

**Department of Human Services**  
**November 2002 Budget Rebalance Plan**  
**Summary of Management Actions by Division**

**Not Part  
of \$88  
Million**

<b>Adult and Family Services (AFS)</b>		<b>General Fund</b>	<b>Total Fund</b>
	Central Administrative staff reduction	(0.05)	(0.11)
***	Defer staffing for caseload growth	(1.06)	(2.03)
	Reduce JOBS Program contract and support services	(2.13)	(2.13)
	Increase the Employment Related Day Care (ERDC) Copay	(1.49)	(1.49)
	Reduce daycare income eligibility.	(0.27)	(0.27)
	Reduce the TANF Grant.	(0.54)	(0.54)
	Eliminate the minimum copay allowance for daycare cases	(1.27)	(1.27)
	<b>Subtotal AFS Management Actions</b>	<b>(6.82)</b>	<b>(7.85)</b>
	<b>Subtotal of \$88M reduction</b>	<b>(5.77)</b>	<b>(5.82)</b>
<b>Services for Children and Families (SCF)</b>		<b>General Fund</b>	<b>Total Fund</b>
	Central Administrative staff reduction	(0.02)	(0.11)
	Reduce Foster Care Special Rates	(0.47)	(1.00)
	Reduce child welfare related contracted family treatment and support funds	(0.17)	(0.17)
	Eliminate Flexible Funds from System of Care.	(0.96)	(1.00)
	Reduce Regular Foster Care payments	(0.48)	(0.89)
	Staffing for the System of Care (SOC) reduction	(0.07)	(0.11)
	Reduce Flexible Funds from System of Care	(0.96)	(1.00)
	Eliminate the Employment Related Foster Care Day Care pilot program	(0.54)	(0.55)
	Reduce Adoptions Assistance payments	(1.22)	(2.87)
	Reduce child welfare residential treatment	(0.41)	(0.55)
	Continue System of Care flexible funds at reduced level	(3.10)	-
	<b>Subtotal SCF Management Actions</b>	<b>(8.40)</b>	<b>(8.24)</b>
	<b>Subtotal of \$88M reduction</b>	<b>(8.40)</b>	<b>(8.24)</b>
<b>Health Division (HD)</b>		<b>General Fund</b>	<b>Total Fund</b>
	Eliminate core funding for School Based Health Clinics	(0.51)	(0.51)
	Reduce general fund support of perinatal and prenatal programs.	(0.10)	(0.10)
	Reduce state support to county public health departments for communicable disease control	(0.20)	(0.20)
***	Reduce enrollment in Family Planning Expansion Project by 10,000.	(0.46)	(4.64)
	Bioterrorism GF reduction	(0.24)	-
	<b>Subtotal Health Division Management Actions</b>	<b>(1.52)</b>	<b>(5.45)</b>

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<b>Subtotal of \$88M reduction</b>	<b>(1.05)</b>	<b>(0.81)</b>
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	<i>General Fund</i>	<i>Total Fund</i>
<b><i>Mental Health Division- MH</i></b>		
Central Administrative staff reduction	(0.01)	(0.02)
Eliminate funding directed to local mental health services' plans	(1.22)	(1.22)
Eliminate mental health supported employment program	(0.48)	(0.48)
Eliminate 132 non-Medicaid, and 32 Medicaid Psychiatric Day Treatment (DARTs) slots.	(1.79)	(2.00)
Not proceed with opening of new Oregon State Hospital (OSH) ward	(0.93)	(0.93)
Reduce community mental health services funding for non-Medicaid adults	(3.16)	(3.16)
Eliminate funding for 122 beds of adult mental health residential treatment	(0.67)	(0.67)
Cut community mental health services for non-Medicaid children	(0.54)	(0.54)
*** Enhanced Care program -- Use GF to generate Federal Funds	(0.17)	(0.17)
Elimination of retroactive eligibility for the Adult Couples and Families caseloads	(0.49)	(1.23)
*** Reduced treatment of children and adolescents in the least restrictive and appropriate community-based setting	(2.08)	(4.76)
Eliminate Mental Health benefit for OHP Standard population (for OHP2).	(2.35)	(5.91)
<b>Subtotal MHDDSD-MH Management Actions</b>	<b>(13.89)</b>	<b>(21.08)</b>
<b>Subtotal of \$88M reduction</b>	<b>(11.81)</b>	<b>(16.32)</b>

	<i>General Fund</i>	<i>Total Fund</i>
<b><i>Mental Health Division (DD)</i></b>		
Central Administrative staff reduction	(0.06)	(0.14)
State Operated Crisis Home will not open	(0.37)	(0.91)
Staley Agreement/Universal Access.	(11.81)	(19.23)
<b>Subtotal MHDDSD-DD Management Actions</b>	<b>(12.24)</b>	<b>(20.28)</b>
<b>Subtotal of \$88M reduction</b>	<b>(12.24)</b>	<b>(20.28)</b>

	<i>General Fund</i>	<i>Total Fund</i>
<b><i>Senior and Disabled Services (SDSD)</i></b>		
Central Administrative staff reduction	(0.01)	(0.06)
Eliminate GF for Retired Senior Volunteer Program.	(0.06)	(0.06)

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Eliminate nursing facility inflationary increase (rebasng)	(0.83)	(2.08)
Reduce the average monthly Assisted Living Facility rates	(2.20)	(5.52)
Eliminate balance of Oregon Project Independence (OPI)	(1.51)	(1.30)
Eliminate General Assistance Program	(2.59)	(2.71)
Eliminate Medicaid Long-Term Care for approximately 11,300 clients in survival priority levels 5-17.	(14.98)	(36.81)
*** Defer hiring staff for base caseload increase	(0.28)	(0.60)
*** Increase management controls on Client-Employed Providers unemployment Comp.	(0.25)	(0.63)
*** Eliminate Attorney fee offsets for establishment and maintenance of Income Cap Trusts.	(0.39)	(0.39)
*** Enhanced Care program (MH) change to get additional federal funding in Mental Health	0.17	0.44
<b>Subtotal SDSD Management Actions</b>	<b>(22.93)</b>	<b>(49.72)</b>
<b>Subtotal of \$88M reduction</b>	<b>(22.18)</b>	<b>(48.54)</b>

<i>Office of Vocational Rehabilitation Services (OVRs)</i>	<i>General Fund</i>	<i>Total Fund</i>
*** Additional federal funding offset	(0.50)	-
<b>Subtotal OVRs Management Actions</b>	<b>(0.50)</b>	<b>-</b>
<b>Subtotal of \$88M reduction</b>	<b>(0.50)</b>	<b>-</b>

<i>Office of Alcohol &amp; Drug (OADAP)</i>	<i>General Fund</i>	<i>Total Fund</i>
Reduce Alcohol and Drug adult residential treatment capacity	(1.06)	(1.72)
*** Refer DUII services for indigent and low income persons to standard Alcohol and Drug outpatient services.	(1.49)	(1.49)
<b>Subtotal OADAP Management Actions</b>	<b>(2.54)</b>	<b>(3.21)</b>
<b>Subtotal of \$88M reduction</b>	<b>(1.06)</b>	<b>(1.72)</b>

<i>Office of Medical Assistance Programs (OMAP)</i>	<i>General Fund</i>	<i>Total Fund</i>
Central Administrative staff reduction	(0.03)	(0.09)
*** Lower OHP benefits by removing 8 lines from Prioritized List	(0.83)	(2.05)
*** Reduce OHP pharmacy reimbursement to Average Wholesale Price (AWP) minus 17%	(2.01)	(4.97)

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***	Do not distribute the Safety Net Clinic funding.	(1.20)	(1.20)
***	Change beginning date of Health Plan eligibility for adults/couples and families	(2.96)	(7.44)
***	Eliminate outlier payments for DRG hospitals and reduce inpatient and outpatient reimbursement levels for DRG hospitals	(2.74)	(6.79)
***	Eliminate medically needy program	(6.44)	(16.89)
***	Eliminate payment of Medicare premiums for Special Medicare Full and Special Medicare Partial clients who are not Medicaid eligible.	(0.61)	(0.61)
***	Eliminate limiting initial prescriptions for chronic drug to a 15 day supply.	(0.00)	(0.01)
	Eliminate Medical care for Medicaid Long-Term Care for clients receiving in-home hourly and 24 hour care services in survival priority levels 5-17.	(5.56)	(13.97)
	Eliminate General Assistance Program moves clients to the OHP Standard benefit package.	(0.76)	(1.91)
	Eliminate balance of Oregon Project Independence (OPI) for the remainder of the biennium. Some clients are expected to return as Medicaid cases.	0.08	0.19
	Eliminate remaining Dental benefits for OHP Standard population.	(2.56)	(6.43)
	Eliminate coverage of remaining durable medical equipment and supplies for OHP Standard population.	(0.14)	(0.34)
	Eliminate the requirement to reimburse Type B hospital at 100% of their costs	(0.84)	(2.11)
	Eliminate the requirement to reimburse Type A hospital at 100% of their costs	(0.34)	(0.87)
	Delay expansion of OHP Standard population up to 110% FPL	(1.26)	(3.89)
	Eliminate Chemical Dependency benefit for OHP Standard population.	(2.15)	(5.41)
	Reduce medical benefits by moving the line on the prioritized list of services from the line 558 to 507	(8.75)	(22.00)
	If line movement is not approved by the Federal government, the pharmacy benefit for OHP Standard population would be eliminated.	-	-
	<b>Subtotal OMAP Management Actions</b>	<b>(39.12)</b>	<b>(96.80)</b>
	<b>Subtotal of \$88M reduction</b>	<b>(22.33)</b>	<b>(56.84)</b>

<i>Department-Wide Support Svcs (DWSS)</i>	<i>General Fund</i>	<i>Total Fund</i>
Central Administrative staff reduction	(0.00)	(0.02)

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Reduce staff and manager training to integrate services in field offices.	(0.82)	(1.64)
Reduce Staff by 3 positions creating an increased workload on remaining positions	(0.03)	(0.06)
Eliminate 2 temporaries that would assist Budget staff in the implementation of the new short and long term Cost Allocation plans.	(0.06)	(0.12)
Charge a fee for school based Medicaid Admin Claiming services	(0.07)	-
Salary and OPE savings from elimination positions (13 of which are Limited Duration)	(0.23)	(0.82)
Reduction of selected service and supply line items (Office Expense, Expendable Property, Program Related S&S and Attorney General fees)	(1.10)	(3.26)
Savings due to delays in development related to the MMIS project.	(0.62)	(5.97)
Reduction of the HIPAA contingency reserve.	(0.18)	(0.50)
Defer the system changes necessary for compliance with HIPAA Privacy.	(0.11)	(0.33)
<b>Subtotal DWSS Management Actions</b>	<b>(3.23)</b>	<b>(12.72)</b>
<b>Subtotal of \$88M reduction</b>	<b>(3.23)</b>	<b>(12.72)</b>