

**Policy Option Packages (POPs) as ranked by DHS
2005-07**

Agency Request

Dept. Priority	Cluster*	Short Description	Other Clusters Impacted	Impl. date	General Fund (in millions)	Other Funds (in millions)	Federal Funds (in millions)	Total Funds (in millions)
1	CAF/ DWSS	Funds projected increased caseloads and staffing for self-sufficiency programs. Program costs of \$14.4 million for these caseload increases are part of this package. The staffing costs of \$1.7 million for delivering services to these clients, plus clients added in the April 2004 Emergency Board are included in this package. Caseload growth in Food Stamps of 14,454 cases monthly results in added Oregon Trail Card Fees of \$346,896 and annual postage costs of \$128,352.		7/1/2005	16.42	0.00	0.24	16.66
2	CAF/ DWSS	Funds projected increased caseloads and staffing for child welfare programs. Costs include program costs of \$9.3 million and staffing costs \$2.0 million.		7/1/2005	5.45	0.44	5.89	11.78
3	HS	Provides limited benefit package for approximately 24,000 Oregon Health Plan Standard clients using provider tax funds. Costs include staff to administer the program and determine eligibility and funds to pay the contract with the William Earhart Company to collect premiums. The Department eliminated staff to administer and operate the Standard package and funds for the Earhart contract when state funds were eliminated for the Standard Benefit Package. However, the Centers for Medicare and Medicaid Services have approved the taxes on managed care plans and are evaluating the hospital tax request. If both are approved, it is estimated that the combined tax revenues can support approximately 24,000 clients on OHP Standard.	CAF Field Impact of \$1,051,961 OF, \$1,051,961 FF, and \$2,103,921 TF. DWSS Impact \$395,409 GF, \$395,411 FF and \$790,819 TF. The pricing for this package	7/1/2005	0.00	186.27	289.52	475.79

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DWSS - Dept-wide Support Services (Inc Administrative Services, Audit, Budget, Human Resources, Information Technology)

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4	CAF	Funds Attorney General representation for child welfare caseworkers in court hearings. Provides additional Attorney General representation (paralegal, support, and attorneys) for Child Welfare caseworkers in court hearings where currently not available. Result will enable caseworkers to spend more time doing casework rather than court work.	DOJ	7/1/2005	5.27	0.00	3.30	8.57
5	SPD	Improve Adult Protective Services staffing. Changes staffing standard of 1:195 for all completed reports to 1:120 investigations for community protective services and 1:96 for facility investigations. Adequate staffing levels are necessary to meet statutory requirements and increased public expectations to assure protective services abuse investigations are performed and completed in a timely fashion.	DWSS	7/1/2005	2.41	0.00	3.41	5.82
6	HS OMHAS	Restores outpatient alcohol and drug treatment funding. Restores Outpatient Alcohol and Drug Treatment funding. This funding was removed from alcohol and drug outpatient treatment services during the 2001-03 biennium. Restoration will help ensure continued access to treatment for at least 1,500 people during the 2005-07 biennium. Ensuring access for these people will contribute to better outcomes in other DHS services, such as child welfare, vocational rehabilitation, and adult self-sufficiency programs.	-	7/1/2005	3.15	0.00	0.00	3.15

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7	HS OMHAS Grouped Pkg.	<p>Expands community-based children's mental health and addiction services. Further develops the community-based service system for children and adolescents who are either Medicaid eligible, or not Medicaid eligible but have a service need that exceeds resources available in a community. This includes:</p> <ul style="list-style-type: none"> - Intensive community-based treatment services to children with severe emotional disorders who are not Medicaid eligible to avoid out of home placements; - Rate and capacity increases for adolescents needing alcohol and drug residential treatment services; restoration of psychiatric day treatment services for children who are not Medicaid eligible to provide community-based intensive treatment services alternatives to out of home placement; - Individualized community transition plans for youth or young adults with severe emotional disorders or severe mental illness discharged from Oregon Youth Authority (OYA) institutions; - A Family Partnership Specialist within OMHAS to help build the systemic implementation of a family-focused treatment and service delivery system. 	DWSS services and supplies of \$22,188 GF, \$22,188 FF, and \$44,370TF.	7/1/2005	16.34	0.00	4.22	20.56
8	HS OMHAS	<p>Restore funding of Gambling Treatment program to full 1% of dedicated Lottery funds. House Bill 3665 included a one-time redirection of a portion (\$1,278,546) of the dedicated 1% Lottery funding, during the 2003-05 biennium, from the DHS Gambling Addiction program to the Administrative Services Economic Development fund. This action would restore this redirected funding back to the DHS Gambling Treatment program and also adjust total DHS Gambling Treatment funding to 1% of the latest Lottery Earnings estimate for 2005-07.</p>			0.00	2.27	0.00	2.27

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9	CAF	Restores funding for support of domestic violence, sexual assault crisis, and Emergency Medical Systems and Trauma program areas for revenue shortfall in criminal fines and assessments. The latest 2005-07 projection of Criminal fines and assessments revenue indicates a decline in these revenues. A portion of these revenues support 34 community-based domestic violence programs throughout Oregon for services to survivors of domestic violence and grants to 27 private, community-based agencies that operate sexual assault crisis lines and/or crisis centers. These revenues also partially fund the Emergency Medical Services and Trauma Systems Section that ensures high-quality community resources are available to respond in a coordinated system to medical emergencies in Oregon. The reduced revenue would cause a reduction in direct service staffing hours in the local domestic violence and sexual assault service providers, leading to reduced services to survivors of sexual assault and domestic violence. It would also reduce the ability to respond to medical emergencies in Oregon. This policy package would replace reduced criminal fines and assessments revenues with general funds.			0.94	0.00	0.00	0.94
10	HS OMAP	Implements Federal Medicare Modernization Act eligibility assessments regarding drug benefits and increases staff for Seniors and People with Disabilities. (SPD). This policy package has four components which address the impacts of the Medicare Modernization Act of 2003. The components are: 1) Phase-out of medicaid drug benefit for dual eligibles, 2) Clawback payment to Federal Government for part D, 3) Phase-in of General Fund only drug wraparound and coverage of dual eligibles who opt out of part D, 4) Phase-in of SPD positions to conduct eligibility assessments. The package would cost between \$40 million to \$240 million general funds. The cost of this package will change as new information about how CMS will implement the Act is received.	SPD estimates their impact to be \$2,400,000. CAF impact undetermined.	1/1/2006	155.51	-27.62	-205.43	-77.54

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11	HS/ SPD	<p>Eliminates Medicaid-equivalent prescription drug coverage for dual Medicare/Medicaid eligibles per Federal Medicare Modernization Act. Eliminates the statutory requirement that Oregon finance a Medicaid equivalent drug benefit for dual eligible when no federal match is available. The package would avoid new costs of between \$31 million to \$236 million general funds. The potential savings in this package will change as new information about how CMS will implement the Act is received.</p>		1/1/2006	-136.24	-1.37	0.81	-136.80
12	DWSS	<p>Implements the federally-mandated technology requirements for child welfare case management. In collaboration with CAF, this package seeks funding to implement the rest of the federally mandated child welfare case management information system (FACIS). GF Funding would pay the debt service for Certificates of Participation.</p>	CAF		1.95	13.67	13.67	29.29
13	SPD/ HS	<p>Increases county-based local capacity in developmental disability, public health, and community mental health services. - Increase Local Admin to 2.5%. Increases funding to cover county program support costs related to Developmental Disability services included in the DHS Financial Assistance Agreements. Current county allocations are approximately 1.45% of service dollars. This package would increase funding to 4% of service dollars.</p>	DWSS impact for Services and Supplies of \$28,988 GF, \$3,784 FF, \$32,772 TF	7/1/2005	12.41	0.00	3.22	15.63

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		<p>Reduce the gap in core state and local Public Health capacity. - Though much of Oregon's public health effort is supported by service-based fees or targeted Federal grants, some core functions remain dependent on State support. This includes:</p> <ul style="list-style-type: none"> - Increasing Public Health Lab testing for communicable diseases not covered under Bioterrorism preparedness. - Improving response to health effects of toxic contamination by heavy metals, cancer causing agents, molds, and other substances. - Developing community health services for Oregon's rapidly growing migrant and seasonal farm worker population. - Increasing per capita funding to local health departments for communicable disease investigation and chemical intervention. - Augmenting the Behavioral Risk Factor Surveillance System (BRFSS) to gather data needed to adequately assess the health outcomes of Oregonians of different racial and ethnic groups, as well as those living in rural areas. <p>Local Community Mental Health Support. - Increases level of state support to community mental health programs for the management, monitoring and evaluation of locally based alcohol and drug and mental health treatment providers. The funding for these responsibilities has been very low, approximately 1.5% of the program base for which the counties are responsible. State demands on the counties have increased for performance measurement, quality assurance, abuse investigation, oversight of subcontractors, and data reporting.</p>						

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14	CAF	Increases subsidy rate paid to licensed child care providers. Increases the amount of subsidy paid on behalf of clients to licensed child care providers including those in the Employment-Related Day Care (ERDC and Supportive Remedial Day Care (SRDC) programs. These providers currently are paid a rate that is at approximately the 24th percentile of 2002 market rates. (That is, only 24% of licensed providers charge the same or less than the maximum subsidy rate. 76% charge more and the client is responsible for the difference.) Federal Guidelines recommend that rates be established at the 75th percentile. This proposal would increase the rate to the 60th percentile.	CHS	7/1/2005	10.09	0.00	0.15	10.24
15	FPA	Improves DHS' capacity to forecast critical client caseloads. Improves DHS's capacity to forecast critical client caseloads by adding staff resources to the Forecasting and Performance Measurement Office in the Finance and Policy Analysis Cluster.	-		0.46	0.07	0.60	1.13
16	SPD	Increases the level of support to community-based care providers for Medicaid clients who are aging or have physical disabilities. Increase ability of community-based care providers to continue to provide care for Medicaid clients. This initiative couples a small reimbursement increase to fund direct caregivers with development, in conjunction with providers, of a quality-based curriculum. Elimination of service priority levels 14 through 17 by the 2003 Legislative Assembly has led to increased acuity of client needs. These facilities have been flat funded since 2001. The combination of increased acuity and decreased funding could lead to a decline in the quality of care provided by some facilities. This package includes an additional 4 client care surveyor positions for inspection and monitoring of the state's 427 assisted living and residential care facilities. Survey activity focuses on facilities at highest risk, including conducting complaint surveys and follow-up with facilities not in compliance. However, we exceed by several months ORS 410 requiring two year inspection cycles for all facilities.	DWSS	7/1/2005	5.75	0.00	8.65	14.40

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17	SPD	Increases funding for Area Agencies on Aging to maintain local services. Ensure that local access to services is maintained through Area Agencies on Aging through improved allocation of administrative funds.	NONE	7/1/2005	4.58	0.00	4.58	9.16
18	CAF	Decreases the amount of the parent co-pay for Employment Related Day Care services and increases income limit for these parents to 185% of Federal Poverty Level. Decreases the amount of the parent copay for ERDC childcare services by approximately 20%. Oregon has one of the lowest income limits and highest copay requirements in the nation. This proposal would also increase the income limit for these parents to 185% of FPL.	-	7/1/2005	6.94	0.00	0.00	6.94
19	CAF/ DWSS	Establishes permanent positions in Overpayment Collections to enhance recovery, enables state to recover third party liability and reduces costs associated with accounting. Overpayment Collections - Establishes permanent funding for 12 full-time positions, replacing 10 limited duration positions (7 in CAF, 3 in DWSS-Financial Services) utilized for Enhanced Overpayment Collections pilot project approved in the April 2004 Rebalance. These positions will lead to an estimated increase in the state share of recoveries of \$3.9 million for the biennium. This package makes permanent 3 Revenue Agents that were hired in limited duration positions in a pilot project to enhance recoveries of public assistance (TANF) and food stamp overpayments. Caseload per revenue agent prior to the addition of these limited duration positions was 9,500 cases per agent. After the pilot project, caseload was reduced to 6,500 cases per agent. This led to earlier and more frequent direct contact with the debtor as well as improved collection results.	SPD	7/1/2005	-2.90	0.45	0.41	-2.04

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		<p>In addition, one Accounting Tech would be added to recover day care overpayments and one Compliance Specialist to review client asset charges to determine if state assistance can be recovered.</p> <p>Third Party Liability. Allows the state to go directly to an insurance company for reimbursement of medical bills associated with an injury in those cases where liability of a third party is clear (Legislative Concept 003).</p> <p>Accounting efficiencies - Removes requirement that Health Care Provider Taxes be deposited into one of four separate DHS "suspense" accounts. Requires direct deposit to State Financial Management Account (SFMA). Eliminates suspense accounts (Legislative Concept #004).</p>						
20	CAF	<p>Increase TANF family grant payment by approximately \$14 per month. Increase TANF grant by approximately \$14 per month. Compared to inflation, the TANF grant has steadily lost purchasing power since 1973 and has not seen any increase since 1991. The current grant value for a family of three has fallen to 36% of the federal poverty guidelines.</p>	-	7/1/2005	6.80	0.00	0.00	6.80

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21	HS OMHAS	<p>Improves array of evidence-based services for adults with serious mental illness, reduces hospitalizations. Provides needed enhancements to enable adults with a serious and persistent mental illness to live successfully in the community and reduce hospitalization and incarceration. This package includes prevention services to reduce the possibility of an individual becoming disabled after a first episode of severe mental illness. The proposed services are evidenced-based and focus on mental health recovery and includes:</p> <ul style="list-style-type: none"> - Psychosis Early Intervention. - Assertive Community Treatment to provide wraparound services that enable an adult with serious and persistent mental illness to live in the community. - Supported Employment and Education to enable persons to be successfully employed. - Increased consumer involvement and self-management in treatment and recovery. 	DWSS Services and Supplies of \$72,619 GF, \$72,604 FF, and \$145,223 TF.	7/1/2005	9.28	0.00	0.29	9.57
22	HS	<p>Improves identification of child and adolescent health risk factors by expanding access to care in school-based centers, fatality evaluations and conducting a related survey. To identify and address health risk factors among Oregon's children and adolescents, this package will provide on-going funding of the Oregon Healthy Teens Survey, initiate a Health Status survey of very young children, restore State capacity for child fatality evaluation and consultation, and expand access to care through the addition of school-based health centers in areas of significant unmet need for preventive and primary care for school-aged children and adolescents.</p>	DWSS Services and Supplies of \$40,965 GF, and \$40,965 TF.	7/1/2005	1.78	-0.07	-0.08	1.63

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23	DWSS	Completes federally required implementation of the HIPAA Security Rule. Complete the implementation of security measures necessary to meet compliance with HIPAA Security Rule and achieve essential information security performance thresholds specified by Department of Administrative Service's Cyber Security Program.	All DHS		2.29	0.00	2.29	4.58
24	DWSS	Updates technology to improve the operation of the state's food stamp system and reduce errors. In collaboration with CAF, this package seeks funding to update the Food Stamp system. The Food Stamp system was created in the late 1970's and has not been enhanced to reflect years of continuing business process and requirements changes. This situation is a contributing factor to the high food stamp error rates. GF would pay COP Financing debt service.	CAF		1.87	13.67	13.67	29.21
25	SPD	Increases staff for Presumptive Medicaid Disability Determination. Allocate additional staff to alleviate workload increases associated with Presumptive Medicaid Disability Determination. This will provide permanent funding for staff related workload increase resulting from the implementation or elimination of OHP Standard, resulting in significant increase for Presumptive Medicaid Disability determinations.	DWSS	7/1/2005	0.57	0.00	0.57	1.14
26	HS	Expends Tobacco Use Reduction Act Funds for Tobacco Prevention and Education Programs (TPEP). Requests authority for Public Health to expend the Tobacco Use Reduction Act funding available in 2005-07 as provided by law. During the 2003 Legislative Session, \$10,000,000 of Tobacco Use Reduction Account (TURA) funds were re-directed from the Tobacco Prevention and Education Program (TPEP) in Public Health, to the Oregon Health Plan in OMAP. This package restores the TURA funds to the TPEP in Public Health.	DWSS Services and Supplies of \$49,158 OF and \$49,158 TF.	7/1/2005	0.00	10.00	0.00	10.00

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27	HS	Provides lease costs increase associated with the state's new Public Health Lab. Portland State University will not renew the lease for the Oregon State Public Health Lab (OSPHL) or the DEQ laboratory after June 2007. Anticipated Other and Federal Revenues are insufficient to fully fund the rent increase. The purpose of this policy package is to increase Other Fund and Federal Fund limitation for the increase in rent, and to increase General Fund authority for the shortfall in other and federal funding needed to fully fund the increase.	DWSS	7/1/2005	0.16	0.27	0.10	0.53
28	SPD	Increases case management staff for in-home clients pursuant to the Home Care Worker contract. Allocate additional staff to alleviate workload increases associated with in-home clients. The increased staff are required to meet obligations resulting from the new Home Care Worker contract. The implementation of Workers Compensation, vacation, and health insurance has increased the case managers responsibilities for in-home care plans. Adding FTE will increase case management capacity to meet contract requirements and continue to meet state and federal monitoring requirements for client health and safety.	DWSS	7/1/2005	1.75	0.00	1.91	3.66
29	CAF	Improve State's Medicaid Quality Control Process and Improper Payment Error Rate Measurement as required by federal government. Due to changes at the federal level, including enactment of the Improper Payments Act of 2002, the department has been informed our current Medicaid Quality Control process will no longer be acceptable. Starting with FFY 2005, the department must submit a yearly plan for approval by DHHS-CMS. The department is required to discontinue QC review of the OHP standard population and include a review of categorical Medicaid programs. Changes necessary include increasing our sample size by about 300%. Starting with FFY 2006 the department will be under a requirement to complete an additional prescribed MEQC review every third year. This requirement is currently being piloted by 1/3 of the states and they are finding it takes more resources to complete this required review.	-	7/1/2005	0.70	0.00	0.70	1.40

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		To comply with the Improper Payments Information Act of 2002, CMS is implementing the Payment Error Rate Measurement program in FFY 2006. We will be required to do specific medical necessity and coding accuracy reviews of a sample of Medicaid and SCHIP claims in addition to the eligibility review.						
30	HS	Enhances medical assistance outreach to children who may be eligible for Medicaid or the Children's Health Insurance Program. This outreach is part of the Governor's efforts to provide access to basic health care for children. The Department will develop its outreach strategy based on analysis of strategies piloted beginning with the September 2004 school year. Statewide expansion would be implemented effective January 2006.	CAF field impact of \$10,500 GF and \$10,500 FF and \$21,000 TF.	9/1/05	38.46	-0.89	58.21	95.78
31	HS	Expands Children's Health Insurance Program by increasing eligibility from 185% up to 200% of the Federal Poverty Level. Expands the Children's Health Insurance program (CHIP) to include clients up to 200% of the federal poverty level (FPL). Currently, CHIP covers clients up to 185% of the FPL.	CAF field impact is \$153,845 GF, \$153,845, FF, and \$307,690 TF.	4/1/2006	3.04	0.08	6.43	9.55
32	SPD	Increases staffing for food stamps in Seniors and People with Disabilities. Increase Senior and People with Disabilities Food Stamps staffing standard of 1:350 to the Children, Adults, and Families Food Stamp staffing standard of 1:250.	DWSS	7/1/2005	2.54	0.00	2.53	5.07
33	HS	Increases community mental health resources for seniors to prevent institutionalization. Increase and improve community resource including access to services, the quality of care, and specialty community housing with wrap-around mental health services to prevent institutionalization in nursing facilities, costly acute care and OSH hospitalization.	DWSS impact Services and Supplies of \$79,896 GF, \$72,291 FF, and \$152,187 TF.	7/1/2005	1.25	0.00	2.04	3.29

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34	DWSS	Requests permanent positions in Forms and Documents Office to increase efficiency in provider payments and client response. The current staffing structure is comprised of 29% permanent positions and 71% limited duration. Instability of staff have caused delays in provider payments resulting in a loss of providers willing to continue services; lack of compliance with federal payment timelines; increased workload due to duplicate provider billings; loss of efficiency and increased error rates due to inability to retain trained staff; delayed response to client and provider inquiries.	HS, SPD, CAF	7/1/2005	0.31	0.00	0.64	0.95
35	CAF	Improves employer services in the Office of Vocational Rehabilitation Services to increase client placements. Enhances OVRs program capacity to assist public and private sector employers searching for ways to access a more qualified, diverse applicant pool. By developing an OVRs Employer Services program, services will be able to be matched with emerging needs of employers statewide. OVRs would staff the development and implementation of a statewide marketing plan for employers, coordinate development of employment seminars for job ready OVRs clients, initiate and maintain contacts at a corporate level with employers with regional or statewide presence, build resources related self-employment and entrepreneurial programs, and assist in the development of regional and statewide employer development initiatives with partners.	-	7/1/2005	0.09	0.00	0.32	0.41

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36	HS	Creates master plan for Oregon State Hospital's campuses for future consideration of improvements. Funds an assessment of the state hospital: the use of the three campuses (Salem, Portland, and Pendleton) in terms of their staffing, land use, relationship of their current populations to community capacity for local placements. OSH patients are served in facilities built between 1882 and 1951. Wards are crowded and treatment space is insufficient to permit the delivery of the most contemporary, evidence-based practices. Consultants would help lead experts and stakeholders through a process to define issues and recommend appropriate solutions. The master plan summary will provide history, problem and need statements, alternatives, conclusions and recommendations.	-	7/1/2005	0.00	0.35	0.00	0.35
37	DWSS	Replaces the Oregon Patient/Resident Care and CPMS computer systems which support community mental health, addictions and the state hospital. Both systems are run through mainframe computing technology that is about 20 years old and were designed to support a Chemical Dependency and Mental Health Community System that has changed dramatically over the years. The Oregon Patient/Resident Care system provides critical functions for OSH and is problematic due to its lack of flexibility. At present, both systems are inadequate and too inflexible to serve in a functional capacity for the office's quality improvement, policy, and administrative needs. GF would pay COP Financing debt service.	HS		0.78	3.41	0.23	4.42

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38	HS	Increases number of annual tobacco retailer inspections for compliance with laws. Proposes to increase the number of tobacco retailer inspections conducted each year to ensure compliance with state and local laws relating to sales of tobacco to minors. The current tobacco retailer inspection program is funded with Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. The federally mandated rate obligates a state to have a 20% or lower rate of illegal sales to minors. When states exceed the 20% target, the amendment institutes a 40% reduction in the state's Substance Abuse, Prevention, and Treatment block grant (SAPT). Since June of 2003, there has been no additional state funding. Oregon has returned to fewer inspections, with only a random sampling of retailers being inspected – approximately 900 inspections.	-	7/1/2005	0.48	0.00	0.00	0.48
39	HS	Fee increases for statewide immunization registry, vital records, drinking water certification and other related public health issues. After establishment of these fees, and DAS administrative approval under the SB 333 process, the fees must be approved by the Legislature to be continued into the 2005-07 biennium.	DWSS	7/1/2005	0.00	1.03	0.00	1.03
40	CAF	Increases staff for Office of Vocational Rehabilitation to improve service levels. The Office of Vocational Rehabilitation Services requests hiring additional staff and adding program expenditure limitation to improve access to services for eligible clients. During the 2003-05 biennium, clients who have been determined eligible have seen the length of time to access services extended.	-	7/1/2005	0.70	0.00	2.58	3.28

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41	HS	Adds positions to the Oregon State Hospital to reduce the need for overtime, resulting in a net cost savings. Requests additional position authority to reduce overtime at OSH and provides a potential maximum net savings of \$0.8 million in personal service costs and services and supplies costs. The Secretary of State's overtime audit of OSH recognized that a significant amount of overtime is unavoidable, but that about 7,900 overtime hours per month were routinely incurred and could be replaced by straight-time workers, with resultant savings.	-	7/1/2005	-0.59	-0.07	-0.17	-0.83
42	HS	Replaces outdated cook-chill equipment for food service needs at the Oregon State Hospital. OSH uses a 16 year old central cook-chill system for all food preparation for patients. This system allows advance food preparation. The food is blast chilled, and is kept at the proper safe temperatures until delivered and brought to the proper temperature for the patients to eat. Between 70,000 and 80,000 meals are served per month. The equipment has exceeded its life expectancy of 13 years. Maintenance needs are increasing dramatically (\$55,000/year) and replacing the parts piecemeal is not cost effective.	-	7/1/2005	0.79	0.00	0.00	0.79
43	HS	Changes the reimbursement methodology for Types A and B hospitals serving managed care clients to a rate schedule prospectively set by the Department's contracted, certified actuarial. This change is needed to bring the state into compliance with Federal law.		7/1/2005	-0.11		-0.17	-0.28
44	SPD	The Board of Nursing Investigation unit. Provide matching funds for the Board of Nursing Policy Option Package 102 which increases the investigative program in the Board of Nursing.		7/1/2005	0.00	0.06	0.06	0.12

* CAF - Children, Adults Families HS - Health Services SPD - Seniors and People with Disabilities
 DWSS - Dept-wide Support Services (Inc Administrative Services, Audit, Budget, Human Resources, Information Technology)

Agency Request

Dept. Priority	Cluster*	Short Description	Other Clusters Impacted	Impl. date	General Fund (in millions)	Other Funds (in millions)	Federal Funds (in millions)	Total Funds (in millions)
45	SPD	Long-Term Care Ombudsman - Provide matching funds for the Long Term Care Ombudsman (LTCO) package 101 that would add two Deputy State Long-Term Care Ombudsmen. The additional Deputy State Long-Term Care Ombudsmen would allow the program to better respond to the increased need for ombudsman services by increasing the program's presence in facilities, increasing the number of program volunteers and increasing the capacity to respond to cases.		7/1/2005	0.00	0.08	0.08	0.16
Total DHS Summary					181.47	202.10	225.47	609.04

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