

Oregon Health Authority			Agency Number: 44300		
2011 - 2013 Biennium					
2011-13 Legislatively Adopted Budget + LAB 3.5% ending balance (GF+LF)			1,795,187,174		
-3.5%			3.5% target (62,831,551)		
-7.0%			7% target (125,663,102)		
-10.5%			10.5% target (188,494,653)		

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)

1	2	3	4	5	6	7	8	10	12	13	14.00	15	16
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date	
		All	All	The Oregon Health Authority will reduce its administration by approximately 10% of the General Fund budget	(1,890,450)	-	(160,723)	(2,308,904)	\$ (4,360,077)	(7)	(6.63)	This combination of reductions for Services & Supplies and positions will require layoffs of management service and represented staff.	
		AMH	CI	Defer the transfer of General Fund to a Other Fund maintenance account. One-time reduction.	(663,318)				\$ (663,318)			This action one-time deferral would delay funding of a maintenance account needed to prevent the growth of deferred maintenance projects. Failure to plan for future maintenance needs will simply delay these costs and create the need for a potentially large budget request in a future biennium.	7/1/11
		HP	MAP Program	Remaining 2010 Children's Health Insurance Program Reauthorization Act (CHIPRA) Performance Bonus Award. The agency has an unspent 2010 CHIPRA bonus award balance that can be used to replace General Fund dollars. This offset would be a one-time savings.	(1,034,789)		-	1,034,789	-			No impact on services or outcomes.	5/1/12
		HP	OPHP/ FHIAP	Terminate adult memberships in the Family Health Insurance Assistance Program (FHIAP) based on redetermination dates, starting in approximately December 2012. Staffing reduction. Reduction of \$0.14 million GF in FHIAP program and supporting staff.	(462,320)			(774,994)	(1,237,314)		(2.00)	Implements an "Exit Only" scenario for non-OMIP/FMIP (excluded since they are most vulnerable due to chronic conditions) Adult members on individual plans who are at or below the 100% Federal Poverty Level (FPL). Members meeting these criteria are dropped from the FHIAP program on their redetermination date in this action, starting in approximately December 2012, reducing the amount of GF-supported subsidy payments and corresponding federal match via an estimated average reduction in caseload of 81 lives per month. Due to their income status at or below 100% FPL, these members would be eligible for coverage under the Oregon Health Plan. For those who choose to enroll in OHP Standard, coverage would be restricted to a smaller panel of providers under OHP compared to the commercial coverage; in addition, out-of-pocket costs would be considerably less under OHP than the commercial market and there are likely to be benefit differences, although whether the OHP benefits are better or worse would depend upon the specific commercial coverage from which the individuals move. Also reduced are two FHIAP program positions/FTE and a proportional reduction in program and shared services S&S (rent and office supplies).	12/1/12
		AMH	BMRC	Early closure of Blue Mountain Recovery Center (BMRC). BMRC's closure was originally scheduled for 2015. The patients at BMRC are primarily from western Oregon and are ready to be transitioned to existing community placements. An estimated 10 individuals will be transferred to OSH; the remaining 38 will be transitioned to community-based care. There will be a cost for mothballing and transferring funds to OSH to cover the increased staffing costs for 10 additional patients. Early closure reduction also reflects \$0.93 million GF reduction in Administration associated with the closure of BMRC.	(7,869,271)		(2,140,432)	(679,465)	(10,689,168)	(135)	(75.37)	There will be a loss of 60 psychiatric hospital beds in the system. Of the 48 patients in residence as of 10-14-11, it is expected that 38 will transition into community-based care closer to their homes in western Oregon. Those individuals needing hospital level of care will be transferred to OSH. As a result of this reduction, the system will lose the capacity to serve approximately 265 individuals annually. It is anticipated that there will be a gradual increase in the wait list from 15 to 50 names due to the loss of this capacity. The longer patients wait for a bed, the more stress is put on acute care hospitals and the AMH budget for uncompensated care. The system cannot sustain these changes through the 2013-15 biennium. There must be an investment in community mental health programs in order to treat people in the appropriate level of care. In addition, it is critical that the Junction City hospital begin to open by February 2015. This action will result in the loss of 143 jobs (this includes the use of temporary appointments and student workers). 17 of those are administrative and include general office functions as well as patient record keeping and billing functions.	5/1/12

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	AMH	OSH	<p>Consolidation of wards at OSH - Wards will be consolidated at the OSH Salem Campus and operate at or near total capacity on each ward. Four units with 94 beds will not be opened. This allows 184 positions to be unfilled and maintain a staff-to-patient ratio of 3:1. The hospital will be operating at 92% capacity in Salem and 93% in Portland.</p> <p>Consolidation also reflects \$1.4 million GF reduction in Administration associated with the merging of patients into fewer units.</p> <p>These are one-time savings; additional wards must be opened in 13-15 and the 184 positions must be filled in the new biennium.</p>	(19,642,000)				(19,642,000)		(107.00)	<p>The consolidation of patient units will require that patients who have been civilly committed will be treated in units that also treat patients who have been criminally committed. This is likely to increase security and safety risks. Maintaining 94 beds vacant and holding 184 staff positions vacant requires the hospital to operate at 92% of capacity; above the ideal 85% to manage patient acuity mix and flow within the hospital. These are short-term strategies that allow services to be delivered under less than ideal circumstances due to the economic situation. Operating the system without 94 beds in addition to the closure of BMRC will contribute to increases in the number of people waiting at the wrong level of care for a bed at the state hospital.</p> <p>As a result of the OSH reduction, fewer administrative staff associated with those units will be needed. This action cannot be taken without the four units remaining vacant and inactive. These positions are the support positions for clinical functions. They are responsible for the charting and record keeping of patient treatment, pharmacy and billing for services. If these positions will be critical to proper patient treatment and safety.</p> <p>In the 2013-15 biennium Junction City hospital must be built and begin to serve patients. There must also be an investment in the community mental health system to assure that the types of clients formerly served at BMRC can be safely and appropriately served in the community.</p>	5/1/12	
	HP	MAP Program	<p>Reduce reimbursement rates for ambulance services provided to Oregon Health Plan clients. The agency's 2011-13 budget included 11% rate reductions for OHP providers. The Legislature, however, made specific investments to reduce rate cuts for certain services, including ambulance transportation. This action would eliminate the legislative investment that mitigated rate cuts for ambulance services. Specific ambulance codes would be reduced to bring ambulance reimbursement more consistent with Medicare. CMS APPROVAL REQUIRED</p>	(172,000)		-	(374,000)	(546,000)			Reducing ambulance rates could threaten the fiscal viability for ambulance providers, especially those in rural areas. Instead of simply eliminating the ambulance buy back, move to create a consistent rate methodology (% of Medicare) to achieve same savings.	6/1/12	
	HP	MAP Program	<p>Reduce funding for outstationed outreach workers at Federally Qualified Health Centers (FQHCs). The agency would reduce funding for outstationed outreach workers at FQHCs through a two step process: 1) Starting June 1, 2012, the agency would reduce the maximum rate of reimbursement for outstationed outreach workers from \$3,383, the maximum monthly salary for a Human Services Specialist 2 classification, to \$3,086, the maximum monthly salary for a Human Services Specialist 1 classification. 2) Starting January 1, 2013, the agency would pay FQHC outstationed workers \$75 per medical assistance application, the same way the Healthy Kids program pays individuals to assistance with applications.</p>	(134,875)		-	(134,875)	(269,750)			Reducing funding for outstationed outreach workers may cause some FQHCs to restructure their staffing to provide application assistance.	6/1/12	
	HP	MAP Program	<p>Eliminate the Direct Medical Education (DME) component of the Graduate Medical Education (GME) program. The agency would eliminate Medicaid payments to teaching hospitals that help offset costs associated with their graduate medical education programs. GME includes costs associated with stipends or salaries for residents, payments to supervising physicians, and direct program administration costs. CMS APPROVAL REQUIRED.</p>	(6,650,000)		(1,550,000)	(13,660,000)	(21,860,000)			This reduction would mean that hospitals would have less incentive to train new physicians. The impact on the provider workforce may limit access to quality health care for all Oregonians. National health care reform, however, did create a national health care workforce commission tasked with reviewing health care workforce and projected workforce needs. In addition, grant opportunities were created for states to complete comprehensive assessment and planning for health care workforce development.	7/1/12	

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	HP	MAP Program / Pgm Spt	<p>Pursue contracting with an entity to provide non-emergent medical transportation statewide for Oregon Health Plan clients based on a per-member per-month basis (PMPM). The agency would seek to contact with an entity to provide non-emergent medical transportation on a negotiated PMPM basis. Currently, the agency reimburses transportation brokerages based on cost. CMS APPROVAL REQUIRED.</p> <p>This action will also result in a MAP administrative reduction of 0.25 position and \$0.01 million GF after contracting with one entity to provide non-emergent medical transportation statewide.</p>	(642,913)		-	(1,063,041)	(1,705,954)		(0.25)	<p>Some local governments would be directly affected by this reduction. Currently, the agency contracts with eight local government entities to provide transportation brokerage services. The Oregon Department of Transportation and the local governments have made significant investments in their transportation brokerage infrastructure. Moving to a statewide contractor would divert revenue from their programs. For some, this revenue would be a significant portion of their business. Transportation services to clients could be affected. A statewide contractor, paid on a per-member-per month basis, would have the incentive to keep costs down and may do so by denying rides that current transportation brokerages provide.</p> <p>The agency would lose 0.25 FTE of an Operations & Policy Analyst 3 position and would have to continue to realign staff to continue to meet operational needs.</p>	7/1/12	
	HP	MAP Program	<p>Eliminate coverage for non-emergent visit to hospital emergency department after the third non-emergent visit. The agency would no longer pay for a non-emergent visit to the emergency department after the third consecutive non-emergent visit. The reduction is modeled after a policy implemented by Washington State's Medicaid program, but modified using more refined diagnosis criteria. CMS APPROVAL REQUIRED</p> <p>Reduction to Lottery Program</p> <p>This is a one-time reduction.</p>	(160,000)		(60,000)	(380,000)	(600,000)			<p>This reduction would have a differential impact on communities that have more limited access to primary care since they may use the emergency department more frequently for non-emergent health care. Thus, this would likely increase health disparities as opposed to reducing them.</p>	7/1/12	
	AMH	Gambling	<p>Reduction to Lottery Program</p> <p>This is a one-time reduction.</p>		(390,969)			(390,969)			<p>Reduces funding to rural and frontier counties required for robust outreach efforts to make treatment available to people with problem gambling behaviors. Without outreach, these people will be unserved and continue to have family problems, legal problems and greater risk of suicide. Added reductions will be made in program infrastructure and service capacity. Reduces leverage to improve PG prevention efforts in low-performing counties, fewer youth receive problem gambling prevention education, increases risk of prevalence rising among youth. Reduces helpline capacity. Includes \$21,116 reduction in Lottery-funded PSKs, less frequent data reports will allow quality problems to go unaddressed longer and reduce treatment effectiveness. This is a one-time reduction.</p>	5/1/12	
	AMH	A & D Treatment	<p>Eliminate SE 60 Treatment enhancements. These enhancements provide assessment, referral, treatment and other specialized services across six service areas: Columbia, Mid-Columbia, Linn, Washington, Josephine and Multnomah. This reduction cuts nearly \$0.4 million of funding for alcohol and drug treatment services for Special Projects.</p> <p>The reduction in funding is considered one-time and would be repurposed in the 2013-15 biennium.</p>	(361,378)				(361,378)			<p>This reduction would decrease youth and family access to outreach, screening and assessment, treatment and support for recovery, services and supports to find and keep employment in collaboration with TANF JOBS program, risking further penetration into the criminal justice system, higher high school drop out rates and more parents losing custody of their children. Projects providing holistic approaches for Latino youth and their families who are already disproportionately underserved would be eliminated. This reduction will jeopardize the Maintenance of Effort (MOE) requirement of the SAPT Block Grant. In addition, this reduction may jeopardize the TANF MOE. This program enhancement would be eliminated. However, the reduction in funding is considered one-time and would be repurposed in the 2013-15 biennium.</p>	5/1/12	
	AMH	A & D Treatment	<p>Reduce SE 66 Continuum of Care. This reduction cuts over \$0.3 million of funding for alcohol and drug treatment services for 274 people who are not eligible for Medicaid.</p> <p>This is a one-time reduction.</p>	(328,272)				(328,272)			<p>This reduction would eliminate critical A&D services for 274 people per biennium. Without treatment for substance use disorders, these people will continue to abuse alcohol and drugs and be at increased risk for infectious diseases, committing crimes, endangering their children risk of losing custody to the state, lose their jobs, and endangering other people. This would increase health costs, child welfare caseloads and reduce the employability of TANF clients. This cut will result in the layoff of highly skilled counselors who may never return to serving these clients. This reduction jeopardizes the MOE requirements of the SAPT Block Grant. This is a one-time reduction.</p>	5/1/12	

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	AMH	CMH	Capacity Reduction. Reduce the number of beds in community residential treatment homes that have a combined service payment of more than \$10,000 per month. The closure of these facilities would be one time as AMH would use the dollars associated with these cuts for supportive housing in 2013-15.	(4,819,020)			(1,874,436)	(6,693,456)			This reduction will reduce the capacity of specialized residential treatment services by 19 beds serving 96 people per biennium. This reduction would result in people remaining in OSH after they are ready to transition to the community, reducing capacity developed over several biennia to serve persons with specialized mental health needs in the community. Because a portion of these services are Medicaid eligible, there is also a reduction in federal revenues associated with this action. The closure of these facilities would be one time as AMH would use the dollars associated with these cuts for supportive housing in 2013-2015. This reduction puts the state at risk of failing to serve people in the most integrated and independent setting possible.	7/1/12	
	HP	MAP Program	Eliminate coverage for specific dental services for Oregon Health Plan (OHP) Plus adult clients. The agency would no longer cover the following dental services for adults (including pregnant adults) receiving the OHP Plus benefit package: root canals for permanent teeth and retreatment of root canals (i.e., endodontics); full and partial dentures; and crowns. Oregon Health Plan coverage is based on the Prioritized List of Health Services. The dental services eliminated for OHP Plus adults under this reduction are those found on lines 414, 436,468, 477, 480 and 494 of the prioritized list. CMS APPROVAL REQUIRED	(4,201,517)		-	(7,020,483)	(11,222,000)			Adults receiving the OHP Plus benefit package could end up requiring more teeth extracted if they cannot be restored. Loss of denture coverage would prevent these clients from getting dentures to replace missing teeth, which can result in difficulty eating and finding employment. With reduced dental benefits, clients may access the emergency department more often because of unmet dental needs.	7/1/12	
	HP	MAP Program	Eliminate the Indirect Medical Education (IME) component of the Graduate Medical Education (GME) program. The agency would eliminate Medicaid payments to teaching hospitals that help offset indirect costs associated with their GME programs. IME includes indirect costs that arise from the inexperience of residents such as extra medical tests and reduced productivity. CMS APPROVAL REQUIRED.	(2,590,000)		(600,000)	(5,310,000)	(8,500,000)			This reduction would mean that hospitals would have less incentive to train new physicians. The impact on the provider workforce may limit access to quality health care for all Oregonians. National health care reform, however, did create a national health care workforce commission tasked with reviewing health care workforce and projected workforce needs. In addition, grant opportunities were created for states to complete comprehensive assessment and planning for health care workforce development.	7/1/12	
	HP	MAP Program	Eliminate non-emergent dental coverage for OHP Plus non-pregnant clients. OHP Plus non-pregnant adults would have the same dental coverage as provided by the OHP Standard benefit package, which limited to emergency dental services (e.g., acute infection or abscess, severe tooth pain, tooth re-implantation and extraction of symptomatic teeth). LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(2,642,486)		-	(4,413,774)	(7,056,260)			Non-pregnant adults who receive the OHP Plus benefit package would receive the same limited dental package as provided to OHP Standard clients. OHP Standard dental benefits are limited to services requiring immediate treatment and are not intended to restore teeth. Services provided include treatment for the following: acute infection; acute abscesses; severe tooth pain; tooth re-implantation when clinically appropriate; and extraction of teeth, limited to those teeth that are symptomatic.	9/1/12	
	PH	OFH	Office of Family Health (OFH) School Based Health Center (SBHC) Program. Currently 63 certified SBHC operate in 29 counties and provide primary care services to school aged youth. SBHCs are an access model reducing traditional barriers to care and are part of the safety net system. SBHCs focus on age and developmentally appropriate care including preventive care visits, diagnosing and treating acute and chronic illness or disease, providing screenings, health education and immunization services. The reduction is tiered into two \$600,000 GF reductions. The first proposed reduction of \$600,000 would be managed by eliminating the unobligated planning and expansion funds available in the special payments budget. This will fix the total number of certified centers at 63 at the current formula rate but will not allow funding of new centers or centers who did not fully complete certification last biennium. To accomplish a second reduction of \$600,000 requires the program to eliminate funding for between 10-15 centers (assumes second reduction cuts taken July 2012).	(1,200,000)				(1,200,000)			Reductions across all centers would weaken the formula payment (24 % reduction) such that the system would risk a larger number of centers closing because of funding instability. Criteria used to identify centers to be cut may include, "low performing" or sites not in full compliance of certification, sites currently not billing or adopting systems to increase revenue, and/or sites that serve small numbers or proportions of uninsured populations. Eliminating funding for 10-15 centers would result in a loss at the local level of up to approximately 3.5 jobs and total loss of health services to students in those schools. In addition, a policy requirement of third party billing if a site is to receive a future base grant award from the state and evidence the site has a plan to adopt EMR/PM tools will be implemented. Reductions beyond the \$1.2 million level erase recent legislative investments and marginalize the effectiveness of the entire system to the point that moving away entirely should be factored.	5/1/12	
	HP	MAP Program	Eliminate coverage for therapy services for Oregon Health Plan (OHP) Plus non-pregnant adults. The agency would eliminate physical therapy, occupational therapy, and speech therapy from the OHP Plus benefit package for non-pregnant adults. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(291,344)		(8,269)	(500,635)	(800,248)			Non-pregnant adult Oregon Health Plan clients needing these services would experience prolonged health care issues affecting their ability to become self-sufficient. Hospital stays and the length of time for recovery from orthopedic surgery would increase. This reduction would negatively impact the health system transformation work as fewer services and dollars would be available.	9/1/12	

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	HP	MAP Program	Eliminate coverage for prosthetic devices, hearing aids, chiropractic services and podiatry services for Oregon Health Plan (OHP) Plus non-pregnant adults. The agency would eliminate coverage for prosthetic devices, hearing aids, chiropractic services, and podiatry services from the OHP Plus benefit package for non-pregnant adults. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(502,633)		(865)	(841,315)	(1,344,813)			Health care needs for a significant number of non-pregnant adult Oregon Health Plan clients, especially seniors and people with disabilities would go unmet. For example, individuals would live without prosthetic devices for amputated limbs; individuals with hearing impairments would go without necessary aids; and, individuals with diabetic or neuropathic conditions would go without foot care treatment. In some instances, other agency programs would have to fund these services. This reduction would negatively impact the health system transformation work as fewer services and dollars would be available.	9/1/12	
	HP	MAP Program / Pgm Spt	Eliminate dental coverage for Oregon Health Plan (OHP) Plus non-pregnant adults and OHP Standard clients. The agency would eliminate the remaining non-pregnant adult dental coverage for the OHP Plus and OHP Standard benefit packages. This reduction includes a MAP administrative reduction of \$0.07 million GF two positions after eliminating the optional Medicaid services above (e.g., therapies, prosthetic devices, dental). LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(3,453,989)		(1,276,101)	(7,883,464)	(12,613,554)		(0.38)	The lack of a dental benefit for non-pregnant adults on the Oregon Health Plan (OHP) would cause adverse effects on their physical health, such as diabetes and cardiovascular disease. Emergency room visits would increase. The OHP dental care organization infrastructure would be threatened with the loss of the adult population. This reduction would negatively impact the health system transformation work as fewer services and dollars would be available. The agency would lose an Operations & Policy Analyst 3 position and a Public Service Representative 4 position and would have to continue to realign staff to continue to meet operational needs.	9/1/12	
	AMH	Gambling	Reduction to Lottery Program This is a one-time reduction.								Further reduces funding to rural and frontier counties required for robust outreach efforts to make treatment available to people with problem gambling behaviors. Without outreach, these people will be unserved and continue to have family problems, legal problems and be at greater risk of suicide. Added reductions will be made in program infrastructure and service capacity. Reduces leverage to improve prevention efforts in low-performing counties, so that fewer youth receive problem gambling prevention education, increasing the risk of increased prevalence among youth. High risk youth will not receive problem gambling education. Reduces helpline capacity. Includes \$21,116 reduction in Lottery-funded Personal Service Contracts (PSKs). Less frequent data reports mean that quality problems go unaddressed longer, reducing treatment effectiveness. Urgent data requests will not be readily available (for legislative sessions, etc.) This is a one-time reduction.	5/1/12	
	AMH	CMH	Reduction in Child Outpatient Mental Health This is a one-time reduction.	(2,337,038)				(2,337,038)			This reduction cuts 13% of the funding for essential community-based services such as in-home supports, case management, in-school supports, assistance accessing the appropriate level of care to meet the child and family's needs. Because these children are not Medicaid-eligible and lack insurance, the children risk removal from their classrooms, family problems, poor performance in school, and criminal justice involvement. Approximately 280 additional children per year will not receive services that are essential to remain at home, in school and out of trouble. Without these services, many of these children will require institutional level of care outside of their schools, homes and communities. This reduction is one-time. This reduction jeopardizes the Mental Health Block Grant MOE.	5/1/12	
Subtotal Value of 1st 3.5%				(62,049,613)	(781,938)	(5,796,390)	(46,184,597)	(114,812,538)	(142)	(191.63)			
FIRST 3.5% REDUCTION MET WITH ALL REDUCTIONS ABOVE THIS LINE													

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	All	All	The Oregon Health Authority will further reduce its administration by approximately 10% of the total General Fund budget	(3,253,026)	-	(160,723)	(789,929)	\$ (4,203,678)	(31)	(34.29)	This combination of reductions for Services & Supplies and positions will require layoffs of management service and represented staff.		
	HP	MAP Program	Make the mental health preferred drug list (PDL) enforceable. Prescribers of mental health medications would be required to adhere to the PDL. Exceptions to the PDL would be administered by prior authorization. An enforceable PDL for mental health medications would increase usage of preferred drugs. There would be no limitation on access to prescriptions under this reduction. Before being placed on the PDL, drugs are subjected to rigorous evidence review. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(1,896,067)		(312,721)	(4,525,322)	(6,734,110)			Many mental health organizations, including the National Alliance on Mental Illness (NAMI), strongly oppose putting mental health drugs on an enforceable PDL stating that many drugs have little research or outcome data to be evaluated properly.	9/1/12	
	HP	MAP Program	Reduce reimbursement rates for Durable Medical Equipment (DME) services provided to Oregon Health Plan clients. This action would reduce DME rates further than those already accounted for in the OHA 2011-2013 budget. CMS APPROVAL REQUIRED	(325,000)		-	(543,000)	(868,000)			Reducing DME rates would increase the possibility that DME providers would not participate in the Medicaid program, which may create delayed access for clients needing DME services and supplies as alternative sources were identified.	6/1/12	
	AMH	CMH	Eliminate plans to develop additional residential treatment capacity needed to serve growth in numbers of individuals who are civilly or criminally committed and require this level of care to transition to more independent integrated living, including: - people with increased physical and mental health needs who aren't eligible for services through Seniors and Persons with Disabilities (SPD), - people with increased medical needs in addition to existing mental health needs, - young adults leaving the children's mental health system and entering the adult mental health system and - specialized services for people with increased behavioral needs in addition to existing mental health needs.	(7,647,539)			(1,892,761)	(9,540,300)			These reductions would result in the inability to add 44 beds to the current AMH licensed residential capacity for civilly and criminally committed persons in communities throughout the state. This action has the potential to: - increase length of stay in the Oregon State Hospital (OSH) due to unique, special needs. This increases the risk Oregon could be found in violation of the Olmstead decision. - decrease the ability to prevent admissions to OSH for young adults coming from child welfare and department of corrections supervision. This reduction puts the state at risk of failing to serve people in the most integrated and independent setting possible.	7/1/12	
	AMH	CMH / AMH Pgm Spt	Reduction in Mental Health Crisis Services. This also represents \$0.64 million GF in Administrative reductions due to total program reductions. This is a one-time reduction.	(4,940,820)				(4,940,820)		(3.75)	This reduction would be an 18% cut in funding for crisis mental health services, affecting 2,345 individuals. Face-to-face crisis interventions would be reduced or eliminated. Community mental health crises would fall to law enforcement for response. More people would end up in jail or high-end acute psychiatric care services. There would be an increase in deaths related to mental health crises. Counties could not fully meet their statutory obligations to investigate civil commitments. This reduction jeopardizes the success of the new state recovery and treatment facilities that replace OSH. The cut jeopardizes the MOE requirements for the MH Block Grant. This is a one-time reduction. This reduction puts the state at risk of failing to serve people in the most integrated and independent setting possible. This level of budget reduction eliminates program positions that serve essential functions in both the current residential system and the expected CCO business environment. This budget reduction would eliminate a critical unit within AMH that provides critical linkages for people leaving OSH and the community of their discharge as well as necessary linkages for community providers, local hospital emergency rooms/acute psychiatric care units for people needing admission to OSH. Without these functions, people with mental illness will remain at OSH longer. Others will linger in acute settings, unable to gain admittance to OSH and creating backlogs in the system. The ultimate result is that the persons with mental illness will remain at an inappropriate level of care for too long. This reduction puts the state at risk of failing to serve people in the most integrated and independent setting possible.	5/1/12	

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	HP	MAP Program	Cover 26 fewer lines on Prioritized List of Health Services. Oregon Health Plan (OHP) coverage is based on the Prioritized List of Health Services, which ranks treatment and condition pairs in order of effectiveness. Starting October 1, 2012, OHP would cover Lines 1 through 472. The agency would seek federal approval to no longer cover Lines 473 through 498 on the 2013 list for the OHP Plus and OHP Standard benefit packages. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(12,532,585)		-	(20,941,200)	(33,473,785)			This action would have a dramatic impact on health care services that are covered for all OHP clients, including pregnant women, children, and other groups. Coverage for treatments of conditions such as collapsed structure of a lung, hearing loss and neonatal eye infections would end. Conditions that may cause significant functional disability would no longer be covered, including urinary incontinence and osteoarthritis and uterine prolapse. Several mental health conditions would no longer be covered, including social phobias and obsessive compulsive disorders which would likely result in broader family and community impacts. In addition, coverage of many basic dental treatments, such as missing teeth, dental caries and dentures, would be eliminated for all eligibility groups. Elimination of coverage of this magnitude would make it very difficult for physical, dental, and mental health providers to deliver high quality, comprehensive care. This proposal would significantly increase administrative burden for providers and for the department.	10/1/12	
	HP	OPHP/ FHIAP & IEO	Terminate adult memberships in the Family Health Insurance Assistance Program (FHIAP) based on redetermination dates, starting in approximately May 2012. Reduction in FHIAP and program and supporting staff of \$0.46 million GF is also reflected in this reduction.	(1,519,051)			(2,284,236)	(3,803,287)		(4.00)	Continues the programmatic cuts and associated implementation methodology described above in the 3.5% target action, but drives the implementation date back to approximately May 2012. The impacts described in the 3.5% target action would be felt by affected clients earlier, giving them less time to adjust to accommodate the change in coverage. Also reduced are three FHIAP program positions/FTE, a position within Information, Education and Outreach (IEO), and a proportional reduction in program and shared services S&S (rent and office supplies).	5/1/12	
	HP	MAP Program	Eliminate outpatient mental health benefits for Oregon Health Plan (OHP) Plus non-pregnant adults. The agency would eliminate outpatient mental health coverage from the OHP Plus benefit package for non-pregnant adults. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(14,067,564)		(2,389,237)	(27,546,126)	(44,002,927)			This reduction would eliminate outpatient mental health services and community-based rehabilitative service provided to non-pregnant adults who receive the OHP Plus benefit package. While these services are optional, inpatient mental health services are not optional and not being eliminated. Mental health drugs would remain part of the benefit package for OHP Plus non-pregnant adults. This reduction would negatively impact the health of many OHP clients; hurt the community mental health delivery system; and, hurt the health system transformation efforts.	12/1/12	
	PH	OFH	Office of Family Health Contraceptive Care - Oregon Contraceptive Care (CCare) Program formerly known as Family Planning Expansion Program (FPEP). CCare provides contraceptive management to low income individuals. This reduction consists of a manageable \$700,000 reduction and an additional \$600,000 that would require not implementing an FPL increase, or implementing in stages at different rates than currently in place to meet this reduction. This is a one-time reduction.	(1,300,000)			(11,700,000)	(13,000,000)			Decrease in funding would restrict the current number of clients and client services that could be provided by family planning providers to low income individuals. The CCare Program has a combined budget of \$7.2 million in state funds. Current client enrollments would require approximately \$5.2 million for the 2011-13 Biennium. Projections of a proposed \$10 provider encounter rate and the requested increase in Federal Poverty Level (FPL) to 250% would add \$1.2 million for a total \$6.4 million in state funds. The \$600,000 reduction would require not implementing an FPL increase, or implementing in stages at different rates (e.g. 185-200, or 215% rather than 250%) to meet this reduction. Reductions to providers in the CCare Program would have a corresponding 9:1 loss in federal funding.	5/1/12	
	AMH	CMH	Reduction in Adult Outpatient Mental Health This is a one-time reduction.	(10,249,899)				(10,249,899)			This reduction would eliminate critical case management services that often provide the sole connection to community resources for persons with mental illness. Without these essential services, more persons with mental illness will become more ill, there will be an increase in homeless persons with mental illness, and there will be an increased cost to the state when the scope and complexity of services and supports are eventually identified. In other words, case management saves money by identifying and referring persons with mental illness to services sooner in a timely manner. This reduction is one-time. At this level and below, Civil Commitment statutes may need to be suspended. This reduction puts Oregon at risk of failing to serve people in the most integrated and independent setting possible.	5/1/12	

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)

1	2	3	4	5	6	7	8	10	12	13	14.00	15	16
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date	
	HP	MAP Program	Reduce reimbursement rates for primary care services provided to Oregon Health Plan clients. The agency's 2011-13 budget included 11% rate reductions for OHP providers. The Legislature, however, made the specific investment to eliminate rate cuts for primary care services. This action would eliminate the rate reduction buy back for primary care. Primary care rates would be cut to the same level as rate for other physician services. Obstetrics rates which were not previously cut because of the buy back, would also be reduced. CMS APPROVAL REQUIRED.	(5,100,000)		-	(10,200,000)	(15,300,000)			Reducing primary care reimbursement rates would dramatically affect the Oregon Health Plan. The reduction could limit access to preventive care and obstetric services, add stress to an already stressed delivery system, and would be counter to the overall health transformation goals.	7/1/12	
Subtotal Value of 2nd 3.5%				(62,831,551)	-	(2,862,681)	(80,422,574)	(146,116,806)	(31)	(42.04)			
SECOND 3.5% REDUCTION MET WITH ALL REDUCTIONS ABOVE THIS LINE													
	All	All	The Oregon Health Authority will further reduce its administration by approximately 10% of the total General Fund budget	(4,996,705)	-	(160,723)	(700,996)	\$ (5,858,424)	(32)	(32.39)	This combination of reductions for Services & Supplies and positions will require layoffs of management service and represented staff.		
	AMH	Gambling	Reduction in Gambling Program This is a one-time reduction.		(390,969)			(390,969)			Ends base funding for rural and frontier counties needed for robust outreach efforts to make treatment available to people impacted by problem gambling. Without outreach, these people will be unserved and continue to have family and legal problems and an increased risk of suicide. Added reductions in program infrastructure will reduce capacity. Eliminates funds to improve prevention efforts in low-performing counties so that fewer youth receive prevention education, risk increased prevalence among youth. Reduces helpline capacity, so that an additional 50 clients will not be served, resulting in increased social costs to the state. Includes \$21,116 reduction in Lottery-funded Personal Service Contracts. Less frequent data reports mean that quality problems are unaddressed longer there is less data by which to monitor contracts and ensure outcomes. Urgent data requests will not be readily available (for leg. sessions). Reduction in workforce development results in fewer trained and certified counselors due to the virtual elimination of program training.	5/1/12	
	HP	MAP Program	Eliminate addiction services for Oregon Health Plan (OHP) Plus non-pregnant adults. The agency would eliminate addiction services from the OHP Plus benefit package for non-pregnant adults. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(1,047,855)		(1,174,676)	(3,761,512)	(5,984,043)			This reduction would eliminate clinic and community-based assessment and treatment for substance use disorders for non-pregnant adults who receive the OHP Plus benefit package. These services are covered in the Medicaid State Plan under rehabilitative services and are optional. Hospital-based detoxification, screening and brief intervention by a physician would remain covered. Clients would have difficulty obtaining and maintaining employment. Some parents who have OHP coverage and children in the custody of Child Welfare would have increased difficulty being reunited with their children due to the inability to complete treatment requirements and maintaining safe living conditions for their children. This reduction would negatively impact the health system transformation work as fewer services and dollars would be available.	12/1/12	
	PH	OSPHL	Oregon State Public Health Lab. Eliminate (1) parasitology testing; (2) syphilis testing (RPR and FTA); (3) virus isolation testing except for federally funded influenza testing; eliminated tests include poliovirus, adenovirus, parainfluenza and other respiratory agents; and (4) culture and identification of Salmonella, Listeria, E. coli and other enteric bacteria for statewide disease control by state and local public health agencies. This is a one-time reduction.	(326,262)				(326,262)		(1.86)	Only selected cultures would be typed when supported by federal funds. Local and state disease control programs will be unable to diagnose and prevent these infections, which will spread in the community, resulting in greater morbidity and mortality. The OSPHL will be unable to fulfill its statutory requirement to provide testing to local health departments for reportable diseases (ORS 433.012). OSPHL will pursue potential for increased billing capacity. This billing option may not materialize during the 11-13 biennium due to systems that would need to be built to accomplish this.	5/1/12	

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)

1	2	3	4	5	6	7	8	10	12	13	14.00	15	16
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date	
	PH	OFH	<p>Office of Family Health (OFH) State Immunization Program. Eliminate state general funded Immunization awards to Local Health Departments. The State Immunization Program provides state funding awards to meet the Program Element 43 of the Local County Public Health Department Awards. This funding provides infrastructure, primarily funding for positions with local county partners. Funds are used to offer on-going immunization clinics in each county, report data to the Immunization Information System (IIS), provide case management services to Perinatal Hepatitis B cases, tracking and recall, WIC/Immunization integration, surveillance and outbreak control for vaccine preventable diseases, ensure reporting for adverse events following immunization, and maintaining School Immunization Law and meeting key performance measures. These state funded dollars leverage a match with Title XIX Medicaid at a rate of 2:1.</p> <p>This is a one-time reduction.</p>	(600,000)			(600,000)	(1,200,000)			The reductions would result in the loss of up to approximately 12 jobs at the local level and potentially more if local immunization clinics are closed. Services performed at Local Health Departments required by state statute or rule, such as the School Immunization Law requirement to the state for maintenance would be reverted to the State in many counties. This elimination of state funding puts the State at risk of loss of \$8 million in federal funding from the Center for Disease Control under the Vaccine for Children Program Grant. Projected state projected savings would be offset by the increase in work load transferred from County Health Departments for the maintenance of any statutory, regulatory, or grant requirements. These state funds are matched with Title XIX Medicaid funding at a rate of 2:1.	5/1/12	
	AMH	A & D Treatment	<p>This reduction cuts nearly \$1.8 million of the funding for alcohol and drug treatment services for 1,500 youth and adults.</p> <p>This is a one-time reduction.</p>	(1,798,542)				(1,798,542)			<p>This reduction would eliminate critical A&D services for 1,500 people per biennium. The system is already only able to meet about 25% of the need. Without treatment for substance use disorders, people will continue to abuse alcohol and drugs and be at increased risk for acquiring infectious diseases and other chronic health conditions, committing crimes, endangering their children and risking losing custody to the state, losing their jobs, and endangering other people.</p> <p>This reduction will increase the cost of untreated substance abuse in Oregon, already estimated to be \$5.9 billion per year, according to a report published by ECONorthwest in 2008, and jeopardizes the maintenance of effort requirement of the SAPT Block Grant. The reduction will result in the layoff of numerous experienced and skilled alcohol and drug counselors. This is a one-time reduction.</p>	5/1/12	
	AMH	CMH / AMH Pgm Spt	<p>This reduction would be a 25.5% funding decrease for psychiatric acute care services.</p> <p>This also represents \$0.63 million GF in Administrative reductions due to total program reductions.</p> <p>This is a one-time reduction.</p>	(8,628,056)				(8,628,056)		(3.75)	<p>As a result, 1,512 adults who are ineligible for Medicaid and who have no insurance will not receive psychiatric inpatient services. Without these services, individuals who are very ill may injure themselves or others. The state will be at risk for failing to provide services to people who are civily committed. There is a risk of the loss of acute inpatient psychiatric treatment capacity and pressure on the state to provide this service directly in state hospitals. This reduction jeopardizes the MOE requirements for the MH Block Grant. This is a one-time reduction. This reduction puts Oregon at risk of failing to serve people in the most integrated and independent setting possible.</p> <p>This level of budget reduction eliminates three additional program positions that serve essential functions in both the current system and the expected CCO business environment. They include two program analysts whose functions include utilization management of the current residential system as well as new business analysis functions required by the CCOs. The other function eliminated by this reduction would be a program analyst.</p> <p>These reductions eliminate staff who perform critical functions in the current system and who must remain in place until the new system is completely established. In the new system, these staff resources would need to be available to perform critical facility monitoring, performance outcomes monitoring, and contract compliance functions when the CCOs are established.</p>	5/1/12	

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)

1	2	3	4	5	6	7	8	10	12	13	14.00	15	16
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date	
	HP	MAP Program / Pgm Spt	<p>Eliminate coverage for prescription drugs for OHP Plus non-pregnant adults and OHP Standard clients. The agency would eliminate coverage for prescription drugs from the Oregon Health Plan for non-pregnant adults, age 21 and older, receiving the OHP Plus benefit package and for clients receiving the OHP Standard benefit package.</p> <p>MAP would also take an administrative reduction of (\$0.01 million GF) and one position after eliminating prescription drugs for OHP Plus non-pregnant adults and OHP Standard clients.</p> <p>LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.</p>	(12,362,387)		(680,319)	(22,121,280)	(35,163,986)		(0.17)	<p>Client and provider impacts would be significant. Clients' health conditions would deteriorate, requiring higher levels of care. Practitioners and managed care organizations would be severely hampered in providing adequate medical care to patients. Many providers would discontinue their participation in the program. Clients would have difficulty obtaining and maintaining employment. Without prescription drugs, health outcomes for people on the Oregon Health Plan would severely suffer. The savings calculation for this reduction includes offsetting health care costs. Because of those offsetting costs and impacts on the health care delivery system, moving up the effective date of this reduction would begin to reduce the net savings from this action. If this reduction were to continue into the next biennium, the offsetting costs would grow significantly and would likely eliminate all future savings.</p> <p>The agency would lose an Operations & Policy Analyst 1 position and would have to continue to realign staff to continue to meet operational needs.</p>	3/1/13	
	AMH	Gambling	<p>Reduction in Gambling Program</p> <p>This is a one-time reduction.</p>		(502,676)			(502,676)			<p>Eliminates ability to incentivize programs that exceed initial contract allotment and increase enrollments of clients. Eliminates Oregon Council on Problem Gambling's funding for Voices of Problem Gambling Recovery and jeopardizes existence of this consumer advocacy group. Jeopardizes ability for help line to provide Spanish language services. Reduction in FTE dedicated to prevention at County levels. Loss of treatment infrastructure and reduction in total number of clients served along with commensurate increase in social costs associated with problem gambling. An estimated 150 clients won't be serviced resulting in social costs of \$1.68 million to Oregon. This is a one-time reduction.</p>	5/1/12	
	PH	OSPHD	<p>Oregon State Public Health Director (OSPHD)- Reduces the State Support to Local Health Departments (per capita payments). This reduction would reduce the state general funds provided to Local County Public Health Departments (LPHD) to meet Program Element 1 requirements. Distributed on a per capita basis, this funding would reduce from \$1.12 per capita, to \$0.899. These state funds are to operate their Communicable Disease control program which includes: epidemiological investigations that report, monitor, and control Communicable Disease; diagnostic and consultative Communicable Disease service; early detection, education, and prevention activities to reduce the morbidity and mortality of reportable Communicable Diseases; appropriate immunization for human and animal target populations to control and reduce the incidence of Communicable Disease; and collection and analysis of Communicable Disease and other health hazard data for program planning and management.</p> <p>This is a one-time reduction.</p>	(1,000,000)				(1,000,000)			<p>These state funds are to operate their Communicable Disease control program which includes: epidemiological investigations that report, monitor, and control Communicable Disease; diagnostic and consultative Communicable Disease service; early detection, education, and prevention activities to reduce the morbidity and mortality of reportable Communicable Diseases; appropriate immunization for human and animal target populations to control and reduce the incidence of Communicable Disease; and collection and analysis of Communicable Disease and other health hazard data for program planning and management. Reducing these funds will impair LPHDs ability to investigate and report disease outbreaks. Approximately 10 jobs at local health departments would be lost. In addition, these state dollars are leveraged to provide the required match on several federal funding sources including the Public Health Preparedness Program, which may result in other decreased services, lost opportunities for the state to obtain federal grant dollars, and lost state and local positions.</p>	5/1/12	
	AMH	CMH	<p>Additional CMH Reduction. As above, this reduction will require suspension of civil commitment statutes.</p> <p>This is a one-time reduction.</p>	(26,450,458)				(26,450,458)			<p>The additional \$26.5 million reduction to the adult community outpatient services will cripple Oregon's mental health system. The reductions taken cumulatively result in 36% of the total outpatient services budget of \$120.2 million. Before any reductions were taken, the outpatient mental health services were funded at less than 50% of the need for Oregonians with mental illnesses. Services will be provided on a crisis basis only and there will be an increased use of hospital emergency rooms in local and county corrections facilities as well as acute care psychiatric beds. The case management functions that provide the necessary linkages for mental health treatment services and supports will no longer exist in that capacity. This reduction jeopardizes the Mental Health Block Grant MOE. This is a one-time reduction. This reduction puts Oregon at risk of failing to serve people in the most integrated and independent setting possible.</p>	5/1/12	

Detail of 10.5% Reduction to 2011-13 Legislatively Adopted Budget Level (plus 3.5% Supplemental Ending Balance Adjustment)															
1	2	3	4	5	6	7	8	10	12	13	14.00	15	16		
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	Effective Date			
	HP	MAP Program	Cover approximately 9-12 fewer lines on Prioritized List of Health Services. Oregon Health Plan (OHP) coverage is based on the Prioritized List of Health Services, which ranks treatment and condition pairs in order of effectiveness. Starting October 1, 2012, OHP would cover the remaining lines. The agency would seek federal approval to no longer cover some lines on the 2013 list for the OHP Plus and OHP Standard benefit packages. LEGISLATIVE ACTION REQUIRED. CMS APPROVAL REQUIRED.	(4,727,641)		-	(7,899,605)	(12,627,246)			This action would have a dramatic impact on health care services that are covered for all OHP clients, including pregnant women, children, and other groups. Coverage for treatments of serious conditions such as cancer of the gall bladder and non-union of fractures would end. Conditions causing significant functional disability would no longer be covered, including urinary incontinence and several types of conditions that may cause hearing loss. Several of the most common mental health conditions would no longer be covered, which would likely result in broader family and community impacts. In addition, coverage of many common dental treatments, such as root canal therapy, crowns, and dentures, would be eliminated for all eligibility groups. Elimination of coverage of this magnitude would make it very difficult for physical, dental, and mental health providers to deliver high quality, comprehensive care. This proposal would significantly increase administrative burden for providers and for the department.	10/1/12			
Subtotal Value of 3rd 3.5%				(61,937,906)	(893,645)	(2,015,718)	(35,083,393)	(99,930,662)	(32)	(38.17)					
THIRD 3.5% REDUCTION MET WITH ALL REDUCTIONS ABOVE THIS LINE															
Value of all reductions				(186,819,070)	(1,675,583)	(10,674,789)	(161,690,564)	(360,860,006)	(205)	(271.83)					