

**SB 5547 A BUDGET REPORT and MEASURE SUMMARY**

**Carrier:** Rep. Valderrama

**Joint Committee On Ways and Means**

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**Action Date:** 05/23/25

**Action:** Do Pass the A-Eng bill.

**House Vote**

**Yeas:** 10 - Bowman, Breese-Iverson, Cate, Evans, Gomberg, Levy E, Ruiz, Sanchez, Smith G, Valderrama

**Nays:** 1 - Drazan

**Exc:** 1 - Owens

**Senate Vote**

**Yeas:** 8 - Anderson, Broadman, Campos, Frederick, Lieber, Manning Jr, McLane, Sollman

**Nays:** 3 - Bonham, Girod, Smith DB

**Prepared By:** Streepey, Johnson, Trombley & Chase, Department of Administrative Services

**Reviewed By:** Gregory Jolivet and Matt Stayner, Legislative Fiscal Office

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**Department of Human Services**

**2023-25**

**Oregon Health Authority**

**2023-25**

## **Budget Summary\***

	2023-25 Legislatively Approved Budget <sup>(1)</sup>	2023-25 Committee Recommendation	Committee Change from 2023-25 Leg. Approved	
			\$ Change	% Change
Department of Human Services				
General Fund	\$ 6,288,264,347	\$ 6,276,221,582	\$ (12,042,765)	(0.2%)
Other Funds Limited	\$ 1,243,221,369	\$ 1,260,614,493	\$ 17,393,124	1.4%
Federal Funds Limited	\$ 9,394,662,319	\$ 9,485,403,461	\$ 90,741,142	1.0%
Oregon Health Authority				
General Fund	\$ 5,766,013,755	\$ 5,713,560,734	\$ (52,453,021)	(0.9%)
Other Funds Limited	\$ 11,074,141,403	\$ 11,107,583,383	\$ 33,441,980	0.3%
Federal Funds Limited	\$ 20,412,032,906	\$ 20,733,316,231	\$ 321,283,325	1.6%

<sup>(1)</sup> Includes adjustments through April 2025

\* Excludes Capital Construction expenditures

## **Summary of Revenue Changes**

Senate Bill 5547 rebalances the 2023-25 budgets for the Department of Human Services (DHS) and the Oregon Health Authority (OHA). DHS programs are funded with a combination of General Fund, Other Funds, and Federal Funds. OHA programs are funded with a mix of General Fund, Lottery Funds, Other Funds, and Federal Funds.

The approved rebalance includes adjustments to OHA's Tobacco Tax and Marijuana Tax forecasts. For DHS, the rebalance includes several revenue adjustments. The largest adjustment is attributable to an increase in Medicaid participation within the Intellectual and Developmental Disabilities (I/DD) program resulting in an additional \$41.1 million Federal Funds and corresponding savings to General Fund. This adjustment is based on a claims review, which found more claims throughout the biennium were eligible for Medicaid match. Also, within I/DD, a correction of prior adjustments to Federal Funds resulted in a decrease of \$130 million Federal Funds. DHS had several smaller adjustments to Other Funds revenues resulting from the use of ending balances, pass-through revenues from OHA and the Oregon Department of Emergency Management (ODEM), and an increase to estate recovery revenues within Aging and People with Disabilities. With this rebalance, no changes are made to the Federal Medicaid Assistance Percentage (FMAP) for 2023-25.

## **Summary of Human Services Subcommittee Action**

The Human Services Subcommittee recommended a budget rebalance to support DHS and OHA programs and operations for the remainder of the 2023-25 biennium. The rebalance reflects program cost increases and savings, revenue changes, and technical adjustments needed to ensure DHS's and OHA's budgets remain in balance. Across both agencies, the recommended rebalance decreases General Fund by \$64,495,786, increases Other Funds expenditure limitation by \$50,835,104, and increases Federal Funds expenditure limitation by \$412,024,467.

## **Department of Human Services**

The Human Services Subcommittee's recommended rebalance for DHS decreases General Fund by \$12,042,765, increases Other Funds expenditure limitation by \$17,393,124 and increases Federal Funds expenditure limitation by \$90,741,142. With the exception of Self Sufficiency Programs, caseload adjustments are due to changes between the fall 2024 and spring 2025 caseload forecasts for the 2023-25 biennium. The rebalance plan does not include any position (or FTE) adjustments.

### **Central Services**

The Subcommittee's recommended rebalance includes a one-time General Fund increase of \$500,000 within Central Services for the Office of Resilience and Emergency Management's to provide flood relief assistance to an estimated 300 households affected by flooding within Coos, Douglas, and Harney counties. The funds will be used for contracted case management services for affected households and for flood-related costs such as debris removal, mold remediation, home repairs, and furniture replacement. An additional \$1.5 million General Fund has been requested for the same purposes in the 2025-27 biennium. DHS did not anticipate spending \$2.0 million prior to June 30, 2025, resulting in only a portion of the request being recommended by the Subcommittee with this rebalance.

### **Self Sufficiency Programs**

Within the Self Sufficiency Programs division, the Subcommittee recommended an increase of \$6.3 million General Fund, a \$29,940 decrease of Other Funds expenditure limitation, and an increase of \$11.5 million Federal Funds expenditure limitation. The caseload adjustments within Self Sufficiency Programs are relative to the fall 2023 caseload forecast. While DHS has rebalanced since the fall 2023, the Department was able to mitigate the cost of caseload changes in the prior rebalance, though caseload growth has resulted in the need for additional funding. Additional General Fund is needed primarily for an increase in the Temporary Assistance for Needy Families (TANF) caseload. Overall, the TANF and Pre-Supplemental Security Income (Pre-SSI) caseloads increased by 5.7%. The TANF basic caseload is 5.1% higher than the fall 2023 forecast. This results in a need of \$1.9 million General Fund, \$8.7 million Federal Funds expenditure limitation. The TANF UN (two-parent household) caseload is 8.9% higher and results in an increase of \$3.5 million General Fund. Pre-SSI had a caseload decrease of 11.6%, which resulted in a decrease of \$96,110 General Fund, \$126,050 total funds.

Within the TANF caseload, there was also an increase in cost per case, that resulted in need of \$844,786 General Fund and \$8.7 million Federal Funds expenditure limitation. The cost per case increased \$9 per month and can be attributable to several factors including household size and benefit utilization such as child care assistance. With the passage of Senate Bill 5701 (2024), the Legislature provided funding to increase the Temporary Assistance for Domestic Violence Survivors (TA-DVS) benefit from maximum 90-day benefit from \$1,200 to \$3,200. Previously, the costs of non-citizen TA-DVS benefits were able to be covered within available General Fund as the benefit amount was smaller. The added benefit amount has resulted in a General Fund increase of \$173,420 and a corresponding decrease of Federal Funds expenditure limitation to cover the cost of client benefits that must be supported only by General Fund.

#### Vocational Rehabilitation

For Vocational Rehabilitation (VR), the Subcommittee recommended two rebalance actions that increase Other Funds expenditure limitation by \$3.6 million and increase Federal Funds expenditure limitation by \$3.7 million. A one-time increase to Other Funds expenditure limitation of \$3.6 million was made to utilize a remaining fund balance within the Youth Transition Program to cover a General Fund budget gap due to rising caseloads in the VR program in the 2023-25 biennium. VR received an increase to the BASIC 110 formula grant award and requires a one-time increase of \$3.7 million Federal Funds expenditure limitation to close out spending in the 2023-25 biennium. Additional federal revenues are available to cover costs.

#### Aging and People with Disabilities

For Aging and People with Disabilities (APD), the Subcommittee recommended an increase of \$255,050 General Fund, \$11.1 million Other Funds expenditure limitation, and \$64.4 million Federal Funds expenditure limitation. The adjustments include updates based on the spring 2025 caseload forecast, cost per case changes, as well as other adjustments.

#### *Caseload and Cost Per Case*

- According to the spring 2025 caseload forecast, APD's overall caseload is projected to increase 0.7%, or approximately 260 additional cases per month. Rising caseloads resulted in an increase of \$13.3 million General Fund and \$20.1 million Federal Funds expenditure limitation. The caseload within Nursing Facilities increased 2.0%, mostly within Basic Services. In-Home continues to increase as well, rising 0.9%. Specifically, In-Home agency increased, while In-Home hourly declined.
- The Healthier Oregon Program (HOP) provides services including APD services, to Oregonians irrespective of citizenship status. The HOP caseload represents a relatively small portion of APD's overall caseload. The caseload is projected to increase from 109 to 132, with the largest increase to In-Home hourly. The HOP caseload changes result in an increase of \$2.9 million General Fund.
- Updated cost-per-case information led to an increase of \$14.6 million General Fund and \$25.6 million Federal Funds expenditure limitation. Cost-per-case increases were primarily attributable to Contracted Residential Facilities, which increased \$10.1 million General Fund, \$29.2 million total funds. Increased costs in Contracted Residential Facilities are due to exceptional rates approved to serve more complex individuals. All-inclusive Care for the Elderly (PACE) program rates, which are set by OHA, increased by 10.0% on

January 1, 2025. This resulted in a \$2.3 million General Fund increase, \$5.7 million total funds. Cost increases were also attributable to continuing a COVID-era decision to deliver two meals a day and operate expanded day center operations. Within the cost per case adjustment, these components comprised a one-time increase of \$5.0 million General Fund and \$9.0 million Federal Funds expenditure limitation.

- Due to the time lag between payments for Nursing Facility services and the collection of Provider Taxes, DHS is projecting a cash flow challenge. As a result, DHS will need to take a loan from the Oregon State Treasury and will incur interest charges. The interest costs result in a one-time need of \$1.0 million General Fund.

#### *Fund Shifts*

- More of APD's caseload is projected to be eligible for services under the Affordable Care Act (ACA). ACA-eligible clients receive a 90-96% Federal Medicaid Assistance Percentage (FMAP) rate. This results in a savings of \$18.8 million General Fund and a corresponding increase to Federal Funds expenditure limitation.
- APD is moving \$1.2 million in section 9817 General Fund to I/DD. This amount reflects APD's unspent American Rescue Plan Act Home and Community Based Services funds, which are being moved to I/DD to assist in covering overspent amounts.
- A reduction of \$606,669 Other Funds expenditure limitation is recommended to align the budget with anticipated state and local Fiscal Recovery Fund expenditures in 2023-25. The contract funding for workforce supported by these resources is anticipated to be spent in early 2025-27.
- APD has a one-time savings of \$11.7 million General Fund and an equivalent increase to Other Funds revenue. Other Funds revenue is attributable to additional COVID-era, Federal Emergency Management Agency revenue, passed through from ODEM (\$6.3 million). Additionally, APD anticipates additional revenue from estate recoveries (\$5.4 million).

#### Intellectual and Developmental Disabilities

For Intellectual and Developmental Disabilities (I/DD), the Subcommittee recommended rebalance actions to increase General Fund by \$6.8 million and increase Federal Funds expenditure limitation by \$17.6 million. The rebalance includes adjustments for caseload, cost-per-case, increased costs in the Stabilization and Crisis Unit (SACU), and other adjustments.

#### *Caseload and Cost Per Case*

- The spring 2025 caseload forecast shows continued growth in I/DD's largest service areas including Adult 24-hour Group Homes, Adult In-Home supports and Children's In-Home Supports, which increased 2.6%, 0.8%, and 4.1%, respectively. Adult Foster Care declined by 1.3%. The net caseload impact is an increase of \$19.7 million General Fund, \$60.0 million total funds. The HOP caseload increased slightly, resulting in an additional \$938,976 General Fund.

- I/DD cost-per-case increases were experienced in several service settings including Adult 24-hour Group Homes, Children's 24-Hour Group Homes, and Adult In-Home. Children's Intensive In-Home Supports had the largest decline in cost per case. The net impact resulted in a General Fund increase of \$21.0 million and \$42.4 million Federal Funds. Cost per case increases were attributable to more individuals receiving add-on rates, larger increases to add-on rates, continued maintenance of effort requirements from the American Rescue Plan Act (ARPA), and continued consumer preference of In-Home agency providers.
- SACU is currently experiencing very high levels of overtime, resulting in a need for \$5.0 million General Fund and \$6.7 million Federal Funds. This request is one time and is meant to right size the budget to allow closing of the 2023-25 biennium.

### *Fund Shifts*

- APD moved \$1.2 million in unspent General Fund from the ARPA-spend plan to I/DD to help alleviate the majority of I/DD's overspent ARPA spend plan. Under the federal maintenance of effort requirement for these funds, they must be spent in Home and Community Based Services.
- I/DD also adjusts the ARPA spending across programs, to align the budget with actuals, reflecting where the spending occurred. Additionally, some funds have been moved from spending plan items with no federal match or 50/50 federal matches to items with K plan federal match creating a Federal Funds need. This results in net zero adjustments for General Fund and increases Federal Funds expenditure limitation by \$16.9 million.
- DHS recalculated the Medicaid participation rate within I/DD, resulting in an additional \$41.1 million Federal Funds and corresponding savings to General Fund. This adjustment is based on a claims review, which found more claims throughout the biennium were eligible for Medicaid match.

Additionally, a correction was made to Federal Funds expenditure limitation to align the budget with projected expenditures. The Subcommittee recommended a reduction of \$130.0 million Federal Funds expenditure limitation.

### Child Welfare

For Child Welfare, the Subcommittee recommended a decrease of \$25.9 million General Fund and a decrease of \$6.6 million Federal Funds expenditure limitation. Child Welfare experienced a decline in caseload, decreased cost-per-case and one-time program savings, all of which resulted in the need for less General Fund. Caseload decreases were greatest in Regular Foster Care (-2.7%) and Adoption Assistance (-1.6%). Personal Care and Guardianship Assistance experienced slight increases in caseload. The net caseload adjustment resulted in a reduction of \$6.7 million General Fund, \$9.1 million total funds.

The cost per case within Child Welfare is calculated by taking 12 months of historical total expenditures and dividing by the caseload to get an average monthly cost per case. For the spring 2025 rebalance, the cost per case decreased in several areas, resulting in a net reduction of \$7.7

million General Fund, \$11.8 million total funds. Personal Care, Tribal Foster Care, Nursing Assessments, and Focus had no changes in the cost-per-case. The largest decrease in cost-per-case occurred in the Regular Foster Care program area. The cost change is due to the decrease in the use of contracted supervision providers. Residential Treatment cost-per-case also declined due to lower utilization in the higher levels of Behavioral Rehabilitation Services.

Child Welfare also experienced two distinct one-time savings of \$11.6 million General Fund. A savings of \$4.4 million General Fund was achieved through lower spending for non-Medicaid medical services. Child Welfare has centralized the approval processes for medical services, increasing Medicaid-billable services even when using a non-Medicaid provider. Savings of \$7.1 million General Fund was due to remittances for Psychiatric Residential Treatment Services, ultimately paid by Coordinated Care Organizations. The complexity of business processes across delivery systems results in delays drawing down Medicaid funds and reimbursing Child Welfare. The savings in this rebalance are from expenditures in prior biennia, although the remittances have been applied during the 2023-25 biennium.

#### Oregon Eligibility Partnership

Within the Oregon Eligibility Partnership (OEP), the Subcommittee recommended an increase of \$2.8 million Other Funds expenditure limitation for ONE system printing and mailing costs. An interagency agreement between OHA and DHS, requires each agency to cover half of the Medicaid-related printing and mailing costs this biennium. The increase to Other Funds expenditure limitation will allow OEP to receive the funding from OHA and book the expenditures correctly. Total ONE System printing and mailing costs are projected to reach \$5.5 million in 2023-25.

### **Oregon Health Authority**

The recommended rebalance plan for OHA includes a \$52.5 million net General Fund savings, an increase of \$33.4 million Other Funds expenditure limitation and an increase of \$321.3 million Federal Funds expenditure limitation, for a total funds increase of \$302.3 million for the spring 2025 rebalance.

#### Health Systems Division

The rebalance includes a net General Fund decrease of \$95.8 million, an Other Funds expenditure limitation decrease of \$13.9 million and a Federal Funds expenditure limitation increase of \$317.9 million to the Health Services Division (HSD).

- *Medicaid Caseload:* The spring 2025 Medicaid caseload forecast depicted an increase in Affordable Care Act (ACA) adult, Parent/Caretaker Relative, Children's Medicaid and CHIP (Children's Health Insurance Program) eligibility caseloads of \$61.7 million General Fund. The caseloads for Old Age Assistance, Aid to the Blind and Disabled, and Medicare parts A, B, and D eligibility decreased by \$104.5 million General Fund.

- *Nurse Family Partnerships*: House Bill 5204 (2024) appropriated \$3.2 million General Fund to OHA for the Nurse Family Partnership (NFP) Home Visiting Program. This one-time appropriation was approved to subsidize the non-federally supported portion of costs for services provided under this program. Updated estimates show the state share for NFP services will likely fall below the appropriated amount, resulting in a \$1.5 million General Fund savings for the 2023-25 biennium.
- *Regional Development and Innovation*: House Bill 5024 (2021) appropriated \$65.0 million General Fund to increase statewide capacity of licensed residential facilities and housing serving people with behavioral health conditions. Thirty-four million was shifted to the 2023-25 biennium. While all funding has been fully obligated, \$29.1 million is expected to be expended in the next biennium, by June 30, 2026. The rebalance plan shifts \$29.1 million General Fund from the 2023-25 to the 2025-27 biennium.
- *Substance Use Disorder Facilities*: Senate Bill 5525 (2023) appropriated \$15.0 million General Fund to increase facilities for children and adults with substance use disorders. The solicitations and recommendations for these capital projects were completed in spring 2024 and provided to OHA's Behavioral Health Investment Team. While all funds are anticipated to be obligated in the 2023-25 biennium, invoicing will continue through the 2025-27 biennium as vendor and contractors complete project stages. Projects are expected to be complete by no later than June 30, 2027. The rebalance plan shifts \$13.5 million General Fund from the 2023-25 to the 2025-27 biennium.
- *Tribal Set-aside for Clinical Training*: House Bill 3396 (2023) invested in grants to support clinical training and labor management trusts in health care settings. To receive Medicaid matching funds, OHA pursued utilizing state directed payments and state plan amendments targeted to hospital training settings. OHA identified a possible shortcoming in pursuing Medicaid matched programs that only targeted Oregon's hospital training settings. OHA set aside \$3 million of the \$15 million General Fund for clinical trainings for tribal operations to support OHA's goal to eliminate health inequities. This effort has been delayed to pursue a process separate from Medicaid. OHA requests shifting \$3.0 million General Fund from the 2023-25 to the 2025-27 biennium.
- *Healthier Oregon Program Caseload*: The Healthier Oregon Program caseload increased between the fall 2024 forecast and the spring 2025 forecast, in addition to the final risk corridor settlements from 2022 and 2023, results in a net \$16.1 million General Fund cost and need for an \$8.3 million increase in Federal Funds expenditure limitation.
- *Transfer Between Medicaid Program and Administration*: The Medicaid Program Certified Community Behavioral Health Clinics, Home and Community Based Services, and Designated State Health Programs were predominantly budgeted in the Medicaid program. However, as expenditures for those programs were assessed, some were identified as being administrative expenses rather than programmatic. HSD requests a transfer of \$8.9 million General Fund, \$3 million Other Funds expenditure limitation, and \$11.9 million Federal Funds expenditure limitation between the Medicaid Program and Medicaid Administration budgets.
- *Drug Treatment and Recovery Services Fund (DTRSF)*: OHA requests a one-time Other Funds transfer of \$2.9 million from the HSD Non-Medicaid budget to the HSD Program Support and Administration budget to address a shortfall. Revenue from the DTRSF supports



Behavioral Health Resource Networks, substance use disorder (SUD) treatment services, and grants for community-based services. It also supports administrative costs, which includes the Oversight and Accountability Council, a call center for people seeking SUD treatment, and OHA's staffing costs. The shortfall in administrative costs was driven by a transition to a new vendor for the call center and the need for additional contracting resources due to position vacancies.

- *Technical Adjustment:* The spring 2025 rebalance plan also includes General Fund adjustments to move appropriation balances between divisions to correct duplicative entries from the fall 2024 rebalance.

#### Health Policy & Analytics

The Health Policy and Analytics (HP&A) Division includes a net \$9.1 million General Fund increase in the recommended spring 2025 rebalance plan.

- *HB 4035 (2022) Savings:* HP&A identified \$6.9 million General Fund savings for the Oregon Health Insurance Marketplace. Staffing and call center costs for activities authorized in House Bill 4035 (2022) were lower than anticipated for the 2023-25 biennium due to several extensions of the Public Health Emergency and fewer client transitions to the marketplace than anticipated.
- *Technical Adjustment:* The spring 2025 rebalance plan also includes General Fund adjustments to move appropriation balances between divisions to correct duplicative entries from the fall 2024 rebalance.

#### Public Health Programs

The spring 2025 rebalance includes a \$14.0 million General Fund increase and an Other Funds expenditure limitation decrease of \$807,608 to Public Health Programs.

- *Backfill for Unallowable COVID-19 Expenses:* The rebalance plan includes \$12.0 million General Fund to cover claims that are not reimbursable by the Federal Emergency Management Agency (FEMA). In 2021, OHA indicated there may be a need for General Fund to backfill COVID-19 expenses that were not reimbursed by FEMA. OHA has submitted \$992.0 million in COVID-19 reimbursement claims to FEMA. Of this total, OHA received \$747.0 million in reimbursements from FEMA received through ODEM. An additional \$109.0 million has been approved by FEMA and is with ODEM for their subsequent review and distribution to OHA, and \$83.0 million is pending FEMA review. An additional \$56.0 million will be submitted to FEMA as the project nears the close-out phase during the last quarter of 2025. Outside of the amounts already reflected, \$10.7 million (or approximately 1%) of OHA's COVID-related expenses have been found ineligible for FEMA reimbursement.
- *Technical Adjustment:* The spring 2025 rebalance plan also includes General Fund adjustments to move appropriation balances between divisions to correct duplicative entries from the fall 2024 rebalance.

### Oregon State Hospital

The Oregon State Hospital (OSH) rebalance plan includes an increase of \$20.3 million General Fund, \$48.1 million Other Funds expenditure limitation, and \$3.4 million Federal Funds expenditure limitation.

- *Budget Stabilization:* The rebalance plan includes \$18.3 million General Fund, \$104,000 Other Funds expenditure limitation, and \$1.4 million Federal Funds expenditure limitation to close out the 2023-25 biennium. This need is primarily due to OSH hiring faster than anticipated for clinical, nursing, and administrative and operations staff than was projected in the fall 2024 rebalance. OSH has achieved much lower vacancy rates over the past few months, especially in clinical positions.
- *Contingency for Emergent Issues:* The rebalance plan includes \$2 million General Fund increase as a contingency to fund pending recommendations from current investigations from the Centers for Medicare and Medicaid Services and the Joint Commission, funding for the hiring of a new OSH Superintendent and Chief Medical Officer, training costs, and increasing staffing costs due to rising callout rates.
- *Revenue Limitation:* OSH continues to process multiple requests for federal reimbursements. Claims were paused earlier in the biennium due to a combination of compliance questions, system issues, and staffing levels. In order to receive the reimbursements, the rebalance plan includes an increase of \$2.1 million Other Funds expenditure limitation and \$2 million Federal Funds expenditure limitation to account for updates in revenue projections.
- *FEMA Reimbursement Limitation:* OSH anticipates receiving \$45.9 million from FEMA for reimbursements related to the Public Health Emergency. OSH requests a \$45.9 million increase in Other Funds expenditure limitation to resolve the past expenses.

## DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Department of Human Services and Oregon Health Authority  
Mike Streepey - 971-283-1198 and Stacey Chase - 503-689-4308

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
<u>SUBCOMMITTEE ADJUSTMENTS (2023-25 LAB)</u>									
<b>Department of Human Services</b>									
<b>SCR 010-40 - Central Services</b>									
Services and Supplies	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000		
<b>SCR 060-01 - Self Sufficiency Program</b>									
Special Payments	\$ 6,315,525	\$ -	\$ (29,940)	\$ -	\$ 11,525,734	\$ -	\$ 17,811,319		
<b>SCR 060-07-VR - Basic Rehabilitative Services</b>									
Special Payments	\$ -	\$ -	\$ 3,578,531	\$ -	\$ 3,723,407	\$ -	\$ 7,301,938		
<b>SCR 060-08 - Aging and People with Disabilities</b>									
Services and Supplies	\$ 16,420,116	\$ -	\$ (606,669)	\$ -	\$ 10,217,297	\$ -	\$ 26,030,744		
Special Payments	\$ (16,165,066)	\$ -	\$ 11,690,794	\$ -	\$ 54,188,942	\$ -	\$ 49,714,670		
<b>SCR 060-09 - Intellectual and Developmental Disabilities-I/DD</b>									
Services and Supplies	\$ (10,310,205)	\$ -	\$ -	\$ -	\$ (10,040,884)	\$ -	\$ (20,351,089)		
Special Payments	\$ 17,101,211	\$ -	\$ -	\$ -	\$ 27,686,453	\$ -	\$ 44,787,664		
<b>SCR 060-10 - Child Welfare Programs</b>									
Special Payments	\$ (25,904,346)	\$ -	\$ -	\$ -	\$ (6,559,807)	\$ -	\$ (32,464,153)		
<b>SCR 060-12 - Oregon Eligibility Partnership</b>									
Services and Supplies	\$ -	\$ -	\$ 2,760,408	\$ -	\$ -	\$ -	\$ 2,760,408		
<b>Oregon Health Authority</b>									
<b>SCR 030-01 - Health Systems Division</b>									
Services and Supplies	\$ 8,897,197	\$ -	\$ 5,845,103	\$ -	\$ 11,876,621	\$ -	\$ 26,618,921		
Special Payments	\$ (104,677,360)	\$ -	\$ (19,732,258)	\$ -	\$ 305,985,650	\$ -	\$ 181,576,032		
<b>SCR 030-02 - Health Policy and Analytics</b>									
Services and Supplies	\$ 9,068,749	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,068,749		
<b>SCR 030-05 Public Health Programs</b>									
Services and Supplies	\$ 13,983,397	\$ -	\$ (807,608)	\$ -	\$ -	\$ -	\$ 13,175,789		
<b>SCR 030-06 Oregon State Hospital</b>									
Services and Supplies	\$ 20,274,996	\$ -	\$ 48,136,743	\$ -	\$ 3,421,054	\$ -	\$ 71,832,793		
TOTAL ADJUSTMENTS	\$ (64,495,786)	\$ -	\$ 50,835,104	\$ -	\$ 412,024,467	\$ -	\$ 398,363,785	0	0.00
SUBCOMMITTEE RECOMMENDATION	\$ (64,495,786)	\$ -	\$ 50,835,104	\$ -	\$ 412,024,467	\$ -	\$ 398,363,785	0	0.00