

HB 5100 Unspecified Reductions
Agency: Department of Human Services
Appropriation: Senior and Disabled Services (SDSD)

Program Description by Appropriation	Impact of reduction	Date Implemented	2001-03 Fiscal Impact				Total Funds	FTE	2003-05 Fiscal Impact				Total Funds	FTE
			General Fund	Lott-ery Funds	Other Funds	Federal Funds			General Fund	Lott-ery Funds	Other Funds	Federal Funds		
Across-the-Board Reductions (\$88 Million Target)														
Central administrative staff reductions			(12,191)		(10,352)	(40,597)	(63,140)	(0.63)						
Eliminate GF for Retired Senior Volunteer Program (RSVP). The program coordinates and provides 4,500 volunteers for such programs as social services for seniors and people with disabilities, academic tutoring and mentoring to people in schools, etc. The total 2001-03 RSVP budget is \$264,710. During the 1999-2001 biennium, the local RSVPs provided 4,500 volunteers who were involved in projects reaching more than 50,000 children and seniors and providing more than 350,000 hours of volunteer services. Implementation date is February 2003.	15 local RSVP projects are impacted by the cut. RSVP projects integrate with social services and public safety agencies and schools in local communities to provide a variety of volunteer services, including social services to seniors and people with disabilities, academic tutoring and mentoring to young people in public schools and community colleges, and community policing and senior crime prevention programs. This cut in funding will negatively impact the local RSVP's ability to continue the local programs and services they implement.	2/1/03	(58,125)				(58,125)		(275,034)				(275,034)	
Eliminate nursing facility inflationary increase (rebasng) for 2001-2003. Earliest implementation date is February 1, 2003. Approximately 5,400 clients and 138 nursing facilities with Medicaid contracts are impacted. The average daily decrease is \$3.26 per client.	Facilities may be forced to curtail expenses since this will be a real decrease in revenues received. The largest part of nursing facility expense is associated with direct care staff wages and benefits.	2/1/03	(827,682)			(1,249,833)	(2,077,515)		(14,989,648)			(22,168,629)	(37,158,277)	

HB 5100 Unspecified Reductions
Agency: Department of Human Services
Appropriation: Senior and Disabled Services (SDSD)

Program Description by Appropriation	Impact of reduction	Date Implemented	2001-03 Fiscal Impact					Total Funds	FTE	2003-05 Fiscal Impact				Total Funds	FTE
			General Fund	Lott-ery Funds	Other Funds	Federal Funds				General Fund	Lott-ery Funds	Other Funds	Federal Funds		
<p>Reduce the average monthly Assisted Living rates by February 1, 2003 from rate levels: \$1,840, \$1,490 and \$1,139 to \$1,125.</p> <p>Approximately 3,200 of the 3,450 clients in ALFs would be impacted and it is expected all 163 ALF providers that participate in Medicaid would be affected.</p>	<p>At this payment level, 21 of the 43 assisted living facilities financed by Oregon Housing and Community Services likely move into technical default.</p> <p>Many of these are located in rural parts of the state and may be the only long-term care resource in the community. Urban providers may choose to curtail Medicaid access.</p> <p>If facilities were forced to close due to default, residents (both Medicaid and private pay) may have to seek alternatives outside of their local communities. Rural facilities may also start to close since they generally have a higher Medicaid census than urban facilities and the impact of a rate reduction at this magnitude will be felt more quickly.</p>	2/1/03	(2,200,865)			(3,323,393)	(5,524,258)		(9,619,348)			(14,525,559)	(24,144,907)		
<p>Eliminate balance of Oregon Project Independence (OPI) for the remainder of the biennium. OPI is a state-funded program providing long-term care services to low-income people age 60 and older not receiving Medicaid services.</p> <p>The program's original intent was to keep seniors in their own homes instead of an institutional setting. Approximately 5% of the clients return as Medicaid cases. Effective February 2003.</p>	<p>In-home services will be eliminated to approximately 1,800 clients currently receiving OPI. These individuals will have to rely upon their own resources and some may not be able to remain at home, resulting in spend down to Medicaid eligibility.</p> <p>Many OPI providers are low-income home care workers. Programs are administered by local AAAs. Increase in Medicaid caseload will require an increase in Medicaid eligibility staff.</p>	2/1/03	(1,511,252)			209,695	(1,301,557)	0.26	(7,353,606)			1,231,766	(6,121,840)	1.25	
<p>Eliminate General Assistance Program for approximately 2700 clients with a long-term disability. This program provides cash grants to individuals who are unable to work because of long-term disability. Implementation date is February 2003.</p>	<p>Increased acute care emergency room visits, increased demand for city and county services.</p>	2/1/03	(2,588,668)			(116,484)	(2,705,152)	(2.97)	(18,950,051)		(6,252,326)	(3,422,901)	(28,625,278)	(25.69)	

HB 5100 Unspecified Reductions
Agency: Department of Human Services
Appropriation: Senior and Disabled Services (SDSD)

Program Description by Appropriation	Impact of reduction	Date Implemented	2001-03 Fiscal Impact					Total Funds	FTE	2003-05 Fiscal Impact				Total Funds	FTE
			General Fund	Lott-ery Funds	Other Funds	Federal Funds				General Fund	Lott-ery Funds	Other Funds	Federal Funds		
Eliminate Medicaid Long-Term Care for clients receiving in-home hourly and 24 hour care services in survival priority levels 5-17. Cases in these priority levels need substantial assistance in eating, mobility, and other activities of daily living. Many in levels 5-10 also have substantial physical or behavioral health needs. Many of these clients need 24-hour care services. Implementation date is February 2003.	Approximately 2,300 Substitute Home clients, 8400 In-Home clients, and 650 Nursing Facility clients will be affected. Approximately, 40-60% will return to services over the 5 remaining months. Of the remaining balance of clients, 66% will return to personal care. Reduction is net of return to service cost. Transfer AAA's will have a staffing reduction (15.94 FTE) equivalent to Program Reductions based on staffing standards as identified for each program.	2/1/03	(14,982,955)		(946,348)	(20,877,290)	(36,806,593)	(12.83)	(60,691,740)		(4,424,886)	(86,576,587)	(151,693,213)	(23.10)	
Subtotal			(22,181,738)	-	(956,700)	(25,397,902)	(48,536,340)	(16.17)	(111,879,427)	-	(10,677,212)	(125,461,910)	(248,018,549)	(47.54)	