

# Composite Reduction List - suggestions received by noon 2/26/2015 DRAFT

**\$23m - \$29 m** Reduction Target Range (\$18.6 plus \$5 leg diff to gov +/- flexibility/doability/timing)

Additional Onetime funds reserved to achieve longer term savings

Many need further specification

Many have FF match implications

GF

FF

## State Employees - \$10.8m target in budget

State employees

New contract for new ees - 10% reduction by 2020

Employee parking fee

Charge for high demand spaces

reduce mileage reimbursement

Part of \$10.7M personnel

Bottled water

Underfund employee HC system

each 1% \$445,000

Health benefits

eliminate health benefits for domestic partners

## General Government

Committee to evaluate privatization options

Commissions

Suspend them

National Life Space swap

(\$200,000)

ESTIMATE ONLY

Space - no new ls/bld divest excess

unless inked or ground broken - inventory & strat plan

postage/prepaid envelops/furniture/travel

Asset limit for SSB \$1.25M

(\$600,000)

Required certification on tax form

Renter rebate proration

(\$600,000)

Cut by 20% or more

Assess PILOT Fund

(\$250,000)

Part of PVR cost 5%

Reduce Per diems

Part of \$10.7M personnel

Current use

savings

DII

cut

reduce House size to 120 members at next census

engage other cost reduction activities

look at car dealer leases other changes, usage

Legislature

Revisit fleet management

## Protection Functions

Jud - Regionalization of Courts

1 hour drive should be limit

Req Sup Justices to hear cases

to reduce backlog

Justices assigned vehicle

non personal restrictions?

Assign justices to the courthouses

avoid travel time and expenses

Agriculture - Working Lands

(\$500,000)

remainder of funding

Eliminate State VOSHA

Criminal Justice training Council

Move to public safety

## Human Services

AABD cola

(\$80,000)

Back Out State Funds

Increase Rx copay

(\$160,000)

\$1 increase

VHC Exchange

(\$3,500,000)

???

Reduction in operational funding

Premiums assistance

(\$3,800,000)

(\$4,836,364)

Added last year

Cost sharing assistance

(\$1,900,000)

added last year

Medicaid -Rev Optional Services

Rx, Chiro, Personal Care, Autism?

Medicaid -Rev Optional Groups

Vpharm, top end of Dr. D

AHEC program supp

(\$242,000)

(\$308,000)

do w/in VDH

ADAP - recovery centers

(\$522,060)

(\$664,440)

DCF - PCAV grants

(\$188,841)

(\$240,342)

DCF CD - waiting for child care

DDAIL DS - waiting list for DS service

(\$880,000)

(\$1,120,000)

further reduce caseload increase

DA consolidation

(\$750,000)

(\$1,562,500)

Reduce admin/case mgt pay levels, req consolid

Residency length requirement

to get benefits

Reduce subsidized adoption

(\$900,000)

Fund at 90% \$878 a case

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Pharmaceuticals from Canada

Close Windsor prison 100 beds

(\$1,500,000)

Vets Home

(\$2,000,000)

Womens commission

(\$350,000)

**Labor**

Next Gen Funding

(\$3,300,000)

**Education & Higher Ed**

Governors Institute

Adult Literacy

Sped Med savings or sweep

state placed students

Higher ed 1% cut

(\$830,000)

**Natrual Resources**

State lands/-park closing

Reduce game wardens

**Commerce and Community Development**

Eliminate GIS

(\$645,700)

RDC contracts reduce/cut

VHCB

(\$2,100,000)

Humanities

(\$220,000)

VSO

(\$140,000)

Council on Arts

(\$950,000)

VPT

(\$550,000)

Historical Society

(\$950,000)

Vermont Life

Travel and tourism

**Transportation**

Toll booths on 89

**Subtotal****(\$28,608,601)****Other**

False Claims Act

positive

Bond Premium reallocation

Proj gain in Medicaid and other settlements

2013=\$550,000 other yrs small \$15-\$30k

Varies by year FY 2015 was \$11 million

**Additional Onetime Funds Reserved to achieve longer term savings**

SHCRF15

(\$1,310,000)

SHCRF 16

(\$770,000)

Balance reserve

(\$2,000,000)

USF Direct App

(\$300,000)

Enterprise Fund

(\$2,500,000)

**Subtotal one time****(\$6,880,000)**

Use for bridge funding to full savings

Compilation GF appropriation reduction ideas - of FY16 and/or beyond  
(good, bad and ugly but really only bad and ugly)

	<p><b>Grant 100% Eliminations</b>  Governor's Commission on Women  Humanities Council Funding  Vermont Symphony Orchestra Funding  Council on the Arts Funding  Historical Society Funding  VT Public TV  Working Lands – remaining funds</p> <p><b>Reductions</b>  Fund VHCB at \$10m  Back out State funds for AABD COLA  Reduce Subsidized Adoption by 10% (\$878/case)  SCHIP Kids ineligible for Dr. D (225% - 300% FPL)  Increase Pharmacy and Dr. D Premiums by \$1</p>
#	<p><b><i>Brief Description &amp; Potential Language for Inclusion in Budget Bill</i></b></p>
1	<p><b>Renter Rebate</b> – appropriate only 80%,75%,or 50% of GF and EF funds in FY16</p> <p><i>In FY16, notwithstanding current law allow department proration of the rebates provided to applicants at a level determined by the department given the funds appropriated</i></p> <p><i>The policy committees redesign the program in 2016 session to fit reduced financial support.</i></p>
2	<p><b>Homeowner Rebate</b> - appropriate only 80%,75%,or 50% of GF in FY16</p> <p><i>In FY16, notwithstanding current law allow department proration of the rebates provided to applicants at a level determined by the department given the funds appropriated</i></p> <p><i>The policy committees redesign the program in 2016 session to fit reduced financial support.</i></p>
	<p><b>VT Veteran's Home</b> – appropriate only 50% of the supplemental state support and direct the board</p>

3	<p><i>Reduce funding in FY 2016</i></p> <p><i>Provide Board of Trustees authorization and statutory changes needed to reduce operating beds and staff as needed in FY16 to operate within this funding level</i></p> <p><i>Provide that the trustees</i></p> <p><i>remain in financial solvency within this appropriated level.</i></p> <p><i>For consideration in 2016 legislative session, the board shall develop transitions plans for that anticipate no general fund support for operations of the home these may include :</i></p> <p><i>(1) closure of the home in FY17 if operation of the home is not feasible without direct general funds support,</i></p> <p><i>(2) privatization of the management or both management and operations of the home if such actions will result in continued operation of the home without direct general fund support,</i></p> <p><i>(3) These plans shall be submitted to the legislature by January 15, 2016”</i></p>
4	<p><b>Current Use</b> – fund municipal reimbursement at 75% for FY16 and FY17</p> <p><i>“In FY16 and FY17 notwithstanding current law, the tax department shall prorate the reimbursement to towns for the current use program at a level determined by the department given the funds appropriated in Sec.B....”</i></p> <p>Also</p> <p><i>“By January 15, 2016, the Secretary of Administration in consultation w/? shall submit to the legislature a plan for restructuring and/or transitioning all or part of the current use program beginning January 1, 2018 that results in the cost of the program being reduced to at least the level appropriated in FY17 but does not permanently shift the burden of program cost to the municipal level”</i></p>
	<p><b>Close Prison</b> (100 beds)</p>

5	<p>Estimate is net of o-o-s bed cost and may need to be and adjusted for mothballing costs – timing of closure may impact FY16 savings</p> <p><i>Add language that notwithstanding current law authorizes the Commissioner to close it</i></p>
6	<p><b>Vermont Psychiatric Hospital</b></p> <p><i>“The Secretary of Administration notwithstanding current law is authorized undertake privatization of the Vermont Psychiatric Hospital if such action would result in ongoing reduced cost to state for the provision of these services”</i></p>
7	<p><b>Exchange</b> – Provide \$300k less GF and \$3.9m less GCF than requested in FY16</p> <p><i>“The secretary of administration is authorized to transition or privatize all or part of the operations of Vermont Health Connect operations upon a determination that the cost to the state would be substantially less over a 5 and 10 year projection period and services to Vermonter using the exchange would be equal to or better than currently provided by Vermont Health Connect.”</i></p>
8	<p><b>Consolidation of Designated Agencies</b></p> <p><b>Reduce in MH, ODAP and DS GCF specific to DA administration costs</b></p> <p><i>“The Commissioners of VDH, MH and DDAIL shall enter contract and grant agreements with DAs for FY16 reflect the allocation for administration costs appropriated in Secs B ..... ”</i></p> <p>Also</p> <p><i>“The Sec of AHS shall submit a proposal by XXX for consolidation of the Designated Agencies beginning XXX. The consolidation shall result in lower administration costs overall and seek to have minimal impact on services for eligible Vermonters”</i></p>
	<p><b>State Employees –</b></p> <p>on top of the \$10.8 million in Gov’s proposal</p> <p>Next contract session</p>

9	<p>HC Cadillac tax specifications</p> <p>Mileage</p> <p>Under fund current year health care</p> <p>Auction high value parking in tight markets</p>
10	<b>Retired State Employees and Retired Teachers Health Care</b>
	<p><b>Enterprise Fund</b></p> <p>One time funds</p>
	<b>Exchange</b>
	<b>Health Care Policy</b>

\$2.1m  
\$80k  
\$900k  
\$2.75M  
\$160k

\$580k @ -20%

@-50%

@-20%

VT LEG #306258 v.2

(? \$2.9 act.  
\$1 lottery)

~\$4m  
full-yr

net of bed tax

\$3.65M



\$1.64M

\$2m

\$?

\$2m



\$2.50

(one time)
