

**DEPARTMENT OF HUMAN SERVICES**

2007 - 2009 Biennium

Agency Number: 1000

Reduction Options to Achieve the 2007-09 5% Budget Allotment Reduction: \$166.9 Million GF

JaS

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	Implementation Date	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS		
Dept	Prgm/ Div												
1	1	DHS	SPD <b>Seniors &amp; Peoples w/ Disabilities: Nursing Facility Diversion</b> - DHS will continue the already successfully started Nursing Facility Diversion efforts. DHS has increased client need assessments in order to place SPD clients in proper community based Long Term Care settings to prevent clients from entering higher cost Nursing Facility settings. These efforts will favorably affect DHS clients by assuring they are placed in the proper level of care and setting. The <u>estimated savings</u> are net of all transition costs.	On-going	(2,000,000)						(3,229,600)		(5,229,600)
2	2	DHS	SPD <b>SPD Central Admin- Boards &amp; Commissions-</b> Oregon Developmental Disabilities Council (ODDC) - This <u>corrects</u> the amount of GF funding needed for ODDC. In the base budget, too much GF was budgeted for the ODDC, which is 98 percent federally funded.	January 2009	(500,000)								(500,000)
3	3	DHS	SPD <b>Seniors &amp; Peoples with Disabilities: Boards &amp; Commissions -</b> Reduction by 15 percent of the Governor's Commission on Senior Services base budget. Costs are trending lower than projected for the remainder of the biennium which leads to this <u>savings</u> .	January 2009	(22,015)								(22,015)
4	4	DHS	SPD <b>DD Program: Contract amount reductions for Residential Care.</b> Reduces resources available for residential care in neighborhood homes. Currently this program provides training and supports to neighborhood homes where DD clients live. These 2,500 DD clients require 24 hour care, supervision and training. Recent analyses suggest that program <b>costs have not been as high as earlier estimates.</b>	January 2009	(977,295)						(1,522,706)		(2,500,001)
5	1	DHS	PHD <b>Various Public Health Division reductions:</b> The Public Health Division budget can be reduced due to <u>greater position vacancy savings</u> from the recently implemented hiring freeze than estimated. In addition, postponing of some supply items and additional available other fund cash balances can be shifted one time to displace the need for general fund. (This is an additional reduction to the internal DHS reductions already included in the DHS December 2008 Rebalance.)	On-going	(600,645)	-	108,081	-	-	-			(492,563)
6	5	DHS	SPD <b>Aged and Physically Disabled: Contract Registered Nurse (RN) Services</b> - It is anticipated that the program will continue to have RN recruitment and retention problems, and especially in rural communities. This will lead to a <u>savings</u> .	January 2009	(1,540,800)						(2,459,200)		(4,000,000)

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7	6	DHS	SPD	<b>DD Program: Medically Fragile children - Reduces current contracted amount for these services.</b> Currently this program provides services to an monthly average of 240 children. It was projected to increase by 6-10 per month due to the Medically Involved Waiver that started April 2008. However, the <b>program has not grown</b> at the projected rate.	January 2009	(288,900)					(461,100)		(750,000)
8	3	DHS	CAF	<b>Substitute Care - Other Medical</b> This program provides services such as psychological evaluation, urinary analysis, and other lab tests for children in DHS' care and custody or for his/her parent who are not eligible for Medicaid. <b>Because the use of these services are running below budgeted levels, this budget reduction will have not have a significant effect on DHS clients needing these services.</b> This is a 25% reduction of the remaining 2005-07 Total fund budget for Other Medical. Effective February 2009.	February 2009	(348,835)		2,514					(346,321)
9	1	DHS	CAF	<b>Vocational Rehabilitation Program Cost Controls:</b> This reduction includes curtailing spending, using federal Social Security recovery funds to offset client service need, invoking an Order of Selection to keep caseloads at current levels, and reducing contracted services. The Order of Selection will establish a client waiting list in which all new clients will be assessed and prioritized with services going to the most severely disabled individuals first. This will result in approximately 600 individuals/month that would not be able to apply for services, and over 200 individuals/month that would not find employment. This is a 69% reduction of the remaining VR Total Fund budget for 2007-09.	January 2009	(12,388,490)							(12,388,490)
10	1	DHS	DMAP	<b>Enforceable PDL.</b> This action would create an enforceable preferred prescription drug list (PDL) for OHP clients in the fee-for-service delivery system. The state would save money by requiring prescribers to use preferred, high quality and low cost products, while also gaining access to increased supplemental drug rebate revenue. Implementation Date: 3/1/09	March 2009	(264,670)		(33,948)			(521,639)		(820,257)
11	2	DHS	DMAP	<b>Add mental health drugs to enforceable PDL.</b> This action would add mental health drugs to the preferred prescription drug list (PDL). The state would save money through incentives to use preferred high quality and low cost products while gaining access to increased supplemental drug rebate revenue. Implementation Date: 3/1/09	March 2009	(1,079,290)		(138,436)			(2,127,173)		(3,344,899)

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12	3	DHS	DMAP	<b>Limit FQHC/RHCs to lesser of Medicare or Medicaid allowable for dual eligibles.</b> This action would reduce payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) by paying them the lesser of Medicare or Medicaid reimbursement rates for those patients who have dual coverage of Medicare and Medicaid (e.g. OHP). Implementation Date: 2/1/09	February 2009	(20,450)					(34,007)		(54,457)
13	7	DHS	SPD	<b>Aged and Physically Disabled Field Structures - Transfer &amp; Contract Area Agencies on Aging and the Seniors &amp; People's with Disabilities' Field Multiple Service Offices (MSOs);</b> A reduction of 2.5 percent in the administrative contracts or budget. This <b>might</b> impact case management services and eligibility determinations by increasing the processing time.	January 2009	(2,523,870)					(2,459,364)		(4,983,234)
14	8	DHS	SPD	<b>DD Field Structure- Local Authority for County Developmentally Disabled Programs (CDDP) and Brokerages -</b> 2.5 percent budget reduction in the DD field structure. The administrative contracts with CDDP will be reduced by 2.5 percent. This <b>may</b> impact case management services and eligibility determinations by increasing the processing time.	January 2009	(1,434,345)					(1,492,889)		(2,927,234)
15	4	DHS	DMAP	<b>Cancel planned January 1, 2009 cost of living adjustments (COLAs):</b> This cancels planned COLAs for certain Oregon Health Plan (OHP) fee-for-service (FFS) health care providers. Without the COLAs, some providers may limit or stop seeing people enrolled on the OHP, thus reducing access to vital health care services. Implementation Date: 1/1/09 (Would apply to: Physicians; Nurse practitioners; Dentists; Home enteral and parenteral intravenous service providers; Durable medical equipment and supplies providers; Transportation providers (however, would not apply to brokerages, which are cost-based, not driven by discretionary COLAs); Laboratory providers; Radiology providers; Mental health providers - would include Kids Intensive FFS; and Alcohol and drug treatment providers.)	January 2009	(662,330)		(26,644)			(1,166,557)		(1,855,531)
16	5	DHS	DMAP	<b>Extend current managed care contracts on January 1 2009, instead of implementing the planned new ones.</b> The Jan. 1 capitation rates are approximately six percent higher than the current rates. Instead of the full increase, the contract extension capitation rates may need to include a slight trend increase, estimated to be three percent, in order to be certified by the actuary in accordance with federal rules. Implementation Date: 1/1/2009	January 2009	(5,450,585)		(1,321,479)			(11,663,331)		(18,435,395)

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17	6	DHS	DMAP	<b>Early termination of the Managed Care Physicians Access Improvement Project</b> - This reduction terminates the demonstration project four months earlier than planned. The Physician Access Improvement Project was authorized by the 2007 Oregon legislature with \$7 million GF, and approximately \$17.9 million TF. The purpose of this project is to test strategies within managed care for increasing access to key preventive and primary care services for OHP clients. Each Fully Capitated Health Plan must demonstrate a 4 percentage point increase over the baseline amount, or the contractor is at risk for re-paying the state and CMS for targets not achieved.	January 2009	(2,647,230)				(4,116,259)			(6,763,489)
18	7	DHS	DMAP	<b>Eliminate the Graduate Medical Education enhanced reimbursement for teaching hospitals.</b> Teaching hospitals that receive enhanced reimbursement using General Fund would see a reduction in payments. Implementation Date: 4/1/09 (Would affect: Legacy Emanuel, Legacy Good Samaritan, OHSU, Providence Portland, Sky Lakes (Merle West), and Providence St. Vincent.)	April 2009	(1,202,400)				(1,999,692)	-		(3,202,092)
19	9	DHS	SPD	<b>DD Program: Reduces contracted amounts in Support Services:</b> Support services such as in-home personal care, job coaching and respite services are provided to about 5,000 DD clients monthly in community based settings to help ensure they can remain in the community. The reduction may <b>reduce the number of new clients</b> . However, that will depend on the mix of services needed for clients and the program costs.	January 2009	(1,399,100)				(1,600,940)			(3,000,040)
20	4	DHS	CAF	<b>Limit eligibility for Employment Related Day Care (ERDC) to families with adults who are citizens or legally documented residents.</b> Currently, citizenship requirements for ERDC eligibility applies only to the child. This change would include the residency status of the caretaker in determining eligibility. If implemented, approximately 260 families with undocumented <u>adults</u> would lose access to subsidized child care. Effective February 2009.	February 2009	(733,260)							(733,260)

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21	5	DHS	CAF	<p><b>Self-Sufficiency - Reduce the monthly Post-TANF Payment by \$50 (From \$150/month to \$100/month).</b> The Post-TANF program provides monthly payments for up to 12 months for people transitioning out of the State Family Pre-SSI, Pre-TANF or TANF programs due to employment. This payment is intended to help newly employed TANF clients meet some expenses so that they are able to sustain their transition to ongoing employment. The \$50 reduction to the monthly Post-TANF payment will reduce the Post-TANF program budget for the remainder of the biennium by 13.2%. Currently, there are approximately 3,300 clients receiving this payment. Reducing this payment threshold will likely increase the chances for newly employed clients to be unable to sustain their transition. Because this action reduces general fund expenditures in this program, this could hinder the department's ability to reach federal TANF grant maintenance of effort requirements (the minimum state investment in the TANF program) that could reduce future TANF federal funding of self sufficiency programs. Effective February 2009.</p>	February 2009	(940,000)							(940,000)
22	6	DHS	CAF	<p><b>Self-Sufficiency - Reduce program costs by establishing a household income standard for TANF Non-Parent Caretaker Households of 185% of the Federal Poverty Level (FPL).</b> Currently, caretaker relative's income is disregarded in determining eligibility for the TANF program and determining benefit level. This action would establish a household income standard for relative households in determining TANF eligibility and benefits for children under their care and supervision. The income standard would be set at 185% of the FPL. (As an example, 185% of FPL for a family of three is \$2,714 per month.) This is a 5% reduction of the remaining 2007-09 Total Fund budget for Self Sufficiency and will reduce assistance for approximately 1,650 clients. Effective February 2009.</p>	February 2009	(2,514,000)							(2,514,000)

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23	2	DHS	CAF	<p><b>Self-Sufficiency - Temporary Assistance to Needy People (TANF) - JOBS program cost controls.</b> DHS will manage the TANF JOBS program costs by scaling back program services and access. The reduced service level will require the agency to use an approach of minimal service, limiting access to activities and temporarily suspending some services. Many more clients will either be idle as no services are available, or they will be placed into continuous work search as long as funds are available. While it is likely that this action will have some impact to Oregon's effort to meet federal work participation requirements, this approach is designed to minimize the impact. This will affect approximately 13,000 clients. This would off-set the projected increase in caseload costs for the remainder of the 2007-09 biennium (a budget challenge that is included in the DHS December 2008 Rebalance report).</p>	November 2008	(7,407,790)							(7,407,790)
24	7	DHS	CAF	<p><b>Self-Sufficiency - Reduce TANF program costs by implementing a TANF JOB quit penalty.</b> This action establishes a new requirement for TANF single-parent households (similar to the one already in effect for two-parent households), which would make the family ineligible for TANF if the adult is unemployed from his/her most recent job without good cause (based on the same criteria used in determining unemployment benefit eligibility). This would only apply to employment within the 12 months prior to the application for assistance. This is a 1.3% reduction of the remaining 2007-09 Total Fund budget for Self Sufficiency and will effect approximately 170 clients. Because this action reduces general fund expenditures in this program, this could hinder the department's ability to reach federal TANF grant maintenance of effort requirements (the minimum state investment in the TANF program) that could reduce future TANF federal funding of self sufficiency programs. Effective February 2009.</p>	February 2009	(654,350)							(654,350)
25	8	DHS	CAF	<p><b>Substitute Care - discontinue the IV-E Waiver to new clients.</b> Oregon is among a select few states that receive a waiver (rule exception) to use IV-E Federal funds to test pilot programs intended to prevent or reduce foster care. Examples of existing projects include enhanced visitation, parent mentoring and kinship supports. This reduction would apply only to IV-E waiver contracts that are not already in the pipeline by February 1, 2009. This is a 4% reduction of the remaining 2007-09 Total Fund budget for the IV-E waiver program. Effective February 2009.</p>	February 2009	(28,215)					(42,320)		(70,535)

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26	9	DHS	CAF	<p><b>Increase the co-pay by an average of 6 percent for families on the Employment Related Day Care Program.</b> Currently the co-pay for families is based on sliding fee scale based on family income. The average co pay for a family is \$125. This change in co-pay would mean an increase of an average of \$5-\$10 for a family. Oregon's co-pay levels are higher than many states although the 2007 legislative session made dramatic improvements. This action would erode those gains and increase these families' chances of not being able to afford child care, putting their job at risk. This may also limit the families' ability to find and keep stable, quality child care. This is a 1% reduction of the remaining 2007-09 Total Fund budget for the ERDC program. Effective February 2009.</p>	February 2009	(311,250)							(311,250)
27	10	DHS	CAF	<p><b>Reduce Foster Care One Time Payments by 50%.</b> This program pays for special and/or extraordinary needs used to benefit children in DHS' custody in foster care, shelter care or residential group care. Extraordinary needs include the purchase of specific services or supplies which are essential to the child's substitute care when no other resource exists. The payment is independent of the substitute care maintenance payment and is limited to a one time basis. Examples of extraordinary needs include a critical medical care for a child with cerebral palsy or 24 hour supervision of a child with behavioral issues. This a 50% reduction of the remaining 2007-09 Total fund budget and is effective February 2009.</p>	February 2009	(799,340)		(72,897)		(384,966)			(1,257,203)
28	11	DHS	CAF	<p><b>Limit Employment Related Day Care Program to families leaving TANF.</b> Currently, all families earning less than 185% of FPL are eligible for ERDC. This change would exclude working families that have left TANF (because they are now employed) from accessing the ERDC program if their income is over 185% of FPL. This may limit the families' ability to find and keep stable, quality child care and instability in child care arrangement often makes it more difficult for low-income families to remain employed, which may increase TANF program caseloads. Existing ERDC clients will continue to be eligible until there is a break in benefits. This is a 9.3% reduction of the remaining 2007-09 ERDC Total Fund budget and would become effective February 2009.</p>	February 2009	(4,810,120)		15,679		1,403,389			(3,391,052)

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29	12	DHS	CAF	<p><b>Reduce Special Rates Foster Care by 7.5%.</b> These are monthly payments to care givers in addition to the regular foster care rate. This payment is for services to children in the care and custody of the agency that have special needs inconsistent with their ages (such as special care for drug affected children or children with difficulty coping with daily activities). In this action, rates paid to caregivers would be reduced. This would affect the working relationship with foster parents, however it is assumed no change in caseload would result. Effective February 2009.</p>	February 2009	(300,580)		(15,418)		(344,171)		(660,169)	
30	10	DHS	SPD	<p><b>DD Program: Reduces contracted amounts in Family Support Services by about 10 percent -</b> Via DHS contracts with the counties, family support services are provided to about 600 families who are above the income limits for Medicaid. Some counties that had begun efforts to build up their family support services will likely stop those efforts, and some counties may roll-back their family support services by decreasing their contracts with family support service providers.</p>	January 2009	(1,000,000)						(1,000,000)	
31	11	DHS	SPD	<p><b>DD Program: Reduces contracted amounts in Employment and Community Inclusion -</b> Employment and Community Inclusion helps provide supports to adult DD clients so they can receive training and/or maintain employment in the community at such places as activity centers or local businesses. Currently, there are about 3,800 people receiving these services. The reduction as well as the impact of the current economic jobs market will likely slow down the number of new clients.</p>	January 2009	(595,500)				(904,494)		(1,499,994)	
32	13	DHS	CAF	<p><b>Child Safety - Reduce Supported Remedial Daycare (SRDC).</b> This service is a part of the Child Safety program for children who enter the system due to child abuse or neglect. SRDC is day care available to parents or foster care providers of these children and is intended to help prevent the placement of the child into substitute care, facilitate the child's return to a parent, assist the parent or caregiver in meeting a child's special needs, allow the parent to participate in case plan activities, maintain a child's placement that may be in jeopardy due to caregiver illness, or assist in stabilizing a placement. This is a 44% reduction of the remaining 2007-09 Total Fund budget for SRDC. Effective February 2009.</p>	February 2009	(1,269,740)		(16,512)		(148,778)		(1,435,030)	

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33	1	DHS	AMH	<p><b>Across the board Alcohol and Drug (A&amp;D) Treatment Contract Reductions</b> - This is a 13% reduction of the remaining 2007-09 Total Fund budget for these programs. These cuts to the A&amp;D Programs significantly reduce or eliminate services to approximately 400 at-risk youth and adults. Access to treatment supports, residential treatment, and alcohol and drug treatment will be constrained. Research has shown drug treatment is an important contributor to keeping people out of the child welfare and criminal justice systems. Clients will have limited access to treatment at a level of care to address their problems, resulting in continued alcohol or drug use. Because this action reduces general fund expenditures in this program, this could hinder the department's ability to reach federal Substance Abuse Treatment &amp; Prevention grant (SAPT) maintenance of effort requirements (the minimum state investment in the SAPT program) that could reduce future SAPT federal funding of A&amp;D Treatment programs.</p>	January 2009	(1,862,650)							(1,862,650)
34	14	DHS	CAF	<p><b>Reduce Pre-TANF payment for basic living expenses.</b> The Pre-TANF program provides short-term support and assessment services to clients in their efforts to achieve self-sufficiency and family stability, decreasing the need for longer-term TANF services. Pre-TANF financial assistance for basic living expenses would be limited to maximum of 100% of the TANF Payment Standard. Currently financial assistance is limited to a maximum of 200% of the standard. (As an example, for a household of three, the financial assistance would be reduced from a maximum of \$970 to \$485 per month). This is a 1% reduction of the remaining 2007-09 Budget for Pre-TANF and will affect approximately 150 clients. Because this action reduces General Fund expenditures in the TANF program, this could hinder the department's ability to reach the federal TANF grant maintenance of effort requirements (the minimum state investment in the TANF program) and could reduce future TANF federal funding of self sufficiency programs. Effective February 2009.</p>	February 2009	(70,250)		(363)		(87,629)			(158,242)
35	15	DHS	CAF	<p><b>Reduce IV-A Domestic Violence program by 10 percent.</b> This will reduce services to approximately 55 families per month and reduce access to services that enable victims of domestic violence to flee or stay free from domestic violence. This may increase the number of children at risk because of co-occurring domestic violence and child abuse. Effective February 1, 2009.</p>	February 2009	(20,635)		(1,486)		(161,622)			(183,743)

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36	2	DHS	AMH	<b>Community Mental Health (CMH) Contract Reductions of supported employment, adult outpatient services, and acute care programs.</b> This is a 13% reduction of the remaining 2007-09 Total Fund budget for these programs. These budget reductions will affect all aspects of mental health services critical to successful community living and will significantly reduce or eliminate services to approximately 700 consumers of CMH services. This will hinder the department's ability to provide services to people who are civilly committed. The risk of the loss of acute inpatient psychiatric treatment capacity will increase and there will be additional pressure for the state to provide this service directly in state hospitals. Because this action reduces general fund expenditures in this program, this could hinder the department's ability to reach federal Mental Health Block Grant (MHBG) maintenance of effort requirements (the minimum state investment in the MHBG program) that could reduce future MHBG federal funding of Mental Health programs.	January 2009	(4,137,350)							(4,137,350)
37	16	DHS	CAF	<b>Eliminate Employment Related Day Care (ERDC) eligibility for self-employed clients.</b> This policy change limits access for those families where the adult has declared they are self-employed. The ERDC Program helps working parents with an income below 185% of the Federal Poverty Level to access quality child care. (Many self-employed clients work in their home, and do not have a child care need.) This is a 1% reduction of the remaining 2007-09 ERDC budget. Approximately 150 self-employed families would lose access to subsidized child care. February 2009 implementation.	February 2009	(404,500)							(404,500)
38	17	DHS	CAF	<b>Eliminate Crisis Case Management program.</b> This action eliminates crisis intervention services and/or shelter care placements for youth in the Portland area. Contractors provide these services for children who need immediate care after normal working hours. Effective February 2009.	February 2009	(15,000)		(1,966)		(220,703)			(237,669)
39	18	DHS	CAF	<b>Eliminate the "reduced" co-pay in the first month of ERDC eligibility.</b> Current policy adjusts the calculated co-pay to no more than \$25 for the first month of ERDC. This action would return the first month co-pay to the full amount. When a low income family first begins a job, it is often difficult for newly employed clients to meet the co-payment requirements of ERDC as the client has yet to receive a paycheck. This action will place more families at risk of losing childcare arrangement and or their employment during the initial month following placement. Effective February 2009.	February 2009	(586,815)		1,108		97,219			(488,488)

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40	8	DHS	DMAP	<b>Eliminate adult vision benefit.</b> This action would eliminate routine vision coverage (eye exams and eyeglasses) for approximately 120,000 non-pregnant adults, 21 and older, enrolled on the OHP. Some people would have to go without corrective lenses since they may not be able to afford the doctor visit and/or glasses. Implementation Date: 6/1/09	June 2009	(213,340)		(1,793)		(357,790)		(572,923)	
41	9	DHS	DMAP	<b>Eliminate adult dental (Services).</b> This action would eliminate dental services for approximately 120,000 non-pregnant adults, age 21 and older, receiving OHP benefits. The lack of dental coverage may increase emergency department use. Reduction Date: 6/1/09	June 2009	(1,083,945)		(40,472)	-	(1,870,037)		(2,994,454)	
42	10	DHS	DMAP	<b>Eliminate certain Medicaid optional services.</b> This eliminates private duty nursing, prosthetic devices, hearing aids, chiropractic and podiatrist services that are considered optional under federal Medicaid regulations. Approximately 125,000 clients would lose coverage for needed health services such as prosthetic devices for amputated limbs, hearing aids, foot care for clients with diabetic or neuropathic conditions, private duty nursing services for persons with significant life needs, including those on respirators in the home. Lack of private duty nursing services may cause more clients to move into higher levels of care, such as nursing facilities. Implementation Date: 6/1/09.	June 2009	(162,190)				(272,639)		(434,829)	
43	11	DHS	DMAP	<b>Reduce DRG component of capitation rates (to 72%) (Payments).</b> Implementation Date: 3/1/09	March 2009	(3,368,673)		(456,188)		(6,453,127)	-	(10,277,988)	
44	19	DHS	CAF	<b>Further reduce the maximum payment threshold for ERDC to the 65th percentile of the 2006 Market Rate Study.</b> The standard subsidy rate paid to licensed-exempt providers will be decreased to the 88 percent of the 65th percentile of the 2006 Market Rate Study. May impact TANF MOE.	February 2009	(1,176,488)						(1,176,488)	
45	20	DHS	CAF	<b>Reduce Regular Foster Care rate by 20%.</b> Rates paid to providers would be reduced. This would create a significant impact to the working relationship with foster parents. It will increase the already significant challenges to recruiting and retaining foster parents.	February 2009	(722,251)		(247,975)		(1,878,786)		(2,849,012)	
46	12	DHS	SPD	<b>Use of the DD Housing Trust Fund - Restricted Balance.</b> Through statutory change, the use of this fund balance could be expanded to other programs that are funded with General Fund. Use of this funding source would offset the need for GF in those programs.	May 2009	(11,804,345)		11,804,345				-	

**DEPARTMENT OF HUMAN SERVICES**

2007 - 2009 Biennium

Agency Number: 1000

Reduction Options to Achieve the 2007-09 5% Budget Allotment Reduction: \$166.9 Million GF

JaS

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	Implementation Date	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS		
47	12	DHS	DMAP <b>Use of available MCO tax fund cash balance in DMAP program.</b> Through statutory change, the use of this fund balance could be expanded to other DMAP programs that are funded with General Fund. Use of this funding source would offset the need for GF in those programs.	May 2009	(26,435,000)		26,135,000		-		(300,000)		
48	13	DHS	DMAP <b>Use of available Hospital tax cash fund balance in DMAP program.</b> Through statutory change, the use of this fund balance could be expanded to other DMAP programs that are funded with General Fund. Use of this funding source would offset the need for GF in those programs.	May 2009	(32,488,000)		32,488,000		-		-		
49	14	DHS	DMAP <b>Change accounting policy regarding DMAP managed care (Payments).</b> Conversion to a cash basis and treatment of June 2009 managed care payments as July 2009 (2009-11 biennium) expenditures will reduce GF expenditures for the 2007-09 biennium in DMAP Managed Care programs.	May 2009	(25,721,505)		(3,640,965)		(50,187,362)		(79,549,832)		
<b>Total - All Options</b>					(166,988,332)	-	64,538,185	-	(96,668,273)	-	(199,118,419)		