - GC VDH VDH VDH DMH DOC DOC DCF DCF DCF Ctions - Caseload Savir Secretary's Office - GC DVHA DOC DCF DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAIL	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization Internal Audit Group Restructure Contract Reductions	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.  Continued underutilization trend.  Continued underutilization trend.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Transfer DCF Audit position to AHS, eliminate vacant position, retainer contract for audit services.  Align with actual expenditures.
2 3 4 5 6 7 8 9 10 Expense Redui  11 12 13 14 15 16 17 18 19 20 21 Expense Redui  22 23 24	GC Secretary's Office - GC VDH VDH VDH DMH DMH DOC DOC DCF DCF DCF DCF DCF DCF DCF DCF DCF DC	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E 195:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.  Continued underutilization trend.  Continued underutilization trend.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Transfer DCF Audit position to AHS, eliminate vacant position, retainer contract for audit services.  Align with actual expenditures.  Maximus and Wex contract savings.
2 3 4 5 6 7 8 8 9 10 Expense Reduce 11 12 13 14 15 16 17 18 19 20 21 Expense Reduce 22 23 24 25 26 27	GC Secretary's Office - GC VDH VDH VDH DMH DMH DOC DOC DCF DCF DCF DCF DCF DCF DCF DVHA DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAI	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization  Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.  Continued underutilization trend.  Continued underutilization trend.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Transfer DCF Audit position to AHS, eliminate vacant position, retainer contract for audit services.  Align with actual expenditures.  Maximus and Wex contract savings.  Contract savings and one FTE elimination thru attrition.  Implement a PDL for HIV patients.
2 3 4 5 6 7 8 9 10 Expense Reduct 11 12 13 14 15 16 17 18 19 20 21 Expense Reduct 22 23 24 25 26 27 28 29	GC Secretary's Office - GC VODH VDH VDH DMH DMH DOC DOC DOC DCF DCF DCF DCF DCF DCF DCF DCF DCF DOL DOC DOC DOC DOC DOC DOC DCF DCF DCF DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAIL	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  ISS:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization  American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization  Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412) (80,210) (36,900)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.  Continued underutilization trend.  Continued underutilization trend.  Continued underutilization trend.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Transfer DCF Audit position to AHS, eliminate vacant position, retainer contract for audit services.  Align with actual expenditures.  Maximus and Wex contract savings.  Contract savings and one FTE elimination thru attrition.
2 3 4 5 6 7 8 9 10 <b>Expense Reduc</b> 11 12 13 14 15 16 17 18 20 21 <b>Expense Reduc</b> 22 23 24 25 26 27 28 29 30 31	GC Secretary's Office - GC VDH VDH VDH DMH DMH DOC DOC DOC DCF DCF DCF DCF DCF DCF DCF DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAIL	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization  American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization  Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412) (80,210) (36,900) (1,583,122) (5,783,142) (5,783,142) (5,783,142)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates. Leverage special fund revenue. Effective 1/1/2020, Medicare will now pay for OTP services. Leverage additional Medicare revenue at VPCH in line with actual experience. Shift funding back to the Education Fund. 16 additional Marshal beds and \$10 per diem increase to \$140. Leverage Medicaid Admin for CIS staff time. GC revenue adjustment. Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown. Updated per the Consensus Forecast process. Adopted by E-Board in January 2020. Fill the vacant beds at CCWC - assumes 50 beds. Decreasing caseload and cost per case. Reduction in RU caseload based on projections from the Leslie Black Plumeau report. Projected attrition. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend. Underspent per projections. Continued underutilization trend.  Underspent per projections. Continued underutilization trend.  Continued underutilization t
2 3 4 4 5 6 7 8 9 10 Expense Reduct 11 12 13 14 15 16 17 18 19 20 21 Expense Reduct 22 23 24 25 26 27 28 29 30 31 32 33	GC Secretary's Office - GC VDH VDH VDH DMH DDC DDC DCF DCF DCF DCF DVHA DDCF DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAIL	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization  Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE Increase vacancy savings at the Office of Child Support (OCS)	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412) (80,210) (36,900) (1,583,122) (5,783,142) (55,000)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.  Continued underutilization trend.  Continued underutilization trend.  Continued underutilization trend.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Continued
22 33 44 55 66 77 88 91 10 Expense Reduct 11 12 13 144 15 16 17 18 19 20 21 Expense Reduct 22 23 24 25 26 27 28 29 30 31 32 33	GC Secretary's Office - GC VODH VDH VDH DMH DMH DOC DOC DOC DCF DCF DCF DCF DCF DCD DOC DOC DOC DOC DOC DOC DOC DOC DOC	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E 185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization  Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE Increase vacancy savings at the Office of Child Support (OCS) Eliminate Northwestern Counselling Support Services (NCSS) High Fidelity Wrap	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412) (80,210) (1,583,122) (5,783,142) (318,052) (55,000)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.  Continued underutilization trend.  Continued underutilization trend.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Transfer DCF Audit position to AHS, eliminate vacant position, retainer contract for audit services.  Align with actual expenditures.  Maximus and Wex contract savings.  Contract savings and one FTE elimination thru attrition.  Implement a PDL for HIV patients.  Various Contract reductions; grant reduction to UVMMC Fellowship (in BAA).  Functions have been absorbed with existing staff.  Realign budget to actuals in line with historic appropriation balances.  Alternative residential placements needed as a result of the closure of Woodside.  Reduce 5 Benefit Program Specialist positions as a result of implementing ESAP.  Increase vacancy savings.  Pilot program with Northwestern Counselling Support Services intended to reduce the use of residential programs.  Grants no longer needed as CCFAP rate increases are achieving stabilization in early childhood
22 33 44 55 66 77 88 91 10 Expense Reduct 11 12 13 144 15 16 17 18 19 20 21 Expense Reduct 22 23 24 25 26 27 28 29 30 31 32 33	GC Secretary's Office - GC VDH VDH VDH DMH DDC DDC DCF DCF DCF DCF DVHA DDCF DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAIL	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization  Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE Increase vacancy savings at the Office of Child Support (OCS)  Eliminate Northwestern Counselling Support Services (NCSS) High Fidelity Wrap CDD - Reduction in CCFAP Stabilization Grants	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412) (80,210) (1,583,122) (5,783,142) (318,052) (55,000)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates. Leverage special fund revenue. Effective 171/2020, Medicare will now pay for OTP services. Leverage additional Medicare revenue at VPCH in line with actual experience. Shift funding back to the Education Fund. 16 additional Marshal beds and \$10 per diem increase to \$140. Leverage Medicaid Admin for CIS staff time. GC revenue adjustment. Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown. Updated per the Consensus Forecast process. Adopted by E-Board in January 2020. Fill the vacant beds at CCWC - assumes 50 beds. Decreasing caseload and cost per case. Reduction in RU caseload based on projections from the Leslie Black Plumeau report. Projected attrition. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend.  Underspent per projections. Continued underutilization trend.  Underspent per projections. Continued underutilization trend.  Continued underutilization
2 3 4 4 5 6 7 8 9 10 Expense Reduct  11 12 13 14 15 16 17 18 19 20 21 Expense Reduct  22 23 24 25 26 27 28 29 30 31 32 33 34 35	GC Secretary's Office - GC VODH VDH VDH DMH DMH DOC DOC DOC DCF DCF DCF DCF DCF DCD DOC DOC DOC DOC DOC DOC DOC DOC DOC	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E 185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization  Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE Increase vacancy savings at the Office of Child Support (OCS) Eliminate Northwestern Counselling Support Services (NCSS) High Fidelity Wrap	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (476,207) (444,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412) (80,210) (36,900) (1,583,122) (5,783,142) (318,052) (55,000) (291,667)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates.  Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and 510 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.  Continued underutilization trend.  Continued underutilization trend.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Continued underutilization trend.  Underspent per Ipolections.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Align with actual expenditures.  Maximus and Wex contract savings.  Contract savings and one FTE elimination thru attrition.  Implement a PDL for HIV patients.  Various Contract reductions; grant reduction to UVMMC Fellowship (in BAA).  Functions have been absorbed with existing staff.  Realign bugget to actuals in line with historic appropriation balances.  Alternative residential placements needed as a result of the closure of Woodside.  Reduce 5 Benefit Program Specialist positions as a result of implementing ESAP.  Increase vacancy savings.  Pilot program with Northwestern Counselling Support Services intended to reduce the use of residential programs.  Pro
2 3 4 4 5 6 7 8 9 10 Expense Reduce 11 12 13 14 15 16 17 18 19 20 21 Expense Reduce 22 23 24 25 26 27 28 29 30 31 32 33 34 35	GC Secretary's Office - GC VDH VDH VDH DMH DMH DOC DOC DCF DCF DCF DCF DCF DCF DCF DCF DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAIL	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization  Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE Increase vacancy savings at the Office of Child Support (OCS)  Eliminate Northwestern Counselling Support Services (NCSS) High Fidelity Wrap CDD - Restructure Transportation Services to Special Child Care - one-time funds will serve as bridge	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412) (80,210) (36,900) (1,583,122) (5,783,142) (318,052) (55,000) (291,667) (200,000)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates. Leverage special fund revenue. Effective 1/1/2020, Medicare will now pay for OTP services. Leverage additional Medicare revenue at VPCH in line with actual experience. Shift funding back to the Education Fund. 16 additional Marshal beds and 510 per diem increase to \$140. Leverage Medicaid Admin for CIS staff time. GC revenue adjustment. Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown. Updated per the Consensus Forecast process. Adopted by E-Board in January 2020. Fill the vacant beds at CCWC - assumes 50 beds. Decreasing caseload and cost per case. Reduction in RU caseload based on projections from the Leslie Black Plumeau report. Projected attrition. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend. Underspent per projections. Continued underutilization trend.  Underspent per projections. Continued underutilization trend.  Contract savings and one FTE elimination thru attrition.  Implement a PDL for HIV patients.  Various Contract reductions; grant reduction to UVMMC Fellowship (in BAA).  Functions have been absorbed with existing staff.  Realign budget to actuals in line with historic appropriation balances.  Alternative residential placements needed as a result of the closure of Woodside.  Reduce 5 Benefit Program Specialist positions as a result of the place of Woodside.  Reduce 5 Benefit Program Specialist positions as a result
2 3 4 5 6 7 8 9 10 Expense Reduce 11 12 13 14 15 16 17 18 19 20 21 Expense Reduce 22 23 24 25 26 27 28 29 30 31 31 32 33 34 35	GC Secretary's Office - GC VODH VVDH VVDH DMH DMH DOC DOC DOC DCF DCF DCF DCF DCF DCB DCF DCC DOC DOC DOC DOC DOC DOC DOC DOC DCF DCF DCF DCF DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAIL	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E 195:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization  Internal Audit Group Restructure Contract Reductions Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE Increase vacancy savings at the Office of Child Support (OCS) Eliminate Northwestern Counselling Support Services (NCSS) High Fidelity Wrap CDD - Reduction in CCFAP Stabilization Grants  CDD - Restructure Transportation Services to Special Child Care - one-time funds will serve as bridge Reach Up - Reduce Transportation Grants	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412) (80,210) (36,900) (1,583,122) (5,783,142) (318,052) (55,000) (291,667) (200,000)	Updated revenue estimates. Leverage special fund revenue. Effective 1/1/2020, Medicare will now pay for OTP services. Leverage additional Medicare revenue at VPCH in line with actual experience. Shift funding back to the Education Fund. 16 additional Marshal beds and \$10 per diem increase to \$140. Leverage Medicaid Admin for CIS staff time. GC revenue adjustment. Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown. Updated per the Consensus Forecast process. Adopted by E-Board in January 2020. Fill the vacant beds at CCWC - assumes 50 beds. Decreasing caseload and cost per case. Reduction in RU caseload based on projections from the Leslie Black Plumeau report. Projected attrition. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend.  Underspent per projections. Continued underutilization trend.  Continued underutilization
2 3 4 4 5 6 7 8 9 10 Expense Reduce 11 12 13 14 15 16 17 18 19 20 21 Expense Reduce 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	GC Secretary's Office - GC VODH VVDH VDH DMH DMH DOC DOC DOC DCF DCF DCF DCF DCF DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAIL	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue of Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization  Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE Increase vacancy savings at the Office of Child Support (OCS) Eliminate Northwestern Counselling Support Services (NCSS) High Fidelity Wrap CDD - Restructure Transportation Services to Special Child Care - one-time funds will serve as bridge Reach Up - Reduce Transportation Grants  OEO - Eliminate Microbusiness Development Program OEO - Eliminate Individual Development Account (IDA) Program Eliminate Home Detention	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412) (80,210) (36,900) (1,583,122) (5,783,142) (318,052) (55,000) (291,667) (200,000)	Updated revenue estimates. Leverage special fund revenue. Effective 1/1/2020, Medicare will now pay for OTP services. Leverage additional Medicare revenue at VPCH in line with actual experience. Shiff funding back to the Education Fund. 16 additional Marshal beds and \$10 per diem increase to \$140. Leverage Medicaid Admin for CIS staff time. GC revenue adjustment. Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown. Updated per the Consensus Forecast process. Adopted by E-Board in January 2020. Fill the vacant beds at CCWC - assumes 50 beds. Decreasing caseload and cost per case. Reduction in RU caseload based on projections from the Leslie Black Plumeau report. Projected attrition. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend.  Underspent per projections. Continued underutilization trend.  Transfer DCF Audit position to AHS, eliminate vacant position, retainer contract for audit services. Align with actual expenditures.  Maximus and Wex contract savings.  Contract savings and one FTE elimination thru attrition. Implement a PDL for HIV patients.  Various Contract reductions; grant reduction to UVMMC Fellowship (in BAA). Functions have been absorbed with existing staff. Realign budget to actuals in line with historic appropriation balances. Alternative residential placements needed as a result of the closure of Woodside. Reduce 5 Benefit Program Specialist positions as a result of implementing ESAP. Increase vacancy savings.  Provides to actuals in line with historic appropriation balances. Alternative residential programs specialist positions as a result of implementing ESAP. Increase vacancy savings.  Provides Transportation to and from childcare for vulnerable and at-risk children. DCF is working to restructuring. Reduce 5 Benefit Program Specialist positions as a result of implementing ESAP. Increase vacancy savings.  Provides technical assistance to help low-income Vermonters g
2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 Expense Reduct 11 1 12 13 13 14 15 16 16 17 18 19 20 21 Expense Reduct 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 40 41 42 43	GC Secretary's Office - GC VDH VDH VDH DMH DMH DOC DOC DCF DCF DCF DCF DCF DCF DVHA DOLL DAIL DAIL DAIL DAIL DAIL DAIL DAIL DA	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GRevenue Adjustment FMAP Change to IV-E 185:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization FIII CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE Increase vacancy savings at the Office of Child Support (OCS)  Eliminate Northwestern Counselling Support Services (NCSS) High Fidelity Wrap CDD - Restructure Transportation Services to Special Child Care - one-time funds will serve as bridge Reach Up - Reduction in CCFAP Stabilization Grants  CDD - Restructure Transportation Services to Special Child Care - one-time funds will serve as bridge Reach Up - Reduce Transportation Grants  CEO - Eliminate Microbusiness Development Program Eliminate Home Detention  Low Risk Supervision Grant Reduction Windsor Mothballing Costs	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412) (80,210) (36,900) (1,583,122) (5,783,142) (5,783,142) (55,000) (291,667) (200,000) (291,667) (200,000) (125,000) (221,000) (225,000) (226,000) (221,000) (225,000)	Updated revenue estimates. Leverage special fund revenue. Effective 1/1/2020, Medicare will now pay for OTP services. Leverage additional Medicare revenue at VPCH in line with actual experience. Shift funding back to the Education Fund. 16 additional Marshal beds and \$10 per diem increase to \$140. Leverage Medicaid Admin for CIS staff time. GC revenue adjustment. Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown. Updated per the Consensus Forecast process. Adopted by E-Board in January 2020. Fill the vacant beds at CCWC - assumes 50 beds. Decreasing caseload and cost per case. Reduction in RU caseload based on projections from the Leslie Black Plumeau report. Projected attrition. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend. Underspent per projections. Continued underutilization trend.  Underspent per projections. Continued underutilization trend.  Continued underutilization trend.  Transfer DCF Audit position to AHS, eliminate vacant position, retainer contract for audit services. Align with actual expenditures.  Maximus and Wex contract savings.  Contract savings and one FTE elimination thru attrition. Implement a PDL for HIV patients.  Various Contract reductions; grant reduction to UVMMC Fellowship (in BAA). Functions have been absorbed with existing staff. Realign budget to actuals in line with historic appropriation balances. Alternative residential placements needed as a result of the closure of Woodside. Reduce 5 Benefit Program Specialist positions as a result of implementing ESAP. Increase vacancy savings.  Piot programs.  Grants no longer needed as CCFAP rate increases are achieving stabilization in early childhood programs.  Provides technical assistance to help low-income Vermonters grow small businesses.  Provides technical assistance to help low-income Vermonters grow small businesses.  Provides a savings match and financial education for low income Vermonters.  Program is underutilized.
22 33 44 55 66 77 88 99 100 Expense Reduct 11 122 133 144 155 166 177 188 199 200 211 Expense Reduct 22 23 244 255 266 27 28 29 30 311 32 24 35 36 37 38 36 37 38 39 40 41 42 43	GC Secretary's Office - GC VODH VVDH VVDH DMH DMH DOC DOC DCF DCF DCF DCF DCF DCF DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAIL	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Non-HCBS Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization Internal Audit Group Restructure Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE Increase vacancy savings at the Office of Child Support (OCS) Eliminate Northwestern Counselling Support Services (NCSS) High Fidelity Wrap CDD - Reduction in CCFAP Stabilization Grants  CDD - Restructure Transportation Services to Special Child Care - one-time funds will serve as bridge Reach Up - Reduce Transportation Grants  OEO - Eliminate Microbusiness Development Program OEO - Eliminate Individual Development Account (IDA) Program Eliminate Home Detention  Low Risk Supervision Grant Reduction	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (308,436) (554,412) (80,210) (36,900) (1,583,122) (5,783,142) (55,000) (291,667) (200,000) (649,793) (187,952) (293,339) (170,301) (125,000) (211,387) (211,387) (211,387) (211,387) (211,387) (211,387) (211,387) (211,387) (161,589)	Base FMAP change from 53.87% to 54.39%.  Updated revenue estimates. Leverage special fund revenue.  Effective 1/1/2020, Medicare will now pay for OTP services.  Leverage additional Medicare revenue at VPCH in line with actual experience.  Shift funding back to the Education Fund.  16 additional Marshal beds and \$10 per diem increase to \$140.  Leverage Medicaid Admin for CIS staff time.  GC revenue adjustment.  Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown.  Updated per the Consensus Forecast process. Adopted by E-Board in January 2020.  Fill the vacant beds at CCWC - assumes 50 beds.  Decreasing caseload and cost per case.  Reduction in RU caseload based on projections from the Leslie Black Plumeau report.  Projected attrition.  Continued underutilization trend.  Continued underutilization trend.  Continued underutilization trend.  Continued underutilization trend.  Underspent per projections.  Continued underutilization trend.  Continued underutilization trend.  Transfer DCF Audit position to AHS, eliminate vacant position, retainer contract for audit services.  Align with actual expenditures.  Maximus and Wex contract savings.  Contract savings and one FTE elimination thru attrition.  Implement a PDL for HIV patients.  Various Contract reductions; grant reduction to UVMMC Fellowship (in BAA).  Functions have been absorbed with existing staff.  Realign budget to actuals in line with historic appropriation balances.  Alternative residential placements needed as a result of the diosure of Woodside.  Reduce S Benefit Porgram Specialist positions as a result of the diosure of Woodside.  Reduce S Benefit Porgram Specialist positions as a result of implementing ESAP.  Increase vacancy savings.  Pliot program with Northwestern Counselling Support Services intended to reduce the use of restructure contracts. There is a \$650K one-time appropriation to bridge the program through restructuring.  Reduce S Benefit Porgram Specialist positions as a result of two lostings to h
22 33 44 55 66 77 88 99 100 Expense Reduct 11 122 133 144 155 166 177 188 199 200 211 Expense Reduct 22 23 244 255 266 27 28 29 30 311 32 24 35 36 37 38 36 37 38 39 40 41 42 43	GC Secretary's Office - GC VODH VVDH VVDH DMH DMH DOC DOC DCF DCF DCF DCF DCF DVHA DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAI	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GC Revenue Adjustment FMAP Change to IV-E  gs:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forceasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Nursing Home Medicaid Bed Utilization Non-HCBS Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization  Internal Audit Group Restructure Contract Reductions Contract Reductions Contract Savings Rebase HIT Budget Align Prior Authorization Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE Increase vacancy savings at the Office of Child Support (OCS) Eliminate Northwestern Counselling Support Services (NCSS) High Fidelity Wrap  CDD - Reduction in CCFAP Stabilization Grants  CDD - Restructure Transportation Services to Special Child Care - one-time funds will serve as bridge Reach Up - Reduce Transportation Grants  CDD - Restructure Transportation Grants  CDO - Eliminate Microbusiness Development Program  OEO - Eliminate Individual Development Account (IDA) Program Eliminate Home Detention  Low Risk Supervision Grant Reduction Windsor Mothballing Costs Medicald for Transitional Housing	(3,195,660) (163,000) (100,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (8,943,914) (1,356,975) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (308,436) (554,412) (80,210) (36,900) (1,583,122) (5,783,142) (55,000) (291,667) (200,000) (649,793) (187,952) (293,339) (170,301) (125,000) (211,387) (211,387) (211,387) (211,387) (211,387) (211,387) (211,387) (211,387) (161,589)	Updated revenue estimates. Leverage special fund revenue. Effective 1/1/2020, Medicare will now pay for OTP services. Leverage special fund revenue. Effective 1/1/2020, Medicare will now pay for OTP services. Leverage additional Medicare revenue at VPCH in line with actual experience. Shift funding back to the Education Fund. 16 additional Marshal beds and \$10 per diem increase to \$140. Leverage Medicaid Admin for CIS staff time. GC revenue adjustment. Base FMAP change from 53.87% to 54.39%.  Continuation of CMS required MCO investment phasedown. Updated per the Consensus Forecast process. Adopted by E-Board in January 2020. Fill the vacant beds at CCWC - assumes 50 beds. Decreasing caseload and cost per case. Reduction in RU caseload based on projections from the Leslie Black Plumeau report. Projected attrition. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend.  Underspent per projections. Continued underutilization trend.  Underspent per projections. Continued underutilization trend.  Transfer DCF Audit position to AHS, eliminate vacant position, retainer contract for audit services. Align with actual expenditures.  Maximus and Wex contract savings.  Contract savings and one FTE elimination thru attrition. Implement a PDL for HIV patients.  Various Contract reductions; grant reduction to UVMMC Fellowship (in BAA). Functions have been absorbed with existing staff. Realign budget to actuals in line with historic appropriation balances. Alternative residential placements needed as a result of the dosure of Woodside. Reduce S Benefit Program Specialist positions as a result of implementing ESAP. Increase vacancy savings. Pliot programs with Northwestern Counselling Support Services intended to reduce the use of residential programs.  Grants no longer needed as CCFAP rate increases are achieving stabilization in early childhood programs.  Grants no longer needed as CCFAP rate increases are achieving stabilization in early childho
22 33 44 55 66 77 88 99 100 Expense Reduct 11 122 133 144 155 166 177 188 199 200 211 Expense Reduct 22 23 244 255 266 27 28 29 30 311 32 24 35 36 37 38 36 37 38 39 40 41 42 43	GC Secretary's Office - GC VODH VVDH VVDH DMH DMH DOC DOC DCF DCF DCF DCF DCF DVHA DAIL DAIL DAIL DAIL DAIL DAIL DAIL DAI	State Health Care Resource Fund (SHCRF) Premiums Nuclear Regulatory Commission (NRC) Revenue Leverage Medicare Revenue for Opioid Treatment Programs (OTP) Leverage Medicare Revenue at VPCH Move Community High School of VT (CHSVT) Funding to Ed Fund Increase US Marshalls Beds CDD - Medicaid Admin Revenue for CIS CDD - GR Revenue Adjustment FMAP Change to IV-E 183:  UVM Investment Phasedown - Physician Training Medicaid Caseload & Utilization Fill CCWC (reduces OOS by up to 50 beds) FSD - Sub Adopt Caseload Reach Up Caseload Savings Forecasted Attrition - Attendant Services GF Program Attendant Services Medicaid - Utilization Non-HCBS Utilization Non-HCBS Utilization Non-HCBS Utilization American Federal of State, County and Municipal Employees (AFSCME) Utilization Traumatic Brain Injury (TBI) Utilization Internal Audit Group Restructure Contract Reductions Contract Reductions Preferred Drug List (PDL) Management for HIV Contract Reductions & UVMMC Fellowship Eliminate 1 vacant administrative position DS Waivers - Budget to Actuals Realignment Close Woodside and Transition to Alternative Placements ESD - Elderly Simplified Application Program (ESAP) - reduce 5 FTE Increase vacancy savings at the Office of Child Support (OCS) Eliminate Northwestern Counselling Support Services (NCSS) High Fidelity Wrap CDD - Reduction in CCFAP Stabilization Grants  CDD - Restructure Transportation Services to Special Child Care - one-time funds will serve as bridge Reach Up - Reduce Transportation Grants  OEO - Eliminate Microbusiness Development Program OEO - Eliminate Individual Development Account (IDA) Program Eliminate Home Detention  Low Risk Supervision Grant Reduction Windsor Mothballing Costs Medicaid for Community Rehabilitative Care	(3,195,660) (163,000) (160,126) (889,406) (228,050) (3,462,608) (501,528) (220,000) (182,340) (121,000) (13,536,069) (618,235) (476,207) (449,704) (181,933) (144,674) (878,169) (168,084) (188,150) (130,024) (13,314,296) (27,365) (51,822) (822,698) (765,801) (308,436) (554,412) (80,210) (36,900) (1,583,122) (5,783,142) (318,052) (55,000) (291,667) (200,000) (649,793) (187,952) (293,339) (170,301) (125,000) (211,387) (211,387)	Updated revenue estimates. Leverage special fund revenue. Effective 1/1/2020, Medicare will now pay for OTP services. Leverage special fund revenue. Effective 1/1/2020, Medicare will now pay for OTP services. Leverage additional Medicare revenue at VPCH in line with actual experience. Shift funding back to the Education Fund. 16 additional Marshal beds and \$10 per diem increase to \$140. Leverage Medicaid Admin for CIS staff time. GC revenue adjustment. Base FMAP change from 53.87% to \$4.39%.  Continuation of CMS required MCO investment phasedown. Updated per the Consensus Forecast process. Adopted by E-Board in January 2020. Fill the vacant beds at CCWC - assumes 50 beds. Decreasing caseload and cost per case. Reduction in RU caseload based on projections from the Leslie Black Plumeau report. Projected attrition. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend. Continued underutilization trend. Underspent per projections. Continued underutilization trend.  Underspent per projections. Continued underutilization trend.  Continued underutilization trend.  Transfer DCF Audit position to AHS, eliminate vacant position, retainer contract for audit services. Align with actual expenditures.  Maximus and Wex contract savings.  Maximus and Wex contract savings.  Contract savings and one FTE elimination thru attrition. Implement a PDL for HIV patients.  Various Contract reductions, grant reduction to UVMMC Fellowship (in BAA).  Functions have been absorbed with existing staff.  Realign budget to actuals in line with historic appropriation balances.  Alternative residential placements needed as a result of the closure of Woodside.  Reduce S Benefit Program Specialist positions as a result of implementing ESAP.  Increase vacancy savings.  Pilot programs with Northwestern Counselling Support Services intended to reduce the use of residential programs.  Grants no longer needed as CCFAP rate increases are achieving stabilization in early childhood programs.  Provides technic